AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
RUC RECOMMENDATIONS FOR CPT 2026
April 2024 Meeting

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AMA
AMERICAN MEDICAL ASSOCIATION

ama-assn.org
t (312) 464-5000

May 14, 2024

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Subject: RUC Recommendations

Dear Administrator Brooks-LaSure,

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

Enclosed are the RUC recommendations for all the CPT codes reviewed at the April 24-27, 2024, RUC meeting.

CPT 2026 New and Revised Codes – *April 2024 RUC Submission*
The RUC submits work value and/or practice expense inputs for 21 new/revised/related family CPT codes for *CPT 2026* from the April 2024 RUC meeting.

Existing Services Identified by RUC and CMS for Review
In addition to the new/revised CPT code submission, the RUC submits recommendations for 1 service identified by the RUC or CMS as potentially misvalued and reviewed at the April 2024 RUC meeting.

Respiratory Syncytial Virus (RSV) Monoclonal Antibody Administration (96380 & 96381)
The RUC submits final recommendations for RSV Monoclonal Antibody Administration based on a new survey from the American Academy of Pediatrics and the American Nurses Association (see folder 7). RSV season will be upon us again beginning in September, therefore, **the RUC requests that CMS immediately review these recommendations and implement final valuation for these services as soon as possible.**

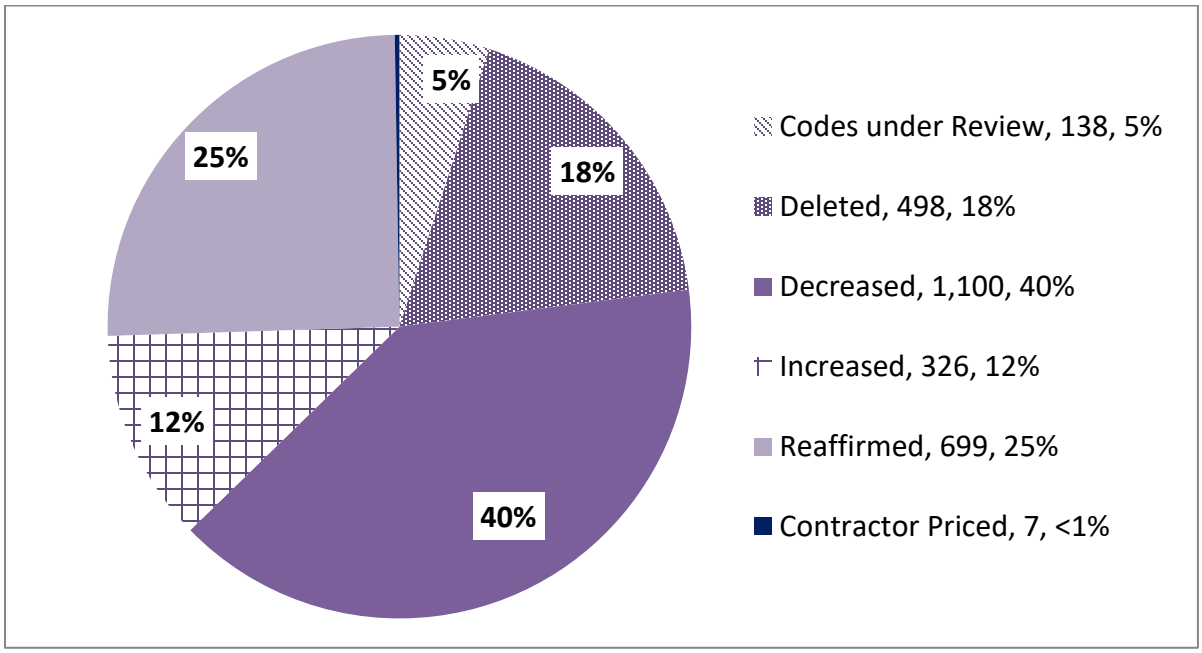
Office and Hospital Visits Included in Codes with a Surgical Global Period
The RUC strongly believes that the changes in valuation of the office and hospital E/M visits be incorporated to the visits in the surgical global periods. Since CMS did not apply the office E/M visit increases to the visits bundled into global surgery payment, it is disadvantaging specific specialties. An example of the shortcomings of this policy decision became apparent during discussion of CPT code 67141 *Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; cryotherapy, diathermy* (RUC recommended work RVU = 2.53 and 2-99213 office visits) at the October 2020 RUC meeting. The RUC questioned whether the specialties had considered changing the global period to a 000-day global given that the intensity will be low and the office visits in 2021 will be of a

different value. The specialties explained it is routine and typical that the two postoperative visits occur as part of the work within the 10 days after the procedure. The survey code is a good fit for the 010-day global and is in alignment with the other retinal laser codes and ophthalmic laser codes for other diseases. Relativity is therefore better maintained by keeping as a 010-day global even though the intensity is low. The RUC noted that these codes were being valued too low considering that office visits for the surgical global period were not going to be increased to the 2021 office E/M codes. Considering that the 99213 office visit is valued at 1.30 RVUs two 99213 office visits are valued higher than the 2.53 value of this code. Therefore, the CMS policy is disadvantageous to the eye surgeons and an example of shortcomings and rank order abnormalities the flawed policy creates. The Agency's position implies that the physician work for office visits is not the same when performed in a surgical global period, which is an inaccurate assumption.

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

RUC Progress in Identifying and Reviewing Potentially Misvalued Codes
Since 2006, the RUC has identified 2,772 potentially misvalued services through objective screening criteria and has completed review of 2,634 of these services. The RUC has recommended that 61% of the services reviewed be decreased or deleted (Figure 1). The RUC has worked vigorously to identify and address mis-valuations in the RBRVS through the 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.

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



Source: American Medical Association

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

High-Cost Disposable Supplies
The RUC considered Endovascular Therapy with Imaging at its April 2024 meeting and recommends existing high-cost supply input, SF058 *LC Beads (2mL vial)*, which has a cost estimate of $2341.93 x 2 = $4683.86 for CPT code 61626. The RUC acknowledges the increased frequency of high-cost supplies in the RUC recommendations and continues to call on CMS to separately identify and pay for high-cost disposable supplies (i.e., priced more than $500) using appropriate HCPCS codes. The RUC makes this recommendation to address the outsized impact that high-cost disposable supplies have within the current practice expense RVU methodology.

The 2024 Medicare Physician Payment Schedule includes 82 supply items with a purchase price of more than $500. These high-cost supplies represent $1.26 billion in direct costs for 2024 and 18 percent of all practice expense supply costs in the non-facility setting. 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 and how the PE formula derives the code-level indirect practice expense in part as a multiple of the code-level direct practice expense inputs, 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 and all other Medicare providers. 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 and the practice expense for all other services.

The RUC strongly supports the long-standing RUC recommendation that CMS separately identify and pay for high-cost disposable supplies priced more than $500 using appropriate HCPCS codes. The pricing of these supplies should be based on a transparent process, where items are annually reviewed and updated.

Please see the analysis of high-cost supplies over $500 and over $1000 located in folder 11 Other Practice Expense Related Recommendations.

Enclosed Recommendations and Supporting Materials:

- RUC Recommendation Status Report for New and Revised Codes for *CPT 2026.*
- RUC Recommendation Summary of Existing Codes Identified by CMS or the Relativity Assessment Workgroup.
- RUC Recommendation Progress and Status Reports for services identified to date by the Relativity Assessment Workgroup and CMS as potentially misvalued.

- 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 2024 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.

- Professional Liability Insurance (PLI) Crosswalk Table – The RUC has committed to selecting appropriate PLI 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 Data Crosswalk – 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 2025 conversion factor increase.

- New Technology List and Timeline – In April 2006, the RUC adopted a process to identify and review codes that represent new technology or services that have the potential to change in value. To date, the RUC has identified 850 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.

- RUC Recommendations on Modifications to Visits in the Global Period – This includes changes in work RVUs and time by incorporating the increase of office visits and hospital visits in the surgical global periods.

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

Sincerely,

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

Enclosures

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

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CPT 2026 RUC Recommendations

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

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

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

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
37224	000	D	Sep 2024	30	Lower Extremity Revascularization (LER)		Jan 2025	06					☑		☐
37225	000	D	Sep 2024	30	Lower Extremity Revascularization (LER)		Jan 2025	06					☑		☐
37226	000	D	Sep 2024	30	Lower Extremity Revascularization (LER)		Jan 2025	06					☑		☐
37227	000	D	Sep 2024	30	Lower Extremity Revascularization (LER)		Jan 2025	06					☑		☐
37228	000	D	Sep 2024	30	Lower Extremity Revascularization (LER)		Jan 2025	06					☑		☐
37229	000	D	Sep 2024	30	Lower Extremity Revascularization (LER)		Jan 2025	06					☑		☐
37230	000	D	Sep 2024	30	Lower Extremity Revascularization (LER)		Jan 2025	06					☑		☐
37231	000	D	Sep 2024	30	Lower Extremity Revascularization (LER)		Jan 2025	06					☑		☐
37232	ZZZ	D	Sep 2024	30	Lower Extremity Revascularization (LER)		Jan 2025	06					☑		☐
37233	ZZZ	D	Sep 2024	30	Lower Extremity Revascularization (LER)		Jan 2025	06					☑		☐
37234	ZZZ	D	Sep 2024	30	Lower Extremity Revascularization (LER)		Jan 2025	06					☑		☐
37235	ZZZ	D	Sep 2024	30	Lower Extremity Revascularization (LER)		Jan 2025	06					☑		☐
37500	090	D	May 2025	79	Code Set Maintenance		Deleted						☑		☐
37255	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P2	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	3.00	3.00		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
37256	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P3	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	10.75	10.75		☑		☐
37257	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P4	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	3.89	3.89		☑		☐
37258	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P5	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	8.75	8.75		☑		☐
37259	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P6	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	4.00	4.00		☑		☐
37260	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P7	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	16.23	12.69		☑		☐
37261	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P8	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	5.00	4.25		☑		☐
37262	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P9	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	3.00	3.00		☑		☑
37263	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P10	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	8.00	7.75		☑		☐
37264	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P11	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	3.00	3.00		☑		☐
37265	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P12	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	12.00	10.50		☑		☐
37266	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P13	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	4.44	4.00		☑		☐

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

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
37278	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P25	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	7.00	6.00		☑		☐
37279	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P26	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	4.00	4.00		☑		☑
37280	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P27	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	9.80	9.80		☑		☐
37281	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P28	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	3.00	3.00		☑		☐
37282	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P29	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	13.75	12.31		☑		☐
37283	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P30	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	5.00	4.26		☑		☐
37284	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P31	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	10.00	10.00		☑		☐
37285	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P32	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	3.34	3.34		☑		☐
37286	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P33	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	13.55	13.46		☑		☐
37287	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P34	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	5.50	5.00		☑		☐
37288	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P35	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	13.50	13.50		☑		☐

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

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

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

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

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63040	090	F	Sep 2024	27	Laminotomy – Repair of Disc Defect	U5	Jan 2025	11	AANS, AAOS, CNS, NANS, NASS				☑	No Recommendation	☐
63042	090	F	Sep 2024	27	Laminotomy – Repair of Disc Defect	U6	Jan 2025	11	AANS, AAOS, CNS, NANS, NASS				☑	No Recommendation	☐
63043	ZZZ	F	Sep 2024	27	Laminotomy – Repair of Disc Defect	U7	Jan 2025	11	AANS, AAOS, CNS, NANS, NASS				☑	No Recommendation	☐
63044	ZZZ	F	Sep 2024	27	Laminotomy – Repair of Disc Defect	U8	Jan 2025	11	AANS, AAOS, CNS, NANS, NASS				☑	No Recommendation	☐
64728	000	N	Sep 2024	33	Percutaneous Decompression of Median Nerve	X1	Jan 2025	14	AANS, AAOS, AAPM&R, ACR, ASPS, ASSH, CNS, IPSIS, NANS	3.19	2.70		☑		☑
64659	090	N	Sep 2024	13	Baroreflex Activation Therapy	V6	Jan 2025	12	SVS	8.23	8.23		☑		☑
64567	XXX	N	Sep 2024	12	Percutaneous Electrical Nerve Field Stimulation	W1	Jan 2025	13	AAP, ACG, AGA, ASGE	1.50	1.50		☑		☑
64654	090	N	Sep 2024	13	Baroreflex Activation Therapy	V1	Jan 2025	12	SVS	11.00	11.00		☑		☑
64655	090	N	Sep 2024	13	Baroreflex Activation Therapy	V2	Jan 2025	12	SVS	11.30	11.30		☑		☑
64656	090	N	Sep 2024	13	Baroreflex Activation Therapy	V3	Jan 2025	12	SVS	8.01	8.01		☑		☑
64657	090	N	Sep 2024	13	Baroreflex Activation Therapy	V4	Jan 2025	12	SVS	14.25	12.13		☑		☑
64658	090	N	Sep 2024	13	Baroreflex Activation Therapy	V5	Jan 2025	12	SVS	10.92	8.95		☑		☑
63032	ZZZ	N	Sep 2024	27	Laminotomy – Repair of Disc Defect	U3	Jan 2025	11	AANS, AAOS, CNS, NANS, NASS	3.00	2.50		☑		☑
70496	XXX	F	May 2024	17	Cerebral Perfusion & CT Angiography – Head & Neck	K4	Sep 2024	09	ACR, ASNR	1.75	1.75	Yes	☑		☐
70498	XXX	F	May 2024	17	Cerebral Perfusion & CT Angiography – Head & Neck	K5	Sep 2024	09	ACR, ASNR	1.75	1.75	Yes	☑		☐

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

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

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

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

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

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
93571	ZZZ	R	Feb 2024	29	Coronary Therapeutic Services and Procedures	D12	Apr 2024	06	ACC, SCAI	1.80	1.80		☑		☐
93572	ZZZ	R	Feb 2024	29	Coronary Therapeutic Services and Procedures	D13	Apr 2024	06	ACC, SCAI	1.44	1.44		☑		☐
93145	XXX	N	Sep 2024	13	Baroreflex Activation Therapy	V7	Jan 2025	12	ACC, HRS	0.79	0.79		☑		☑
93146	XXX	N	Sep 2024	13	Baroreflex Activation Therapy	V8	Jan 2025	12	ACC, HRS	0.90	0.90		☑		☑
94662	XXX	D	May 2025	79	Code Set Maintenance		Deleted						☑		☐
96112	XXX	R	May 2025	78	Appendix P & Appendix T Revisions		Editorial						☑		☐
96113	ZZZ	R	May 2025	78	Appendix P & Appendix T Revisions		Editorial						☑		☐
96130	XXX	R	May 2025	78	Appendix P & Appendix T Revisions		Editorial						☑		☐
96131	ZZZ	R	May 2025	78	Appendix P & Appendix T Revisions		Editorial						☑		☐
96132	XXX	R	May 2025	78	Appendix P & Appendix T Revisions		Editorial						☑		☐
96133	ZZZ	R	May 2025	78	Appendix P & Appendix T Revisions		Editorial						☑		☐
96136	XXX	R	May 2025	78	Appendix P & Appendix T Revisions		Editorial						☑		☐
96137	ZZZ	R	May 2025	78	Appendix P & Appendix T Revisions		Editorial						☑		☐
96138	XXX	R	May 2025	78	Appendix P & Appendix T Revisions		Editorial						☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
96139	ZZZ	R	May 2025	78	Appendix P & Appendix T Revisions		Editorial						☑		☐
96202	XXX	R	Feb 2025	29	Appendix P and Appendix T Revisions		Editorial						☑		☐
96203	ZZZ	R	Feb 2025	29	Appendix P and Appendix T Revisions		Editorial						☑		☐
98975	XXX	R	Sep 2024	85	Remote Monitoring	DD10	Jan 2025	20	AAPM&R, APTA	0.00	0.00	Yes	☑	PE Only	☑
98976	XXX	R	Sep 2024	85	Remote Monitoring	DD12	Jan 2025	20	ATS/CHEST	0.00	0.00	Yes	☑	PE Only, Contractor Price	☑
98977	XXX	R	Sep 2024	85	Remote Monitoring	DD14	Jan 2025	20	AAPM&R, APTA	0.00	0.00	Yes	☑	PE Only	☑
98980	XXX	R	Sep 2024	85	Remote Monitoring	DD18	Jan 2025	20	AAPM&R, APTA	0.78	0.78		☑		☑
98981	ZZZ	R	Sep 2024	85	Remote Monitoring	DD19	Jan 2025	20	AAPM&R, APTA	0.70	0.70		☑		☑
98984	XXX	N	Sep 2024	85	Remote Monitoring	DD11	Jan 2025	20	ATS/CHEST	0.00	0.00	Yes	☑	PE Only, Contractor Price	☑
98985	XXX	N	Sep 2024	85	Remote Monitoring	DD13	Jan 2025	20	AAPRM&R, APTA	0.00	0.00		☑	PE Only	☑
98979	XXX	N	Sep 2024	85	Remote Monitoring	DD17	Jan 2025	20	AAPM&R, APTA	0.66	0.66		☑		☑
99091	XXX	F	Sep 2024	85	Remote Monitoring	DD4	Jan 2025	20	ACC, ACP, ANA	0.70	0.70		☑		☑
99453	XXX	F	Sep 2024	85	Remote Monitoring	DD1	Jan 2025	20	AAFP, ACC, ACP	0.00	0.00	Yes	☑	PE Only	☑
99454	XXX	R	Sep 2024	85	Remote Monitoring	DD3	Jan 2025	20	AAFP, ACC, ACP	0.00	0.00	Yes	☑	PE Only	☑
99457	XXX	R	Sep 2024	85	Remote Monitoring	DD8	Jan 2025	20	AAFP, ACC, ACP	0.45	0.45		☑		☑
99458	ZZZ	R	Sep 2024	85	Remote Monitoring	DD9	Jan 2025	20	AAFP, ACC, ACP	0.61	0.61		☑		☑
99473	XXX	F	Sep 2024	85	Remote Monitoring	DD5	Jan 2025	20	AAPA, ACC, ANA	0.00	0.00	Yes	☑	PE Only	☑
99474	XXX	F	Sep 2024	85	Remote Monitoring	DD6	Jan 2025	20	ACC, ACP, ANA	0.18	0.18		☑		☑

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
99445	XXX	N	Sep 2024	85	Remote Monitoring	DD2	Jan 2025	20	AAFP, ACC, ACP	0.00	0.00		☑	PE Only	☑
99470	XXX	N	Sep 2024	85	Remote Monitoring	DD7	Jan 2025	20	AAFP, ACC	0.39	0.39		☑		☑
92638	XXX	R	May 2025	EC-C	Correction – Hearing Device Parenthetical		Editorial						☐		☐
92639	XXX	R	May 2025	EC-C	Correction – Hearing Device Parenthetical		Editorial						☐		☐
90593	XXX	N	Sep 2024	54	Chikungunya Vaccine, Recombinant		Vaccine						☐		☐
90481	ZZZ	N	Sep 2024	55	Combination COVID-19 Vaccine Administration	BB2	Jan 2025	18	AAFP, AAP, ACP, ANA	0.00	0.00		☑		☐
97007	XXX	N	Sep 2024	53	Scalp Cooling Services	CC1	Jan 2025	19	ASCO	0.00	0.00		☑	PE Only	☑
97008	XXX	N	Sep 2024	53	Scalp Cooling Services	CC2	Jan 2025	19	ASCO	0.00	0.00		☑	PE Only	☑
97009	ZZZ	N	Sep 2024	53	Scalp Cooling Services	CC3	Jan 2025	19	ASCO	0.00	0.00		☑	PE Only	☑
G6001	XXX	D	Sep 2024	40	Radiation Oncology Treatment Delivery		Jan 2025	16					☑	Request CMS Delete	☐
G6002	XXX	D	Sep 2024	40	Radiation Oncology Treatment Delivery		Jan 2025	16					☑	Request CMS Delete	☐
G6003	XXX	D	Sep 2024	40	Radiation Oncology Treatment Delivery		Jan 2025	16					☑	Request CMS Delete	☐
G6004	XXX	D	Sep 2024	40	Radiation Oncology Treatment Delivery		Jan 2025	16					☑	Request CMS Delete	☐
G6005	XXX	D	Sep 2024	40	Radiation Oncology Treatment Delivery		Jan 2025	16					☑	Request CMS Delete	☐
G6006	XXX	D	Sep 2024	40	Radiation Oncology Treatment Delivery		Jan 2025	16					☑	Request CMS Delete	☐
G6007	XXX	D	Sep 2024	40	Radiation Oncology Treatment Delivery		Jan 2025	16					☑	Request CMS Delete	☐
G6008	XXX	D	Sep 2024	40	Radiation Oncology Treatment Delivery		Jan 2025	16					☑	Request CMS Delete	☐
G6009	XXX	D	Sep 2024	40	Radiation Oncology Treatment Delivery		Jan 2025	16					☑	Request CMS Delete	☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
G6010	XXX	D	Sep 2024	40	Radiation Oncology Treatment Delivery		Jan 2025	16					☑	Request CMS Delete	☐
G6011	XXX	D	Sep 2024	40	Radiation Oncology Treatment Delivery		Jan 2025	16					☑	Request CMS Delete	☐
G6012	XXX	D	Sep 2024	40	Radiation Oncology Treatment Delivery		Jan 2025	16					☑	Request CMS Delete	☐
G6013	XXX	D	Sep 2024	40	Radiation Oncology Treatment Delivery		Jan 2025	16					☑	Request CMS Delete	☐
G6014	XXX	D	Sep 2024	40	Radiation Oncology Treatment Delivery		Jan 2025	16					☑	Request CMS Delete	☐
G6015	XXX	D	Sep 2024	40	Radiation Oncology Treatment Delivery		Jan 2025	16					☑	Request CMS Delete	☐
G6016	XXX	D	Sep 2024	40	Radiation Oncology Treatment Delivery		Jan 2025	16					☑	Request CMS Delete	☐
0962T	YYY	N	Sep 2024	61	AI Assisted Analysis for Cardiac Dysfunction		Cat III						☐		☐
0964T	YYY	N	Sep 2024	67	Non-Surgical Jaw Expansion		Cat III						☐		☐
0965T	YYY	N	Sep 2024	67	Non-Surgical Jaw Expansion		Cat III						☐		☐
0966T	YYY	N	Sep 2024	67	Non-Surgical Jaw Expansion		Cat III						☐		☐
0984T	YYY	N	Sep 2024	83	Neurovascular Optical Coherence Tomography		Cat III						☐		☐
0985T	YYY	N	Sep 2024	83	Neurovascular Optical Coherence Tomography		Cat III						☐		☐
0981T	YYY	N	Sep 2024	82	Hemodynamic Inferior Vena Cava Monitoring		Cat III						☐		☐
0982T	YYY	N	Sep 2024	82	Hemodynamic Inferior Vena Cava Monitoring		Cat III						☐		☐
0983T	YYY	N	Sep 2024	82	Hemodynamic Inferior Vena Cava Monitoring		Cat III						☐		☐
0968T	YYY	N	Sep 2024	71	Epicranial Neurostimulator Services		Cat III						☐		☐

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

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

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

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

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

CPT 2025 RUC Recommendations

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0352U	XXX	D	May 2024	21	MAAA-Bacterial Vaginosis-Vaginitis		Deleted						☐		☐
0398T	YYY	D	Sep 2023	23	Guided High Intensity Focused Ultrasound		Jan 2024	06					☐		☐
0500T	YYY	D	May 2024	27	HPV Combined Reporting Pooled and Individual Genotyping		Deleted						☐		☐
0537T	YYY	D	May 2023	10	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services		Sep 2023	05					☐		☐
0538T	YYY	D	May 2023	10	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services		Sep 2023	05					☐		☐
0539T	YYY	D	May 2023	10	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services		Sep 2023	05					☐		☐
0540T	YYY	D	May 2023	10	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services		Sep 2023	05					☐		☐
0553T	YYY	D	May 2024	59	Category III Sundown		Deleted						☐		☐
0564T	YYY	D	May 2024	59	Category III Sundown		Deleted						☐		☐
0615T	YYY	R	Feb 2024	44	Eye Movement Analysis		Cat III						☐		☐
0616T	YYY	D	Feb 2023	10	Iris Procedures		Apr 2023	04					☐		☐
0617T	YYY	D	Feb 2023	10	Iris Procedures		Apr 2023	04					☐		☐
0618T	YYY	D	Feb 2023	10	Iris Procedures		Apr 2023	04					☐		☐
0714T	YYY	R	Sep 2023	47	Transperineal Laser Ablation		Cat III						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0859T	YYY	R	May 2025	EC-D	Correction – Guidelines		Editorial						☐		☐
0020M	XXX	N	Feb 2024	18	MAAA-Brain Tumor Methylation Classifier		CLFS						☐		☐
15819	090	D	May 2024	60	Code Set Maintenance		Deleted						☑		☐
15011	000	N	Sep 2023	25	Skin Cell Suspension Autograft	I1	Jan 2024	04	ABA	3.00	3.00		☑		☑
15012	ZZZ	N	Sep 2023	25	Skin Cell Suspension Autograft	I2	Jan 2024	04	ABA	2.00	2.00		☑		☑
15013	XXX	N	Sep 2023	25	Skin Cell Suspension Autograft	I3	Jan 2024	04	ABA	2.51	2.51		☑		☑
15014	ZZZ	N	Sep 2023	25	Skin Cell Suspension Autograft	I4	Jan 2024	04	ABA	2.00	2.00		☑		☑
15015	090	N	Sep 2023	25	Skin Cell Suspension Autograft	I5	Jan 2024	04	ABA	12.75	10.97		☑		☑
15016	ZZZ	N	Sep 2023	25	Skin Cell Suspension Autograft	I6	Jan 2024	04	ABA	8.88	2.50		☑		☑
15017	090	N	Sep 2023	25	Skin Cell Suspension Autograft	I7	Jan 2024	04	ABA	15.00	12.50		☑		☑
15018	ZZZ	N	Sep 2023	25	Skin Cell Suspension Autograft	I8	Jan 2024	04	ABA	9.50	3.00		☑		☑
21630	090	R	May 2024	60	Code Set Maintenance		Editorial						☑		☐
21632	090	D	May 2024	60	Code Set Maintenance		Deleted						☑		☐
25310	090	F	May 2023	16	Hand, Wrist, & Forearm Repair / Reconstruction	D1	Sep 2023	04	AAOS, ASPS, ASSH	9.50	9.50		☑		☐
25447	090	R	May 2023	16	Hand, Wrist, & Forearm Repair / Reconstruction	D3	Sep 2023	04	AAOS, ASPS, ASSH	11.14	11.14	Yes	☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
26480	090	F	May 2023	16	Hand, Wrist, & Forearm Repair / Reconstruction	D5	Sep 2023	04	AAOS, ASPS, ASSH	9.50	9.50		☑		☐
27278	090	R	May 2024	EC-E	CPT Assistant Editorial Board Report		Editorial						☑		☐
27279	090	R	May 2024	EC-E	CPT Assistant Editorial Board Report		Editorial						☑		☐
25448	090	N	May 2023	16	Hand, Wrist, & Forearm Repair / Reconstruction	D4	Sep 2023	04	AAOS, ASPS, ASSH	13.90	13.90		☑		☐
33471	090	D	May 2024	60	Code Set Maintenance		Deleted						☑		☐
33737	090	D	May 2024	60	Code Set Maintenance		Deleted						☑		☐
33813	090	D	May 2024	60	Code Set Maintenance		Deleted						☑		☐
33814	090	R	May 2024	60	Code Set Maintenance		Editorial						☑		☐
33894	000	R	Feb 2024	08	Angioplasty of the Aorta		Editorial						☑		☐
33895	000	R	Feb 2024	08	Angioplasty of the Aorta		Editorial						☑		☐
33897	000	R	Feb 2024	08	Angioplasty of the Aorta		Editorial						☑		☐
38225	XXX	N	May 2023	10	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	E1	Sep 2023	05	CAP	1.94	1.94		☑		☑
38226	XXX	N	May 2023	10	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	E2	Sep 2023	05	CAP	0.79	0.79		☑		☑
38227	XXX	N	May 2023	10	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	E3	Sep 2023	05	CAP	0.96	0.80		☑		☑
38228	XXX	N	May 2023	10	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	E4	Sep 2023	05	ASCO, ASTCT, ASH	3.00	3.00		☑		☑

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
46275	090	R	Sep 2023	EC-C	Anal Fistula Vignette Correction		Editorial						☑		☐
46280	090	R	Sep 2023	EC-C	Anal Fistula Vignette Correction		Editorial						☑		☐
47802	090	D	May 2024	60	Code Set Maintenance		Deleted						☑		☐
49203	090	D	May 2023	12	Intra-Abdominal Tumor Excision or Destruction		Sep 2023	06					☑		☐
49204	090	D	May 2023	12	Intra-Abdominal Tumor Excision or Destruction		Sep 2023	06					☑		☐
49205	090	D	May 2023	12	Intra-Abdominal Tumor Excision or Destruction		Sep 2023	06					☑		☐
49186	090	N	May 2023	12	Intra-Abdominal Tumor Excision or Destruction	F1	Sep 2023	06	ACOG, ACS, APSA, ASCRS(colon), AUA	22.00	22.00		☑		☐
49187	090	N	May 2023	12	Intra-Abdominal Tumor Excision or Destruction	F2	Sep 2023	06	ACOG, ACS, APSA, ASCRS(colon), AUA	28.65	28.65		☑		☐
49188	090	N	May 2023	12	Intra-Abdominal Tumor Excision or Destruction	F3	Sep 2023	06	ACOG, ACS, APSA, ASCRS(colon), AUA	34.00	34.00		☑		☐
49189	090	N	May 2023	12	Intra-Abdominal Tumor Excision or Destruction	F4	Sep 2023	06	ACOG, ACS, APSA, ASCRS(colon), AUA	45.00	45.00		☑		☐
49190	090	N	May 2023	12	Intra-Abdominal Tumor Excision or Destruction	F5	Sep 2023	06	ACOG, ACS, APSA, ASCRS(colon), AUA	55.00	55.00		☑		☐
50135	090	D	May 2024	60	Code Set Maintenance		Deleted						☑		☐
51020	090	R	May 2024	60	Code Set Maintenance		Editorial						☑		☐
51030	090	D	May 2024	60	Code Set Maintenance		Deleted						☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
54438	090	D	May 2024	60	Code Set Maintenance		Deleted						☑		☐
58957	090	D	May 2023	12	Intra-Abdominal Tumor Excision or Destruction		Sep 2023	06					☑		☐
58958	090	R	May 2023	12	Intra-Abdominal Tumor Excision or Destruction		Sep 2023	06					☑		☐
51721	090	N	May 2023	13	MRI-Monitored Transurethral Ultrasound Ablation of Prostate	G1	Sep 2023	07	ACR, AUA, SIR	5.68	4.05		☑		☑
55881	090	N	May 2023	13	MRI-Monitored Transurethral Ultrasound Ablation of Prostate	G2	Sep 2023	07	ACR, AUA, SIR	9.80	9.80		☑		☑
55882	090	N	May 2023	13	MRI-Monitored Transurethral Ultrasound Ablation of Prostate	G3	Sep 2023	07	ACR, AUA, SIR	11.50	11.50		☑		☑
53865	000	N	Sep 2023	18	Bladder Neck and Prostate Procedures	J1	Jan 2024	05	AUA	3.36	3.10		☑		☑
53866	000	N	Sep 2023	18	Bladder Neck and Prostate Procedures	J2	Jan 2024	05	AUA	1.88	1.48		☑		☑
64486	000	F	Sep 2023	17	Fascial Plane Blocks	M7	Jan 2024	08	ASA, ASRA	1.20	1.20		☑		☐
64487	000	F	Sep 2023	17	Fascial Plane Blocks	M8	Jan 2024	08	ASA, ASRA	1.39	1.39		☑		☐
64488	000	F	Sep 2023	17	Fascial Plane Blocks	M9	Jan 2024	08	ASA, ASRA	1.40	1.40		☑		☐
64489	000	F	Sep 2023	17	Fascial Plane Blocks	M10	Jan 2024	08	ASA, ASRA	1.75	1.75		☑		☐
66680	090	F	Feb 2023	10	Iris Procedures	A1	Apr 2023	04	AAO	10.25	10.25		☑		☐
66682	090	F	Feb 2023	10	Iris Procedures	A2	Apr 2023	04	AAO	10.87	10.87		☑		☐
66683	090	N	Feb 2023	10	Iris Procedures	A3	Apr 2023	04	AAO	12.80	12.80		☑		☑
61715	000	N	Sep 2023	23	Guided High Intensity Focused Ultrasound	K1	Jan 2024	06	AANS, CNS	18.95	18.95		☑		☑
60660	000	N	Sep 2023	09	Percutaneous Radiofrequency Ablation of Thyroid	L1	Jan 2024	07	AACE, AAO-HNS, ACR, ASNR, ES, OEIS, SIR	6.00	5.75		☑		☑

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
60661	ZZZ	N	Sep 2023	09	Percutaneous Radiofrequency Ablation of Thyroid	L2	Jan 2024	07	AACE, AAO-HNS, ACR, ASNR, ES, OEIS, SIR	4.92	4.25		☑		☑
64466	000	N	Sep 2023	17	Fascial Plane Blocks	M1	Jan 2024	08	ASA, ASRA	1.50	1.50		☑		☐
64467	000	N	Sep 2023	17	Fascial Plane Blocks	M2	Jan 2024	08	ASA, ASRA	1.74	1.74		☑		☐
64468	000	N	Sep 2023	17	Fascial Plane Blocks	M3	Jan 2024	08	ASA, ASRA	1.67	1.67		☑		☐
64469	000	N	Sep 2023	17	Fascial Plane Blocks	M4	Jan 2024	08	ASA, ASRA	1.83	1.83		☑		☐
64473	000	N	Sep 2023	17	Fascial Plane Blocks	M5	Jan 2024	08	ASA, ASRA	1.34	1.34		☑		☐
64474	000	N	Sep 2023	17	Fascial Plane Blocks	M6	Jan 2024	08	ASA, ASRA	1.67	1.67		☑		☐
75774	ZZZ	R	Sep 2023	26	Vascular Procedures Guideline Revisions		Editorial						☑		☐
77002	ZZZ	R	Sep 2024	EC-C	Parenthetical Note Correction – Fascial Plane Block		Editorial						☑		☐
76014	XXX	N	Sep 2023	28	Magnetic Resonance Examination Safety Procedures	N1	Jan 2024	09	ACR, ASNR				☑	PE Only	☑
76015	ZZZ	N	Sep 2023	28	Magnetic Resonance Examination Safety Procedures	N2	Jan 2024	09	ACR, ASNR				☑	PE Only	☑
76016	XXX	N	Sep 2023	28	Magnetic Resonance Examination Safety Procedures	N3	Jan 2024	09	ACR, ASNR	0.60	0.60		☑		☑
76017	XXX	N	Sep 2023	28	Magnetic Resonance Examination Safety Procedures	N4	Jan 2024	09	ACR, ASNR	0.76	0.76		☑	Modifier -51 Exempt	☑
76018	XXX	N	Sep 2023	28	Magnetic Resonance Examination Safety Procedures	N5	Jan 2024	09	ACR, ASNR	0.75	0.75		☑	Modifier -51 Exempt	☑

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76019	XXX	N	Sep 2023	28	Magnetic Resonance Examination Safety Procedures	N6	Jan 2024	09	ACR, ASNR	0.60	0.60		☑	Modifier -51 Exempt	☑
81432	XXX	R	May 2024	31	GSP-Hereditary Cancer Disorders, Cancer Predisposition		CLFS						☐		☐
81433	XXX	D	May 2024	31	GSP-Hereditary Cancer Disorders, Cancer Predisposition		Deleted						☐		☐
81435	XXX	R	May 2024	31	GSP-Hereditary Cancer Disorders, Cancer Predisposition		CLFS						☐		☐
81436	XXX	D	May 2024	31	GSP-Hereditary Cancer Disorders, Cancer Predisposition		Deleted						☐		☐
81437	XXX	R	May 2024	31	GSP-Hereditary Cancer Disorders, Cancer Predisposition		CLFS						☐		☐
81438	XXX	D	May 2024	31	GSP-Hereditary Cancer Disorders, Cancer Predisposition		Deleted						☐		☐
81558	XXX	N	Feb 2024	24	MAAA-Kidney Transplant Immune Quiescence		CLFS						☐		☐
82233	XXX	N	Feb 2024	16	Amyloid Protein		CLFS						☐		☐
82234	XXX	N	Feb 2024	16	Amyloid Protein		CLFS						☐		☐
83884	XXX	N	May 2024	20	Neurofilament Light Chain		CLFS						☐		☐
86327	XXX	D	May 2024	60	Code Set Maintenance		Deleted						☐		☐
86490	XXX	D	May 2024	60	Code Set Maintenance		Deleted						☐		☐
86581	XXX	N	May 2024	28	Streptococcus Pneumoniae Antibody		CLFS						☐		☐

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87624	XXX	R	May 2024	27	HPV Combined Reporting Pooled and Individual Genotyping		CLFS						☐		☐
87594	XXX	N	May 2024	24	Pneumocystis Jirovecii Amp Probe Technique		CLFS						☐		☐
87626	XXX	R	May 2024	27	HPV Combined Reporting Pooled and Individual Genotyping		CLFS						☐		☐
88388	XXX	D	May 2024	60	Code Set Maintenance		Deleted						☐		☐
81195	XXX	N	May 2024	25	Optical Genome Mapping		CLFS						☐		☐
87513	XXX	N	Sep 2023	32	Primary Source Resistance Typing		CLFS						☐		☐
87564	XXX	N	Sep 2023	32	Primary Source Resistance Typing		CLFS						☐		☐
84393	XXX	N	Feb 2024	20	Tau Protein-Phosphorylated		CLFS						☐		☐
84394	XXX	N	Feb 2024	23	Tau Protein-Total		CLFS						☐		☐
81195	XXX	N	May 2024	21	MAAA-Bacterial Vaginosis-Vaginitis		CLFS						☐		☐
90630	XXX	D	Feb 2024	34	Obsolete Vaccine Products		Deleted						☐		☐
90654	XXX	D	Feb 2024	34	Obsolete Vaccine Products		Deleted						☐		☐
90661	XXX	R	Feb 2024	28	Cell Culture Influenza Vaccine		Vaccine						☐		☐
90684	XXX	N	Feb 2024	32	Pneumococcal Conjugate 21 Valent Vaccine		Vaccine						☐		☐
90624	XXX	N	May 2024	35	Meningococcal ABCWY Vaccine		CLFS						☐		☐
92132	XXX	R	Feb 2023	22	Optical Coherence Tomography (OCT)	B1	Sep 2023	08	AAO, AOA(optometry), ASRS	0.29	0.29		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
92133	XXX	R	Feb 2023	22	Optical Coherence Tomography (OCT)	B2	Sep 2023	08	AAO, AOA(optometry), ASRS	0.31	0.31		☑		☐
92134	XXX	R	Feb 2023	22	Optical Coherence Tomography (OCT)	B3	Sep 2023	08	AAO, AOA(optometry), ASRS	0.32	0.32		☑		☐
93656	000	R	May 2024	36	Ablation of Atrial Fibrillation		Editorial						☑		☐
93886	XXX	F	May 2023	35	Transcranial Doppler Studies	H1	Sep 2023	09	AAN, ACR, ASNR	0.91	0.90		☑		☐
93888	XXX	F	May 2023	35	Transcranial Doppler Studies	H2	Sep 2023	09	AAN, ACR, ASNR	0.73	0.73		☑		☐
93890	XXX	D	May 2023	35	Transcranial Doppler Studies		Sep 2023	09					☑		☐
93892	XXX	F	May 2023	35	Transcranial Doppler Studies	H3	Sep 2023	09	AAN, ACR, ASNR	1.15	1.15	Yes	☑		☐
93893	XXX	R	May 2023	35	Transcranial Doppler Studies	H4	Sep 2023	09	AAN, ACR, ASNR	1.15	1.15	Yes	☑		☐
93896	ZZZ	N	May 2023	35	Transcranial Doppler Studies	H5	Sep 2023	09	AAN, ACR, ASNR	0.81	0.81		☑		☐
93897	ZZZ	N	May 2023	35	Transcranial Doppler Studies	H6	Sep 2023	09	AAN, ACR, ASNR	0.73	0.73		☑		☐
93898	ZZZ	N	May 2023	35	Transcranial Doppler Studies	H7	Sep 2023	09	AAN, ACR, ASNR	0.85	0.85		☑		☐
96003	XXX	D	May 2024	60	Code Set Maintenance		Deleted						☑		☐
96040	XXX	D	Sep 2023	41	Genetic Counseling Services		Jan 2024	10					☑		☐
97811	ZZZ	R	Sep 2023	48	Acupuncture Services		Editorial						☑		☐
97814	ZZZ	R	Sep 2023	48	Acupuncture Services		Editorial						☑		☐
98960	XXX	R	Feb 2024	46	QHP Terminology Standardization		Editorial						☑		☐
98961	XXX	R	Feb 2024	46	QHP Terminology Standardization		Editorial						☑		☐
98962	XXX	R	Feb 2024	46	QHP Terminology Standardization		Editorial						☑		☐
98966	XXX	R	Feb 2024	46	QHP Terminology Standardization		Editorial						☑		☐

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98967	XXX	R	Feb 2024	46	QHP Terminology Standardization		Editorial						☑		☐
98968	XXX	R	Feb 2024	46	QHP Terminology Standardization		Editorial						☑		☐
98970	XXX	R	Feb 2024	46	QHP Terminology Standardization		Editorial						☑		☐
98971	XXX	R	Feb 2024	46	QHP Terminology Standardization		Editorial						☑		☐
98972	XXX	R	Feb 2024	46	QHP Terminology Standardization		Editorial						☑		☐
98975	XXX	R	Sep 2023	45	Digital Cognitive Behavioral Therapy		Editorial						☑		☐
98976	XXX	R	Sep 2023	45	Digital Cognitive Behavioral Therapy		Editorial						☑		☐
98977	XXX	R	Sep 2023	45	Digital Cognitive Behavioral Therapy		Editorial						☑		☐
98978	XXX	R	Sep 2023	45	Digital Cognitive Behavioral Therapy		Editorial						☑		☐
99202	XXX	R	May 2024	63	Modifier 95 Reporting Instructions		Editorial						☑		☐
99203	XXX	R	May 2024	63	Modifier 95 Reporting Instructions		Editorial						☑		☐
99204	XXX	R	May 2024	63	Modifier 95 Reporting Instructions		Editorial						☑		☐
99205	XXX	R	May 2024	63	Modifier 95 Reporting Instructions		Editorial						☑		☐
99211	XXX	R	May 2024	63	Modifier 95 Reporting Instructions		Editorial						☑		☐
99212	XXX	R	May 2024	63	Modifier 95 Reporting Instructions		Editorial						☑		☐
99213	XXX	R	May 2024	63	Modifier 95 Reporting Instructions		Editorial						☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
99214	XXX	R	May 2024	63	Modifier 95 Reporting Instructions		Editorial						☑		☐
99215	XXX	R	May 2024	63	Modifier 95 Reporting Instructions		Editorial						☑		☐
99441	XXX	D	Feb 2023	42	Telemedicine Evaluation and Management Visits		Sep 2023	11					☑		☐
99442	XXX	D	Feb 2023	42	Telemedicine Evaluation and Management Visits		Sep 2023	11					☑		☐
99443	XXX	D	Feb 2023	42	Telemedicine Evaluation and Management Visits		Sep 2023	11					☑		☐
92137	XXX	N	Feb 2023	22	Optical Coherence Tomography (OCT)	B4	Sep 2023	08	AAO, AOA(optometry), ASRS	0.64	0.64		☑		☑
98000	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C1	Sep 2023	11	AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	0.93	0.93		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
98001	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C2	Sep 2023	11	AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	1.60	1.60		☑		☐
98002	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C3	Sep 2023	11	AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	2.60	2.60		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
98003	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C4	Sep 2023	11	AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	3.50	3.50		☑		☐
98004	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C5	Sep 2023	11	AACAP, AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), APA(psychiatry), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	0.70	0.70		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
98005	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C6	Sep 2023	11	AACAP, AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), APA(psychiatry), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	1.30	1.30		☑		☐
98006	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C7	Sep 2023	11	AACAP, AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), APA(psychiatry), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	1.92	1.92		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
98007	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C8	Sep 2023	11	AACAP, AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), APA(psychiatry), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	2.80	2.60		☑		☐
98008	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C9	Sep 2023	11	AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	0.93	0.90		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
98009	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C10	Sep 2023	11	AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	1.60	1.55		☑		☐
98010	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C11	Sep 2023	11	AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	2.42	2.42		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
98011	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C12	Sep 2023	11	AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	3.20	3.20		☑		☐
98012	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C13	Sep 2023	11	AACAP, AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), APA(psychiatry), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	0.70	0.65		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
98013	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C14	Sep 2023	11	AACAP, AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), APA(psychiatry), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	1.30	1.20		☑		☐
98014	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C15	Sep 2023	11	AACAP, AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), APA(psychiatry), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	1.75	1.75		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
98015	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C16	Sep 2023	11	AACAP, AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), APA(psychiatry), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	2.60	2.60		☑		☐
98016	XXX	N	Feb 2023	42	Telemedicine Evaluation and Management Visits	C17	Sep 2023	11	AADA, AAFP, AAHPM, AAN, AANS, AAOS, AAP, AAPA, AAPM&R, AATS, ACC, ACG, ACMG, ACOG, ACP, ACS, AGA, AGS, ANA, AOA(osteo), ASA, ASCRS(colon), ASGE, ASRA, ASSH, ATS, AUA, CHEST, CNS, NANS, SIR, STS, SVS	0.30	0.30		☑		☐
96041	XXX	N	Sep 2023	41	Genetic Counseling Services		Jan 2024	10	ACMG				☑	PE Only	☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
90637	XXX	N	Sep 2023	40	mRNA Influenza Vaccine		Vaccine						☐		☐
90638	XXX	N	Sep 2023	40	mRNA Influenza Vaccine		Vaccine						☐		☐
9X23X	XXX	N	May 2025	80	Lowered Specificity Avian Influenza Vaccine (H5)		Vaccine						☐		☐
G2012	XXX	D	Feb 2023	42	Telemedicine Evaluation and Management Visits		Sep 2023	11					☑		☐
G2252	XXX	D	Feb 2023	42	Telemedicine Evaluation and Management Visits		Sep 2023	11					☑		☐
0882T	YYY	N	Sep 2023	63	Intraoperative Stimulation of Peripheral Nerves		Cat III						☐		☐
0888T	YYY	N	Sep 2023	68	Histotripsy of Kidney		Cat III						☐		☐
0897T	YYY	N	Sep 2023	74	Noninvasive Arrhythmia Analysis Services		Cat III						☐		☐
0889T	YYY	N	Sep 2023	70	Accelerated MRI-guided Theta-burst Stimulation		Cat III						☐		☐
0890T	YYY	N	Sep 2023	70	Accelerated MRI-guided Theta-burst Stimulation		Cat III						☐		☐
0891T	YYY	N	Sep 2023	70	Accelerated MRI-guided Theta-burst Stimulation		Cat III						☐		☐
0892T	YYY	N	Sep 2023	70	Accelerated MRI-guided Theta-burst Stimulation		Cat III						☐		☐
0867T	YYY	N	Sep 2023	47	Transperineal Laser Ablation		Cat III						☐		☐
0868T	YYY	N	Sep 2023	49	Gastric Electrophysiology Mapping		Cat III						☐		☐
0881T	YYY	N	Sep 2023	59	Oral Mucositis Cooling		Cat III						☐		☐
0869T	YYY	N	Sep 2023	51	Bone Substitute Injection		Cat III						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0893T	YYY	N	Sep 2023	72	Noninvasive Pulmonary Gas Exchange Analysis		Cat III						☐		☐
0870T	YYY	N	Sep 2023	51	Peritoneal Ascites Pump Services		Cat III						☐		☐
0871T	YYY	N	Sep 2023	51	Peritoneal Ascites Pump Services		Cat III						☐		☐
0872T	YYY	N	Sep 2023	51	Peritoneal Ascites Pump Services		Cat III						☐		☐
0873T	YYY	N	Sep 2023	51	Peritoneal Ascites Pump Services		Cat III						☐		☐
0874T	YYY	N	Sep 2023	51	Peritoneal Ascites Pump Services		Cat III						☐		☐
0877T	YYY	N	Sep 2023	57	Noninvasive Artificial Intelligence Analysis		Cat III						☐		☐
0878T	YYY	N	Sep 2023	57	Noninvasive Artificial Intelligence Analysis		Cat III						☐		☐
0879T	YYY	N	Sep 2023	57	Noninvasive Artificial Intelligence Analysis		Cat III						☐		☐
0880T	YYY	N	Sep 2023	57	Noninvasive Artificial Intelligence Analysis		Cat III						☐		☐
0898T	YYY	N	Sep 2023	76	AI Generated Prostate Cancer Mapping		Cat III						☐		☐
0876T	YYY	N	Sep 2023	56	Computer-Aided Duplex Scan of hemodialysis Fistula		Cat III						☐		☐
0887T	YYY	N	Sep 2023	67	End-tidal Control (EtC) Agent Monitoring		Cat III						☐		☐
0899T	YYY	N	Sep 2023	77	CMR Absolute Quantification of Myocardial Blood Flow		Cat III						☐		☐
0884T	YYY	N	Sep 2023	64	Endoscopic Drug Coated GI Balloon		Cat III						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0885T	YYY	N	Sep 2023	64	Endoscopic Drug Coated GI Balloon		Cat III						☐		☐
0886T	YYY	N	Sep 2023	64	Endoscopic Drug Coated GI Balloon		Cat III						☐		☐
0894T	YYY	N	Sep 2023	73	Normothermic Liver Perfusion Services		Cat III						☐		☐
0895T	YYY	N	Sep 2023	73	Normothermic Liver Perfusion Services		Cat III						☐		☐
0896T	YYY	N	Sep 2023	73	Normothermic Liver Perfusion Services		Cat III						☐		☐
0883T	YYY	N	Sep 2023	63	Intraoperative Stimulation of Peripheral Nerves		Cat III						☐		☐
0899T	YYY	N	Sep 2023	77	CMR Absolute Quantification of Myocardial Blood Flow		Cat III						☐		☐
0875T	YYY	N	Sep 2023	51	Peritoneal Ascites Pump Services		Cat III						☐		☐
0915T	YYY	N	Feb 2024	43	Cardiac Contractility Modulation and Defibrillation		Cat III						☐		☐
0916T	YYY	N	Feb 2024	43	Cardiac Contractility Modulation and Defibrillation		Cat III						☐		☐
0917T	YYY	N	Feb 2024	43	Cardiac Contractility Modulation and Defibrillation		Cat III						☐		☐
0918T	YYY	N	Feb 2024	43	Cardiac Contractility Modulation and Defibrillation		Cat III						☐		☐
0919T	YYY	N	Feb 2024	43	Cardiac Contractility Modulation and Defibrillation		Cat III						☐		☐
0920T	YYY	N	Feb 2024	43	Cardiac Contractility Modulation and Defibrillation		Cat III						☐		☐
0921T	YYY	N	Feb 2024	43	Cardiac Contractility Modulation and Defibrillation		Cat III						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0922T	YYY	N	Feb 2024	43	Cardiac Contractility Modulation and Defibrillation		Cat III						☐		☐
0923T	YYY	N	Feb 2024	43	Cardiac Contractility Modulation and Defibrillation		Cat III						☐		☐
0924T	YYY	N	Feb 2024	43	Cardiac Contractility Modulation and Defibrillation		Cat III						☐		☐
0925T	YYY	N	Feb 2024	43	Cardiac Contractility Modulation and Defibrillation		Cat III						☐		☐
0926T	YYY	N	Feb 2024	43	Cardiac Contractility Modulation and Defibrillation		Cat III						☐		☐
0927T	YYY	N	Feb 2024	43	Cardiac Contractility Modulation and Defibrillation		Cat III						☐		☐
0928T	YYY	N	Feb 2024	43	Cardiac Contractility Modulation and Defibrillation		Cat III						☐		☐
0929T	YYY	N	Feb 2024	43	Cardiac Contractility Modulation and Defibrillation		Cat III						☐		☐
0930T	YYY	N	Feb 2024	43	Cardiac Contractility Modulation and Defibrillation		Cat III						☐		☐
0931T	YYY	N	Feb 2024	43	Cardiac Contractility Modulation and Defibrillation		Cat III						☐		☐
0906T	YYY	N	Feb 2024	38	Concurrent Optical and Magnetic Stimulation		Cat III						☐		☐
0902T	YYY	N	Feb 2024	35	AI-based QT Interval Monitoring		Cat III						☐		☐
0903T	YYY	N	Feb 2024	36	Algorithm-based Electrocardiogram		Cat III						☐		☐
0905T	YYY	N	Feb 2024	36	Algorithm-based Electrocardiogram		Cat III						☐		☐
0904T	YYY	N	Feb 2024	36	Algorithm-based Electrocardiogram		Cat III						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0913T	YYY	N	Feb 2024	42	Percutaneous Coronary Intervention (PCI) by Therapeutic Drug Delivery		Cat III						☐		☐
0901T	YYY	N	Feb 2024	37	Bone Marrow Biopsy Implant		Cat III						☐		☐
0908T	YYY	N	Feb 2024	41	Integrated Cranial Nerve Neurostimulation		Cat III						☐		☐
0909T	YYY	N	Feb 2024	41	Integrated Cranial Nerve Neurostimulation		Cat III						☐		☐
0910T	YYY	N	Feb 2024	41	Integrated Cranial Nerve Neurostimulation		Cat III						☐		☐
0911T	YYY	N	Feb 2024	41	Integrated Cranial Nerve Neurostimulation		Cat III						☐		☐
0912T	YYY	N	Feb 2024	41	Integrated Cranial Nerve Neurostimulation		Cat III						☐		☐
0907T	YYY	N	Feb 2024	38	Concurrent Optical and Magnetic Stimulation		Cat III						☐		☐
0914T	YYY	N	Feb 2024	42	Percutaneous Coronary Intervention (PCI) by Therapeutic Drug Delivery		Cat III						☐		☐
0935T	YYY	N	May 2024	43	Cystourethroscopic Renal Nerve Denervation		Cat III						☐		☐
0941T	YYY	N	May 2024	52	Cystoscopic Prostatic Urethral Scaffold		Cat III						☐		☐
0942T	YYY	N	May 2024	52	Cystoscopic Prostatic Urethral Scaffold		Cat III						☐		☐
0943T	YYY	N	May 2024	52	Cystoscopic Prostatic Urethral Scaffold		Cat III						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0937T	YYY	N	May 2024	50	Continuous External Electrocardiographic Monitoring		Cat III						☐		☐
0938T	YYY	N	May 2024	50	Continuous External Electrocardiographic Monitoring		Cat III						☐		☐
0939T	YYY	N	May 2024	50	Continuous External Electrocardiographic Monitoring		Cat III						☐		☐
0940T	YYY	N	May 2024	50	Continuous External Electrocardiographic Monitoring		Cat III						☐		☐
0932T	YYY	N	May 2024	40	AI-Assisted Heart Failure Detection		Cat III						☐		☐
0936T	YYY	N	May 2024	46	Photobiomodulation Therapy		Cat III						☐		☐
0945T	YYY	N	May 2024	54	Intraoperative Fluorescence Imaging Margin Assessment, Breast		Cat III						☐		☐
0933T	YYY	N	May 2024	42	Transcatheter Left Atrial Pressure Sensor Services		Cat III						☐		☐
0934T	YYY	N	May 2024	42	Transcatheter Left Atrial Pressure Sensor Services		Cat III						☐		☐
0944T	YYY	N	May 2024	53	Percutaneous Ablation Treatment Services		Cat III						☐		☐
0946T	YYY	N	May 2024	56	CT Guided Implant Movement Analysis		Cat III						☐		☐
0947T	YYY	N	May 2024	58	MRI Guided (MRgFUS) Blood Brain Barrier Disruption		Cat III						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service

RUC Recommendations for CMS Requests & Relativity Assessment Identified Code - April 2024

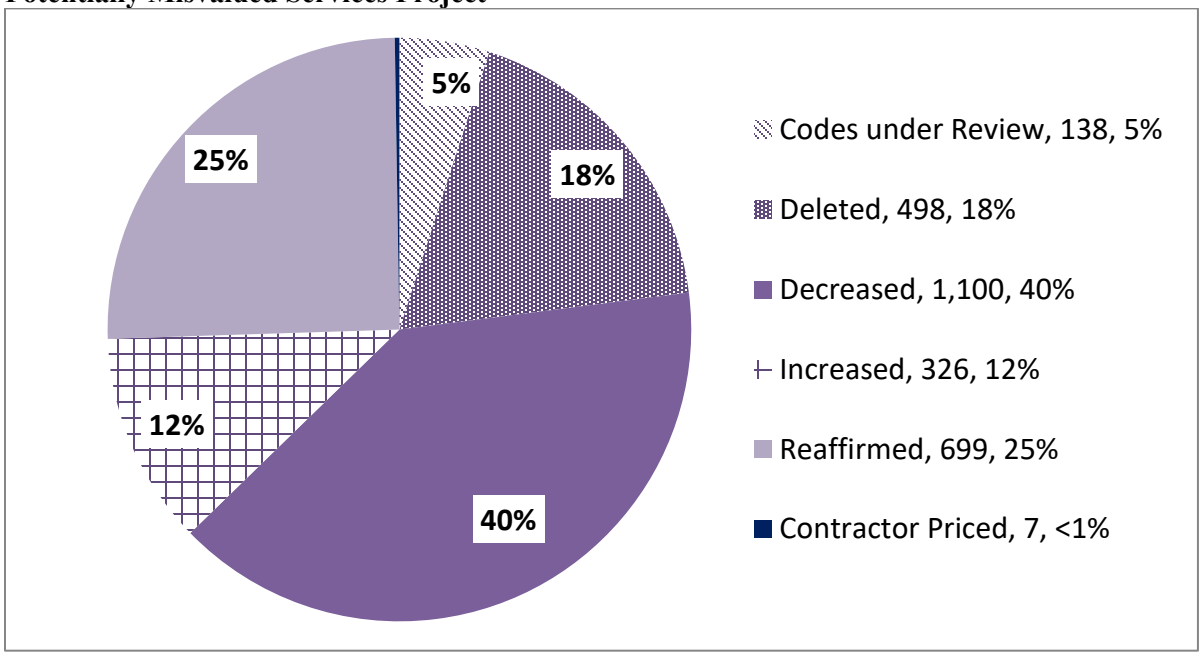
CPT Code	Long Descriptor	Issue	Tab	RUC Recommendation	High Volume Growth	New Tech/New Svcs
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	Closure Left Atrial Appendage with Endocardial Implant	8	10.25		X
90901	Biofeedback training by any modality	Biofeedback Training	9	Refer to CPT	X	
90912	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	Biofeedback Training	9	Refer to CPT	X	
90913	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 separate	Biofeedback Training	9	Refer to CPT	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 over 2,700 services through over 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, has examined 2,772 potentially misvalued services. The RUC has reviewed approximately 95% of the Medicare Physician Payment Schedule allowed charges. Codes that have not been reviewed are low volume and represent a minimal amount of allowed charges. The RUC via its potentially misvalued services review has recommended reductions and deletions to approximately 1,600 services, redistributing $5 billion annually. Below are the outcomes of the committee's review.

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 850 services. In September 2010, the re-review cycle began and since then the RUC has recommended 60 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 248 services every April 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 these recommendations for the 2021 and 2023 Medicare Physician Payment Schedules.

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 38 services to include the family of services. The CPT Editorial Panel deleted 13 services and the RUC submitted 24 recommendations for the 2021-2023 Medicare Physician Payment Schedule. The RUC will review one service to determine if educational coding guidance was effective.

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

In 2023, the RUC identified one code with Medicare data from 2019-2021 indicating 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 and 2021 Medicare utilization over 10,000. This service was also identified as reported with another code 75% of the time or more, therefore, the RUC recommended that this service be surveyed after any code bundling solution occurs at CPT. The RUC also identified two services with Medicare data from 2019-2021 and utilization over 10,000 in which the service is typically performed in the inpatient hospital setting, yet only a half discharge day management (99238) is included. The RUC submitted one recommendation for the 2025 Medicare Physician Payment Schedule and will review it again in three years. The RUC will examine the remaining service for the 2026 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 referred one issue to the CPT Editorial Panel for revision. The CPT Editorial Panel deleted ten codes and the RUC submitted recommendations for 48 services for the 2015-2019 and 2023 Medicare Physician Payment Schedules.

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 one service after additional utilization data is collected. The CPT Editorial Panel deleted 12 codes and the RUC submitted recommendations for 17 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 53 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 five services. The RUC submitted recommendations for 46 services for the 2019-2022 Medicare Physician Payment Schedules. The RUC completed review of services under this fourth iteration of the high volume growth screen.

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 one service from the screen as the volume growth did not impact the resources required to provide this service. The RUC referred one service to the CPT Editorial Panel for revision. CPT deleted one service. The RUC submitted recommendations for nine services for the 2021-2023 Medicare Physician Payment Schedules.

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

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

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

In April 2024, the RUC initiated its 10th iteration of this high volume screen with 2022 Medicare utilization over 10,000 that has increased by at least 100% from 2017-2022. The RUC identified five services and the Relativity Assessment Workgroup will review in September 2024 to determine next steps.

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 10,000 and compared it to who originally surveyed the service. Two services were identified, one was deleted by CPT Editorial Panel and other was referred to develop a CPT Assistant article for education. The RUC completed review of services under this screen.

In April 2022, the RUC queried the top two dominant specialties performing services based on 2020 Medicare utilization more than 10,000 and compared it to who originally surveyed the service. Six services were identified. The RUC referred one code to CPT Assistant for the creation of an article for clarification. RUC will review five codes after additional utilization data is available.

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

In April 2024, the RUC queried the top two dominant specialties performing services based on 2022 Medicare utilization more than 10,000 and where the top specialty performing over 50% of the Medicare claims did not survey the service or the top two specialties did not survey the service. The RUC identified six services and the Relativity Assessment Workgroup will review in September 2024 to determine next steps.

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, which was expanded to five to include the family of services. The RUC submitted recommendations for these five services for the 2022-2023 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

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

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 RUC removed one service from the screen. The CPT® Editorial Panel deleted three services. The RUC submitted recommendations for 16 services for the 2013-2015 Medicare Physician Payment Schedules and one service for the 2023 Medicare Physician Payment Schedule. The RUC completed review of services under this screen.

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 CPT Editorial Panel deleted one code. The RUC submitted recommendations for 14 services for the 2020-2021 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

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 16 to include the family of services. The RUC removed one code from the screen. The CPT Editorial Panel deleted five codes. The RUC submitted recommendations for 10 services for the 2021-2024 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

In October 2020, the RUC ran a second iteration of this screen of CMS/Other source codes with 2019e Medicare utilization over 20,000, which resulted in 10 codes. This was expanded to 21 services to include services that are part of a family. Three services were removed from this screen, one requested for deletion by CMS, 15 were referred to the CPT Editorial Panel for revision and two will be reviewed after additional utilization data is available.

In April 2022, the RUC ran a third iteration of this screen of CMS/Other source codes with 2020 Medicare utilization over 20,000, which resulted in six codes. This was expanded to eight services to include services that are part of a family. The RUC recommended that one service be maintained and three services be reviewed after additional data is available. The RUC submitted recommendations for four services for the 2024 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 completed review of all services under this screen.

In August 2011, the Joint CPT®/RUC Workgroup on Codes Reported Together Frequently reconvened to perform its second 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 third 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 reviewed two services after additional data was obtained and determined that they be maintained. The RUC submitted 47 code recommendations for the 2017-2019 Medicare Physician Payment Schedules. The RUC completed review of all services under this screen.

In October 2017 the Relativity Assessment Workgroup performed the fourth 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.

In April 2022, 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 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. Based on these criteria 19 code pairs were identified, which was expanded to 28 services to include families of services. The RUC referred 11 services to the CPT Editorial Panel for code bundling solutions, the Panel deleted one code. The RUC submitted 17 code recommendations for the 2024-2026 Medicare Physician Payment Schedules.

In April 2023, the Relativity Assessment Workgroup performed the sixth cycle analysis of code pairs reported together with 75% or greater frequency based on 2021 Medicare claims data and identified three code pairs. Of the seven codes under review, the RUC removed two codes from the screen as a code bundle was not necessary, four codes were referred to the CPT Editorial Panel for a code bundle creation and the RUC submitted one recommendation for the 2025 Medicare Physician Payment Schedule.

In April 2024, the Relativity Assessment Workgroup performed the seventh cycle analysis of code pairs reported together with 75% or greater frequency based on 2022 Medicare claims data and identified 18 code pairs. The Workgroup will review these services in September 2024 to determine if referrals to the CPT Editorial Panel for the creation of code bundles should occur.

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 these 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 total in direct expense to the individual code 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.

At the April 2023, the Relativity Assessment Workgroup recommended lowering the Medicare allowed charges threshold from $100,000 to $50,000 for the Services with Stand-Alone PE Procedure Time screen, for codes that have 0.00 work RVUs, including direct equipment inputs that total in direct expense to the individual code to $100 or more, and have PE procedure times (CA021) greater than five minutes. The RUC identified 16 services via this screen. The RUC removed 14 services as they appeared on the first CMS iteration of this screen and were validated in April 2013 or are currently referred to the CPT Editorial Panel for revision. In April 2024, the Relativity Assessment Workgroup examined two services further and removed them from this screen since they both were reviewed by the RUC recently and no changes have occurred. 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, which was expanded to eight services to include the family of services. The RUC submitted eight recommendations for the 2021-2022 Medicare Physician Payment Schedules. The RUC has completed review of the services under this screen.

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, which 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 CPT Editorial Panel deleted one code. The RUC submitted four recommendations for the 2020-2021 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

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

In April 2024, the RUC identified one contractor-priced Category I CPT code that has 2022 Medicare utilization over 10,000. The Relativity Assessment Workgroup will review this service in September 2024 to determine next steps.

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.

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

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

In April 2023, the RUC identified five Category III codes with 2021 Medicare utilization over 1,000. The RUC recommends that three codes remain Category III codes, one code be referred to CPT to revise to a Category I code and one code be reviewed after additional data is available.
In April 2024, the RUC identified two Category III codes with 2022 Medicare utilization over 1,000. The Relativity Assessment Workgroup will review these codes in September 2024 to determine next steps.

PE Units Screen
In April 2020, the RUC identified seven services with more than one median unit of service reported and a direct practice expense supply item unit cost greater than $100 based on 2018 Medicare utilization. In October 2020, the Practice Expense Subcommittee reviewed the supplies and kits identified to determine if any duplication occurs when reported in multiple units. The RUC determined that three of the seven codes identified had duplicative supplies. The RUC submitted new direct practice expense inputs for the 2022 Medicare Physician Payment Schedule. 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 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 submitted 10 recommendations for the 2021 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

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

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

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

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

Final Rule for 2024
In the Final Rule for 2024, CMS received public nominations on three code sets, totaling 23 services. The RUC reviewed and submitted recommendations for these services for the 2025 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 was resurveyed and the RUC submitted recommendations for four services for the 2022 Medicare Physician Payment Schedule.

Three additional code families were identified for re-examination from CPT 2018. One family, continuous glucose monitoring, was reviewed and the RUC determined the utilization is appropriate and the service valuation was appropriately decreased and no further changes are necessary. The second code family, psychiatric collaborative care management services, was removed from this screen because the assumptions used to calculate the work neutrality was based on the low utilized G codes and not on the specialty society estimated utilization. This family is work neutral when based on the correct specialty society estimates. Additionally, there was potential misreporting for these services and the RUC confirmed that these services are no longer being reported by one specific pediatric clinic in question. The remaining code family will be re-examined after additional utilization data are available in 2025.

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

The RUC identified one code family from CPT 2022 that has more than a 10% increase in work RVUs from what was projected. The Relativity Assessment Workgroup will review at the September 2024 meeting to examine further.

Gender Equity

In January 2022, the RUC, via the Relativity Assessment Workgroup, reviewed gender equity in the CPT coding and valuation process. The RUC analyzed data submitted by the American Urological Association and the American College of Obstetricians and Gynecologists comparing procedures typically performed for females compared to their counter male procedures and determined that there was no marked disparity in the value of the services performed on women that have similar male-specific procedures. The RUC requested that the specialty societies work on dissemination of this information through society communication and peer reviewed journal submission.

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

Other Issues

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

Total Number of Codes Identified*	**2,772**
Codes Completed	**2,634**
Work and PE Maintained	699
Work Increased	326
Work Decreased	920
Direct Practice Expense Revised (beyond work changes)	180
Deleted from CPT®	498
Requested CMS delete G code	4
Contractor Priced	7
Codes Under Review	**138**
Referred to CPT® Editorial Panel or CPT Assistant	71
RUC to review future review after additional data obtained	67

**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 2009-2023 have resulted in more than $5 billion in annual redistribution within the Medicare Physician Payment Schedule.

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: XXX **Issue:** Computed Tomographic Arteriography - Head and Neck **Screen:** High Volume Category III Codes 2022 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2022 **2022 Medicare Utilization:** 35,935

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: Refer to CPT **Referred to CPT** May 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

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

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

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** ASA **First Identified:** October 2018 **2022 Medicare Utilization:** 28,037

2024 Work RVU: 7.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

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

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

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

Most Recent RUC Meeting: October 2020 **Tab:** 13 **Specialty Developing Recommendation:** ASA **First Identified:** October 2016 **2022 Medicare Utilization:** 104,177

2024 Work RVU: 10.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: 12 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAOS, NASS **First Identified:** April 2022 **2022 Medicare Utilization:** 5,589

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

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

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

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

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAOS, NASS **First Identified:** April 2022 **2022 Medicare Utilization:** 14,262

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

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

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

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

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** ASA **First Identified:** October 2018 **2022 Medicare Utilization:** 59,712

2024 Work RVU: 15.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

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

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Status Report: CMS Requests and Relativity Assessment Issues

00731 **Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal 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: January 2017 **Tab:** 04 **Specialty Developing Recommendation:** ASA

First Identified: September 2016 **2022 Medicare Utilization:** 1,036,505

2024 Work RVU: 5.00
2024 NF PE RVU: 0
2024 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

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

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 **2022 Medicare Utilization:** 90,797

2024 Work RVU: 6.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: 6 base units

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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

Global: **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: July 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: **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:** July 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

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

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

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 **2022 Medicare Utilization:** 1,059,888

2024 Work RVU: 4.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

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

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

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 **2022 Medicare Utilization:** 545,332

2024 Work RVU: 3.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

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

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

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 **2022 Medicare Utilization:** 492,238

2024 Work RVU: 5.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: October 2020 **2022 Medicare Utilization:** 100,926

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

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

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

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

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

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

First Identified: April 2023 **2022 Medicare Utilization:** 7,034

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

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

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

01916 **Anesthesia for diagnostic arteriography/venography**

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

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

First Identified: October 2019 **2022 Medicare Utilization:** 38,495

2024 Work RVU: 5.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

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

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

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

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

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

First Identified: October 2019 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ASA **First Identified:** February 2008 **2022 Medicare Utilization:** 13,368

2024 Work RVU: 5.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

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

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

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

Most Recent RUC Meeting: January 2021 **Tab:** 04 **Specialty Developing Recommendation:** ASA **First Identified:** January 2021 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2020 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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

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

Most Recent RUC Meeting: January 2021 **Tab:** 04 **Specialty Developing Recommendation:** ASA **First Identified:** October 2016 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2020 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: January 2021 **Tab:** 04 **Specialty Developing Recommendation:** ASA **First Identified:** January 2021 **2022 Medicare Utilization:** 25,946

2024 Work RVU: 4.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: 4 **Referred to CPT** October 2020 **Result:** Decrease

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

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

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

Most Recent RUC Meeting: January 2021 **Tab:** 04 **Specialty Developing Recommendation:** ASA **First Identified:** January 2021 **2022 Medicare Utilization:** 100,419

2024 Work RVU: 4.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: 4 **Referred to CPT** October 2020 **Result:** Decrease

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

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

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

Most Recent RUC Meeting: January 2021 **Tab:** 04 **Specialty Developing Recommendation:** ASA **First Identified:** January 2021 **2022 Medicare Utilization:** 17,119

2024 Work RVU: 4.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: 4 **Referred to CPT** October 2020 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: January 2021 **2022 Medicare Utilization:** 56,429

2024 Work RVU: 4.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: 4

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

Result: Decrease

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

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

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

First Identified: January 2021 **2022 Medicare Utilization:** 20,152

2024 Work RVU: 5.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: 6

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

Result: Increase

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

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

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

First Identified: January 2021 **2022 Medicare Utilization:** 36,859

2024 Work RVU: 5.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: 6

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAPM&R, AAOS, ASA, ASIPP, NASS **First Identified:** April 2022 **2022 Medicare Utilization:** 703

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

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

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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 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAO, AOA (eye) **First Identified:** October 2019 **2022 Medicare Utilization:** 10,052

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

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

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

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

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2022 Medicare Utilization:** 1,693

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAFP, ACP **First Identified:** April 2023 **2022 Medicare Utilization:** 2,512

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

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

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

Most Recent RUC Meeting: January 2021 **Tab:** 16 **Specialty Developing Recommendation:** AAO **First Identified:** October 2019 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2020 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 2019 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** October 2019 **2022 Medicare Utilization:** 46,645

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

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

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 2019 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2019 **2022 Medicare Utilization:** 32,936

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: Refer to CPT **Referred to CPT** Sep 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

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

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

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AUA **First Identified:** April 2023 **2022 Medicare Utilization:** 2,818

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: Refer to CPT **Referred to CPT** May 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

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

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

Most Recent RUC Meeting: January 2020 **Tab:** 33 **Specialty Developing Recommendation:** AACE, ES **First Identified:** November 2019 **2022 Medicare Utilization:** 69

2024 Work RVU: 1.14
2024 NF PE RVU: 91.71
2024 Fac PE RVU: 0.47

RUC Recommendation: Contractor Price **Referred to CPT** February 2021 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Contractor Price

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Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: January 2020 **Tab:** 33 **Specialty Developing Recommendation:** AACE, ES **First Identified:** November 2019 **2022 Medicare Utilization:** 30

2024 Work RVU: 1.34
2024 NF PE RVU: 1.57
2024 Fac PE RVU: 0.55

RUC Recommendation: Contractor Price **Referred to CPT** February 2021 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Contractor Price

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

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

Most Recent RUC Meeting: January 2020 **Tab:** 33 **Specialty Developing Recommendation:** AACE, ES **First Identified:** November 2019 **2022 Medicare Utilization:** 55

2024 Work RVU: 1.91
2024 NF PE RVU: 90.49
2024 Fac PE RVU: 0.78

RUC Recommendation: Contractor Price **Referred to CPT** February 2021 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Contractor Price

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

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

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2022 Medicare Utilization:** 2,391

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

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

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Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

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

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

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

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** April 2022 **2022 Medicare Utilization:** 5,705

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

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

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

Global: XXX **Issue:** Electroretinography **Screen:** Work Neutrality 2019 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 16 **Specialty Developing Recommendation:** AAO, AOA (optometry), ASRS **First Identified:** October 2020 **2022 Medicare Utilization:** 14,137

2024 Work RVU: 0.40
2024 NF PE RVU: 1.86
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** **Result:** Remove from Screen

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

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

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** April 2024 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

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

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

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

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2022 Medicare Utilization:** 16,516

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

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

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

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

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** April 2024 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

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

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

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

Most Recent RUC Meeting: January 2021 **Tab:** 16 **Specialty Developing Recommendation:** AAO **First Identified:** January 2021 **2022 Medicare Utilization:** 23

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: Contractor Price **Referred to CPT** October 2020 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Contractor Price

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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 **2022 Medicare Utilization:** 258

2024 Work RVU: 0.80
2024 NF PE RVU: 0.64
2024 Fac PE RVU: 0.36

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 **2022 Medicare Utilization:** 127,911

2024 Work RVU: 1.46
2024 NF PE RVU: 2.41
2024 Fac PE RVU: 0.54

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 **2022 Medicare Utilization:** 30,128

2024 Work RVU: 1.00
2024 NF PE RVU: 0.7
2024 Fac PE RVU: 0.38

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

10007 **Fine needle aspiration biopsy, including fluoroscopic 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: October 2017 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: June 2017 **2022 Medicare Utilization:** 660

2024 Work RVU: 1.81
2024 NF PE RVU: 7.08
2024 Fac PE RVU: 0.62

RUC Recommendation: 1.81

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

Result: Decrease

10008 **Fine needle aspiration biopsy, including fluoroscopic 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 **2022 Medicare Utilization:** 20

2024 Work RVU: 1.18
2024 NF PE RVU: 2.9
2024 Fac PE RVU: 0.19

RUC Recommendation: 1.18

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

Result: Decrease

10009 **Fine needle aspiration biopsy, including CT 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: October 2017 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: June 2017 **2022 Medicare Utilization:** 2,223

2024 Work RVU: 2.26
2024 NF PE RVU: 10.31
2024 Fac PE RVU: 0.72

RUC Recommendation: 2.43

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

Result: Decrease

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 **2022 Medicare Utilization:** 29

2024 Work RVU: 1.65
2024 NF PE RVU: 5.19
2024 Fac PE RVU: 0.27

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 **2022 Medicare Utilization:** 72

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: Contractor Price **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Contractor Price

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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 **2022 Medicare Utilization:** 49

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 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

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

Global: XXX **Issue:** Fine Needle Aspiration **Screen:** 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:** AACE, ASBS, ASC, CAP, ES, AAOHNS, ACS **First Identified:** July 2015 **2022 Medicare Utilization:** 11,339

2024 Work RVU: 1.03
2024 NF PE RVU: 1.87
2024 Fac PE RVU: 0.46

RUC Recommendation: 1.20 **Referred to CPT** June 2017 **Result:** Decrease

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

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

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

Most Recent RUC Meeting: October 2017 **Tab:** 04 **Specialty Developing Recommendation:** AACE, ASBS, ASC, CAP, ES, ACR, SIR **First Identified:** October 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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:**

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

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

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2022 Medicare Utilization:** 7,543

2024 Work RVU: 2.75
2024 NF PE RVU: 15.93
2024 Fac PE RVU: 0.91

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

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

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 **2022 Medicare Utilization:** 42,535

2024 Work RVU: 0.91
2024 NF PE RVU: 2.49
2024 Fac PE RVU: 0.54

RUC Recommendation: 0.91 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 282,306

2024 Work RVU: 1.22
2024 NF PE RVU: 2.48
2024 Fac PE RVU: 1.87

RUC Recommendation: 1.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

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 **2022 Medicare Utilization:** 96,529

2024 Work RVU: 2.45
2024 NF PE RVU: 3.7
2024 Fac PE RVU: 2.79

RUC Recommendation: Maintain. 2.45 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 36,731

2024 Work RVU: 1.22
2024 NF PE RVU: 3.22
2024 Fac PE RVU: 1.82

RUC Recommendation: 1.25

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

Result: Maintain

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 **2022 Medicare Utilization:** 7,202

2024 Work RVU: 2.30
2024 NF PE RVU: 5.11
2024 Fac PE RVU: 2.58

RUC Recommendation: Remove from re-review

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

Result: Maintain

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

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 **2022 Medicare Utilization:** 1,945,330

2024 Work RVU: 1.01
2024 NF PE RVU: 2.76
2024 Fac PE RVU: 0.67

RUC Recommendation: 1.12

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

Result: Increase

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 **2022 Medicare Utilization:** 520,996

2024 Work RVU: 2.70
2024 NF PE RVU: 3.89
2024 Fac PE RVU: 1.48

RUC Recommendation: 3.00

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

Result: Decrease

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 **2022 Medicare Utilization:** 105,688

2024 Work RVU: 4.10
2024 NF PE RVU: 4.59
2024 Fac PE RVU: 1.96

RUC Recommendation: 4.56

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

Result: Increase

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 **2022 Medicare Utilization:** 601,310

2024 Work RVU: 0.50
2024 NF PE RVU: 0.62
2024 Fac PE RVU: 0.17

RUC Recommendation: 0.69

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAFP, ACS, ANA, ASPS **First Identified:** February 2010 **2022 Medicare Utilization:** 308,551

2024 Work RVU: 1.03
2024 NF PE RVU: 0.97
2024 Fac PE RVU: 0.41

RUC Recommendation: 1.29 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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

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

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** ACS, APMA, APTA **First Identified:** February 2010 **2022 Medicare Utilization:** 92,829

2024 Work RVU: 1.80
2024 NF PE RVU: 1.47
2024 Fac PE RVU: 0.73

RUC Recommendation: 2.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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

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

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:** APMA **First Identified:** November 2011 **2022 Medicare Utilization:** 765,096

2024 Work RVU: 0.35
2024 NF PE RVU: 1.76
2024 Fac PE RVU: 0.08

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

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Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: January 2012 **Tab:** 53 **Specialty Developing Recommendation:** APMA **First Identified:** October 2010 **2022 Medicare Utilization:** 1,778,472

2024 Work RVU: 0.50
2024 NF PE RVU: 1.94
2024 Fac PE RVU: 0.11

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

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

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

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

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:** APMA **First Identified:** November 2011 **2022 Medicare Utilization:** 305,871

2024 Work RVU: 0.65
2024 NF PE RVU: 2.01
2024 Fac PE RVU: 0.15

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

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

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

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

Most Recent RUC Meeting: April 2017 **Tab:** 05 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2017 **Tab:** 05 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

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

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

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

Global: 000 **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 **2022 Medicare Utilization:** 3,231,520

2024 Work RVU: 0.66
2024 NF PE RVU: 2.29
2024 Fac PE RVU: 0.39

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

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

11103 **Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); 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 **2022 Medicare Utilization:** 1,390,281

2024 Work RVU: 0.38
2024 NF PE RVU: 1.09
2024 Fac PE RVU: 0.23

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

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

Status Report: CMS Requests and Relativity Assessment Issues

11104 **Punch biopsy of skin (including simple closure, when performed); single lesion**

Global: 000 **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 **2022 Medicare Utilization:** 306,899

2024 Work RVU: 0.83
2024 NF PE RVU: 2.83
2024 Fac PE RVU: 0.46

RUC Recommendation: 0.83

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

Result: Decrease

11105 **Punch biopsy of skin (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 **2022 Medicare Utilization:** 80,118

2024 Work RVU: 0.45
2024 NF PE RVU: 1.28
2024 Fac PE RVU: 0.25

RUC Recommendation: 0.45

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

Result: Decrease

11106 **Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion**

Global: 000 **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 **2022 Medicare Utilization:** 32,275

2024 Work RVU: 1.01
2024 NF PE RVU: 3.53
2024 Fac PE RVU: 0.54

RUC Recommendation: 1.01

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

Result: Decrease

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 **2022 Medicare Utilization:** 6,753

2024 Work RVU: 0.54
2024 NF PE RVU: 1.53
2024 Fac PE RVU: 0.30

RUC Recommendation: 0.54

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

Result: Decrease

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 **2022 Medicare Utilization:** 92,233

2024 Work RVU: 0.60
2024 NF PE RVU: 2.35
2024 Fac PE RVU: 0.34

RUC Recommendation: 0.60

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

Result: Increase

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 **2022 Medicare Utilization:** 189,090

2024 Work RVU: 0.90
2024 NF PE RVU: 2.65
2024 Fac PE RVU: 0.52

RUC Recommendation: 0.90

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

Result: Increase

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 **2022 Medicare Utilization:** 99,618

2024 Work RVU: 1.05
2024 NF PE RVU: 2.96
2024 Fac PE RVU: 0.61

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

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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 **2022 Medicare Utilization:** 15,459

2024 Work RVU: 1.25
2024 NF PE RVU: 3.17
2024 Fac PE RVU: 0.72

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

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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 / Different Performing Specialty from Survey6 **Complete?** No

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2022 Medicare Utilization:** 86,244

2024 Work RVU: 0.80
2024 NF PE RVU: 2.29
2024 Fac PE RVU: 0.24

RUC Recommendation: Review action plan. 0.80 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 95,542

2024 Work RVU: 0.96
2024 NF PE RVU: 2.63
2024 Fac PE RVU: 0.40

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

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2022 Medicare Utilization:** 53,622

2024 Work RVU: 1.20
2024 NF PE RVU: 2.84
2024 Fac PE RVU: 0.53

RUC Recommendation: 1.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2022 Medicare Utilization:** 20,159

2024 Work RVU: 1.46
2024 NF PE RVU: 2.79
2024 Fac PE RVU: 0.48

RUC Recommendation: Review action plan. 1.46 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2022 Medicare Utilization:** 58,885

2024 Work RVU: 0.80
2024 NF PE RVU: 2.59
2024 Fac PE RVU: 0.46

RUC Recommendation: 1.19 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2022 Medicare Utilization:** 84,959

2024 Work RVU: 1.10
2024 NF PE RVU: 2.89
2024 Fac PE RVU: 0.64

RUC Recommendation: 1.43 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2022 Medicare Utilization:** 38,038

2024 Work RVU: 1.30
2024 NF PE RVU: 3.23
2024 Fac PE RVU: 0.76

RUC Recommendation: 1.80 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2022 Medicare Utilization:** 6,503

2024 Work RVU: 1.68
2024 NF PE RVU: 3.57
2024 Fac PE RVU: 0.98

RUC Recommendation: 2.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

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

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

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

First Identified: October 2010 **2022 Medicare Utilization:** 601,670

2024 Work RVU: 0.17
2024 NF PE RVU: 0.25
2024 Fac PE RVU: 0.04

RUC Recommendation: 0.17

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

Result: Maintain

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

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

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

First Identified: Septemer 2011 **2022 Medicare Utilization:** 1,890,207

2024 Work RVU: 0.32
2024 NF PE RVU: 0.64
2024 Fac PE RVU: 0.07

RUC Recommendation: 0.32 (Interim)

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

Result: Maintain

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

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

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

First Identified: October 2010 **2022 Medicare Utilization:** 5,480,251

2024 Work RVU: 0.54
2024 NF PE RVU: 0.76
2024 Fac PE RVU: 0.12

RUC Recommendation: 0.54 (Interim)

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

Result: Maintain

11730 **Avulsion of nail plate, partial or complete, simple; single**

Global: 000 **Issue:** Removal of Nail Plate **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 56 **Specialty Developing Recommendation:** APMA

First Identified: July 2015 **2022 Medicare Utilization:** 257,294

2024 Work RVU: 1.05
2024 NF PE RVU: 2.32
2024 Fac PE RVU: 0.46

RUC Recommendation: 1.10

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: September 2014 **Tab:** 26 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2022 Medicare Utilization:** 152,931

2024 Work RVU: 1.58
2024 NF PE RVU: 3.13
2024 Fac PE RVU: 1.35

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

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

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

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

Most Recent RUC Meeting: January 2015 **Tab:** 28 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

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

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

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 RUC Meeting: April 2017 **Tab:** 41i **Specialty Developing Recommendation:** APMA **First Identified:** July 2016 **2022 Medicare Utilization:** 50,457

2024 Work RVU: 1.25
2024 NF PE RVU: 2.32
2024 Fac PE RVU: 0.45

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

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

Status Report: CMS Requests and Relativity Assessment Issues

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

First Identified: October 2009 **2022 Medicare Utilization:** 252,141

2024 Work RVU: 0.52
2024 NF PE RVU: 1.15
2024 Fac PE RVU: 0.31

RUC Recommendation: 0.52

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

Result: Maintain

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

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

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

First Identified: February 2010 **2022 Medicare Utilization:** 67,849

2024 Work RVU: 0.80
2024 NF PE RVU: 1.23
2024 Fac PE RVU: 0.47

RUC Recommendation: 0.80

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

Result: Maintain

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

Global: 000 **Issue:** Drug Delivery Implant Procedures **Screen:** High Volume Growth2 / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, ACOG, AUA

First Identified: April 2013 **2022 Medicare Utilization:** 26,294

2024 Work RVU: 1.10
2024 NF PE RVU: 1.58
2024 Fac PE RVU: 0.40

RUC Recommendation: 1.10

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

11981 **Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable)**

Global: 000 **Issue:** Drug Delivery Implant Procedures **Screen:** High Volume Growth1 / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, ACOG, AUA **First Identified:** June 2008 **2022 Medicare Utilization:** 7,837

2024 Work RVU: 1.14
2024 NF PE RVU: 1.68
2024 Fac PE RVU: 0.52

RUC Recommendation: 1.30 **Referred to CPT** May 2018 **Result:** Decrease

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

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

Global: 000 **Issue:** Drug Delivery Implant Procedures **Screen:** High Volume Growth1 / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, ACOG, AUA **First Identified:** February 2008 **2022 Medicare Utilization:** 2,137

2024 Work RVU: 1.34
2024 NF PE RVU: 1.76
2024 Fac PE RVU: 0.60

RUC Recommendation: 1.70 **Referred to CPT** May 2018 **Result:** Decrease

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

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 **2022 Medicare Utilization:** 1,131

2024 Work RVU: 1.91
2024 NF PE RVU: 2.02
2024 Fac PE RVU: 0.83

RUC Recommendation: 2.10 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 150,428

2024 Work RVU: 0.84
2024 NF PE RVU: 1.84
2024 Fac PE RVU: 0.34

RUC Recommendation: 0.84 **Referred to CPT** **Result:** Decrease

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

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 **2022 Medicare Utilization:** 126,288

2024 Work RVU: 1.14
2024 NF PE RVU: 2.08
2024 Fac PE RVU: 0.40

RUC Recommendation: 1.14 **Referred to CPT** **Result:** Decrease

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

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 **2022 Medicare Utilization:** 19,855

2024 Work RVU: 1.44
2024 NF PE RVU: 2.28
2024 Fac PE RVU: 0.47

RUC Recommendation: 1.44 **Referred to CPT** **Result:** Decrease

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

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

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2022 Medicare Utilization:** 5,529

2024 Work RVU: 1.97
2024 NF PE RVU: 2.97
2024 Fac PE RVU: 0.46

RUC Recommendation: 1.97 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2022 Medicare Utilization:** 1,007

2024 Work RVU: 2.39
2024 NF PE RVU: 3.3
2024 Fac PE RVU: 0.60

RUC Recommendation: 2.39 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2022 Medicare Utilization:** 353

2024 Work RVU: 2.90
2024 NF PE RVU: 3.51
2024 Fac PE RVU: 0.82

RUC Recommendation: 2.90 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2022 Medicare Utilization:** 81,964

2024 Work RVU: 1.07
2024 NF PE RVU: 2.1
2024 Fac PE RVU: 0.38

RUC Recommendation: 1.07 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 48,807

2024 Work RVU: 1.22
2024 NF PE RVU: 2.06
2024 Fac PE RVU: 0.27

RUC Recommendation: 1.22 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 6,453

2024 Work RVU: 1.57
2024 NF PE RVU: 2.41
2024 Fac PE RVU: 0.35

RUC Recommendation: 1.57 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 3,215

2024 Work RVU: 1.98
2024 NF PE RVU: 2.81
2024 Fac PE RVU: 0.43

RUC Recommendation: 1.98 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2022 Medicare Utilization:** 460

2024 Work RVU: 2.68
2024 NF PE RVU: 3.36
2024 Fac PE RVU: 0.59

RUC Recommendation: 2.68 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2022 Medicare Utilization:** 66

2024 Work RVU: 3.18
2024 NF PE RVU:
2024 Fac PE RVU: 0.73

RUC Recommendation: 3.18 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2022 Medicare Utilization:** 25

2024 Work RVU: 3.61
2024 NF PE RVU:
2024 Fac PE RVU: 0.80

RUC Recommendation: 3.61 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2022 Medicare Utilization:** 60,749

2024 Work RVU: 2.00
2024 NF PE RVU: 5.66
2024 Fac PE RVU: 2.29

RUC Recommendation: 2.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** October 2009 **2022 Medicare Utilization:** 322,923

2024 Work RVU: 2.52
2024 NF PE RVU: 6.33
2024 Fac PE RVU: 2.89

RUC Recommendation: 2.52 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2022 Medicare Utilization:** 33,005

2024 Work RVU: 2.97
2024 NF PE RVU: 6.7
2024 Fac PE RVU: 2.78

RUC Recommendation: 2.97 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2022 Medicare Utilization:** 5,345

2024 Work RVU: 3.50
2024 NF PE RVU: 7.58
2024 Fac PE RVU: 3.11

RUC Recommendation: 3.60 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2022 Medicare Utilization:** 995

2024 Work RVU: 4.23
2024 NF PE RVU: 7.94
2024 Fac PE RVU: 3.36

RUC Recommendation: 4.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2022 Medicare Utilization:** 499

2024 Work RVU: 5.00
2024 NF PE RVU: 8.6
2024 Fac PE RVU: 3.78

RUC Recommendation: 5.25 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2022 Medicare Utilization:** 20,155

2024 Work RVU: 2.10
2024 NF PE RVU: 5.57
2024 Fac PE RVU: 1.99

RUC Recommendation: 2.10 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2022 Medicare Utilization:** 64,267

2024 Work RVU: 2.79
2024 NF PE RVU: 6.21
2024 Fac PE RVU: 2.74

RUC Recommendation: 2.79 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2022 Medicare Utilization:** 3,138

2024 Work RVU: 3.19
2024 NF PE RVU: 7.88
2024 Fac PE RVU: 2.78

RUC Recommendation: 3.19 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2022 Medicare Utilization:** 352

2024 Work RVU: 3.75
2024 NF PE RVU: 8
2024 Fac PE RVU: 3.78

RUC Recommendation: 3.90 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2022 Medicare Utilization:** 97

2024 Work RVU: 4.30
2024 NF PE RVU: 9.65
2024 Fac PE RVU: 4.16

RUC Recommendation: 4.60 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2022 Medicare Utilization:** 37

2024 Work RVU: 4.95
2024 NF PE RVU: 10.28
2024 Fac PE RVU: 4.40

RUC Recommendation: 5.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2022 Medicare Utilization:** 52,399

2024 Work RVU: 2.33
2024 NF PE RVU: 5.89
2024 Fac PE RVU: 2.44

RUC Recommendation: 2.33 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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

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

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2022 Medicare Utilization:** 98,255

2024 Work RVU: 2.87
2024 NF PE RVU: 6.27
2024 Fac PE RVU: 2.75

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

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Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2022 Medicare Utilization:** 15,838

2024 Work RVU: 3.17
2024 NF PE RVU: 7.36
2024 Fac PE RVU: 2.87

RUC Recommendation: 3.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2022 Medicare Utilization:** 3,948

2024 Work RVU: 3.50
2024 NF PE RVU: 7.49
2024 Fac PE RVU: 2.57

RUC Recommendation: 3.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2022 Medicare Utilization:** 368

2024 Work RVU: 4.50
2024 NF PE RVU: 9.82
2024 Fac PE RVU: 3.74

RUC Recommendation: 4.65 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2022 Medicare Utilization:** 38

2024 Work RVU: 5.30
2024 NF PE RVU: 11.14
2024 Fac PE RVU: 5.24

RUC Recommendation: 5.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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

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

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2022 Medicare Utilization:** 15

2024 Work RVU: 6.00
2024 NF PE RVU: 11.11
2024 Fac PE RVU: 5.45

RUC Recommendation: 6.28 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** July 2011 **2022 Medicare Utilization:** 4,763

2024 Work RVU: 3.00
2024 NF PE RVU: 6.85
2024 Fac PE RVU: 2.60

RUC Recommendation: 3.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** July 2011 **2022 Medicare Utilization:** 85,376

2024 Work RVU: 3.50
2024 NF PE RVU: 7.99
2024 Fac PE RVU: 3.44

RUC Recommendation: 3.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** July 2011 **2022 Medicare Utilization:** 20,982

2024 Work RVU: 1.24
2024 NF PE RVU: 2.05
2024 Fac PE RVU: 0.69

RUC Recommendation: 1.24 **Referred to CPT** **Result:** Maintain

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

13120 **Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm**

Global: 010 **Issue:** Complex Wound Repair **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2022 Medicare Utilization:** 10,565

2024 Work RVU: 3.23
2024 NF PE RVU: 7.03
2024 Fac PE RVU: 3.28

RUC Recommendation: 3.23 **Referred to CPT** September 2018 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** 1st article: May 2011; 2nd article July 2016; Sept 2018 CPT Editorial Meeting Tab 9, specialties submitted revisions to the guidelines.

13121 **Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm**

Global: 010 **Issue:** Complex Wound Repair **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2022 Medicare Utilization:** 186,578

2024 Work RVU: 4.00
2024 NF PE RVU: 8.29
2024 Fac PE RVU: 3.21

RUC Recommendation: 4.00 **Referred to CPT** September 2018 **Result:** Decrease

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

13122 **Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Complex Wound Repair **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2022 Medicare Utilization:** 26,304

2024 Work RVU: 1.44
2024 NF PE RVU: 2.14
2024 Fac PE RVU: 0.79

RUC Recommendation: 1.44 **Referred to CPT** September 2018 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** 1st article: May 2011; 2nd article July 2016; Sept 2018 CPT Editorial Meeting Tab 9, specialties submitted revisions to the guidelines.

13131 **Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm**

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

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** April 2011 **2022 Medicare Utilization:** 32,882

2024 Work RVU: 3.73
2024 NF PE RVU: 7.46
2024 Fac PE RVU: 3.02

RUC Recommendation: 3.73 **Referred to CPT** **Result:** Decrease

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

13132 **Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm**

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

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2022 Medicare Utilization:** 253,613

2024 Work RVU: 4.78
2024 NF PE RVU: 8.79
2024 Fac PE RVU: 3.67

RUC Recommendation: 4.78 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2022 Medicare Utilization:** 13,119

2024 Work RVU: 2.19
2024 NF PE RVU: 2.56
2024 Fac PE RVU: 1.24

RUC Recommendation: 2.19 **Referred to CPT** **Result:** Maintain

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

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

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

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2022 Medicare Utilization:** 28,089

2024 Work RVU: 4.34
2024 NF PE RVU: 7.81
2024 Fac PE RVU: 3.40

RUC Recommendation: 4.34 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 010 **Issue:** Complex Wound Repair **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued with Annual Allowed Charges over $10 million / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** April 2011 **2022 Medicare Utilization:** 47,532

2024 Work RVU: 5.34
2024 NF PE RVU: 8.9
2024 Fac PE RVU: 3.98

RUC Recommendation: Review action plan. 5.34

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

Result: Decrease

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

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

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** July 2011 **2022 Medicare Utilization:** 767

2024 Work RVU: 2.38
2024 NF PE RVU: 2.79
2024 Fac PE RVU: 1.30

RUC Recommendation: 2.38

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

Result: Maintain

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

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

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** ACS, AAD, ASPS **First Identified:** April 2008 **2022 Medicare Utilization:** 5,425

2024 Work RVU: 6.37
2024 NF PE RVU: 11.72
2024 Fac PE RVU: 7.69

RUC Recommendation: 6.19

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

14001 **Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm** **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** ACS, AAD, ASPS **First Identified:** September 2007 **2022 Medicare Utilization:** 8,093

2024 Work RVU: 8.78
2024 NF PE RVU: 14.05
2024 Fac PE RVU: 9.23

RUC Recommendation: 8.58 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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14020 **Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less** **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** April 2008 **2022 Medicare Utilization:** 15,142

2024 Work RVU: 7.22
2024 NF PE RVU: 12.97
2024 Fac PE RVU: 8.79

RUC Recommendation: 7.02 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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14021 **Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm** **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** September 2007 **2022 Medicare Utilization:** 18,276

2024 Work RVU: 9.72
2024 NF PE RVU: 15.07
2024 Fac PE RVU: 10.19

RUC Recommendation: 9.52 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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14040 **Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less** **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** April 2008 **2022 Medicare Utilization:** 56,431

2024 Work RVU: 8.60
2024 NF PE RVU: 13.2
2024 Fac PE RVU: 9.01

RUC Recommendation: 8.44 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2022 Medicare Utilization:** 42,433

2024 Work RVU: 10.83
2024 NF PE RVU: 15.65
2024 Fac PE RVU: 10.67

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

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 RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** April 2008 **2022 Medicare Utilization:** 79,674

2024 Work RVU: 9.23
2024 NF PE RVU: 12.79
2024 Fac PE RVU: 9.58

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

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 RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2022 Medicare Utilization:** 29,527

2024 Work RVU: 11.48
2024 NF PE RVU: 17.11
2024 Fac PE RVU: 11.61

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

14300 **Deleted from CPT**

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

Most Recent RUC Meeting: April 2009 **Tab:** 04 **Specialty Developing Recommendation:** ACS, AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

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

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 Recommendation:** ACS, AAO-HNS, ASPS **First Identified:** September 2007 **2022 Medicare Utilization:** 40,699

2024 Work RVU: 12.65
2024 NF PE RVU: 17.89
2024 Fac PE RVU: 11.35

RUC Recommendation: 12.47 **Referred to CPT** February 2009 **Result:** Decrease

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 Recommendation:** ACS, AAO-HNS, ASPS **First Identified:** September 2007 **2022 Medicare Utilization:** 49,270

2024 Work RVU: 3.73
2024 NF PE RVU: 1.99
2024 Fac PE RVU: 1.99

RUC Recommendation: 3.73 **Referred to CPT** February 2009 **Result:** Decrease

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 Recommendation:** ASPS **First Identified:** January 2014 **2022 Medicare Utilization:** 23,539

2024 Work RVU: 3.65
2024 NF PE RVU: 5.99
2024 Fac PE RVU: 2.22

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

15004 **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**

Global: 000 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** ASPS, APMA **First Identified:** January 2014 **2022 Medicare Utilization:** 33,520

2024 Work RVU: 4.58
2024 NF PE RVU: 6.56
2024 Fac PE RVU: 2.51

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:**

Result: Maintain

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

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** ASPS **First Identified:** January 2014 **2022 Medicare Utilization:** 10,266

2024 Work RVU: 9.90
2024 NF PE RVU: 14.3
2024 Fac PE RVU: 9.68

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:**

Result: Maintain

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

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

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAO-HNS, ASPS **First Identified:** September 2007 **2022 Medicare Utilization:** 6,986

2024 Work RVU: 10.15
2024 NF PE RVU: 13.64
2024 Fac PE RVU: 8.91

RUC Recommendation: Remove from screen

Referred to CPT

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

Result: Remove from Screen

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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT

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

Result: Deleted from CPT

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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT

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

Result: Deleted from CPT

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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 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

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 RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

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

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 RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAO-HNS, ASPS **First Identified:** September 2007 **2022 Medicare Utilization:** 8,806

2024 Work RVU: 8.09
2024 NF PE RVU: 13.93
2024 Fac PE RVU: 9.06

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

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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 RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** ASPS, AAD **First Identified:** January 2014 **2022 Medicare Utilization:** 11,884

2024 Work RVU: 10.41
2024 NF PE RVU: 16.16
2024 Fac PE RVU: 12.07

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:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 165,476

2024 Work RVU: 1.50
2024 NF PE RVU: 2.91
2024 Fac PE RVU: 0.78

RUC Recommendation: 1.50 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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

Global: ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey / High Volume Growth10 **Complete?** No

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2022 Medicare Utilization:** 24,110

2024 Work RVU: 0.33
2024 NF PE RVU: 0.36
2024 Fac PE RVU: 0.12

RUC Recommendation: Review action plan. 0.59 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 6,796

2024 Work RVU: 3.50
2024 NF PE RVU: 5.12
2024 Fac PE RVU: 1.66

RUC Recommendation: 3.50 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 28,204

2024 Work RVU: 0.80
2024 NF PE RVU: 1.46
2024 Fac PE RVU: 0.35

RUC Recommendation: 0.80 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **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 **2022 Medicare Utilization:** 166,871

2024 Work RVU: 1.83
2024 NF PE RVU: 2.75
2024 Fac PE RVU: 0.75

RUC Recommendation: 1.83 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **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 **2022 Medicare Utilization:** 7,968

2024 Work RVU: 0.50
2024 NF PE RVU: 0.4
2024 Fac PE RVU: 0.17

RUC Recommendation: 0.59 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **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 **2022 Medicare Utilization:** 1,592

2024 Work RVU: 4.00
2024 NF PE RVU: 5.5
2024 Fac PE RVU: 1.89

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

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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 **2022 Medicare Utilization:** 2,667

2024 Work RVU: 1.00
2024 NF PE RVU: 1.64
2024 Fac PE RVU: 0.45

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

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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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

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

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

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

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

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

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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:**

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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:**

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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:**

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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:**

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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:**

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from 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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from 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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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:**

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 RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS, AAD **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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 RUC Meeting: October 2008 **Tab:** 10 **Specialty Developing Recommendation:** ACS, ASPS, AAO-HNS **First Identified:** September 2007 **2022 Medicare Utilization:** 226

2024 Work RVU: 10.21
2024 NF PE RVU: 15.08
2024 Fac PE RVU: 9.70

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 RUC Meeting: October 2008 **Tab:** 10 **Specialty Developing Recommendation:** ACS, ASPS, AAO-HNS **First Identified:** April 2008 **2022 Medicare Utilization:** 472

2024 Work RVU: 10.12
2024 NF PE RVU: 14.66
2024 Fac PE RVU: 10.24

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 RUC Meeting: October 2008 **Tab:** 10 **Specialty Developing Recommendation:** ASPS, AAO-HNS **First Identified:** September 2007 **2022 Medicare Utilization:** 1,210

2024 Work RVU: 10.70
2024 NF PE RVU: 14.3
2024 Fac PE RVU: 9.86

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

15576 **Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral**

Global: 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 10 **Specialty Developing Recommendation:** ASPS, AAO-HNS **First Identified:** September 2007 **2022 Medicare Utilization:** 4,553

2024 Work RVU: 9.37
2024 NF PE RVU: 12.97
2024 Fac PE RVU: 8.90

RUC Recommendation: 9.24 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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15730 **Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)**

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 05 **Specialty Developing Recommendation:** AAO **First Identified:** January 2017 **2022 Medicare Utilization:** 1,593

2024 Work RVU: 13.50
2024 NF PE RVU: 27.61
2024 Fac PE RVU: 12.33

RUC Recommendation: 13.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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15731 **Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)**

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 05 **Specialty Developing Recommendation:** **First Identified:** April 2016 **2022 Medicare Utilization:** 2,253

2024 Work RVU: 14.38
2024 NF PE RVU: 17.21
2024 Fac PE RVU: 13.36

RUC Recommendation: Not part of family **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Not Part of RAW

Status Report: CMS Requests and Relativity Assessment Issues

15732 **Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)**

Global: **Issue:** Muscle Flaps **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 05 **Specialty Developing Recommendation:** ASPS **First Identified:** September 2007 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

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

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

15733 **Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)**

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 05 **Specialty Developing Recommendation:** ASPS **First Identified:** January 2017 **2022 Medicare Utilization:** 4,649

2024 Work RVU: 15.68
2024 NF PE RVU:
2024 Fac PE RVU: 12.61

RUC Recommendation: 15.68 **Referred to CPT** **Result:** Decrease

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

15734 **Muscle, myocutaneous, or fasciocutaneous flap; trunk**

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:** **First Identified:** October 2015 **2022 Medicare Utilization:** 22,071

2024 Work RVU: 23.00
2024 NF PE RVU:
2024 Fac PE RVU: 17.03

RUC Recommendation: 23.00 **Referred to CPT** September 2016 **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 1,425

2024 Work RVU: 17.04
2024 NF PE RVU:
2024 Fac PE RVU: 16.19

RUC Recommendation: 17.04

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2022 Medicare Utilization:** 5,108

2024 Work RVU: 19.04
2024 NF PE RVU:
2024 Fac PE RVU: 15.27

RUC Recommendation: 19.04

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2022 Medicare Utilization:** 1,836

2024 Work RVU: 11.80
2024 NF PE RVU: 16.92
2024 Fac PE RVU: 11.68

RUC Recommendation: 11.57

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

15769 **Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)**

Global: 090 **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAOHNS, ASPS **First Identified:** May 2018 **2022 Medicare Utilization:** 5,880

2024 Work RVU: 6.68
2024 NF PE RVU:
2024 Fac PE RVU: 6.54

RUC Recommendation: 6.68 **Referred to CPT**
Referred to CPT Asst ☑ **Published in CPT Asst:** July 2023 **Result:** Increase

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15771 **Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 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 **2022 Medicare Utilization:** 3,442

2024 Work RVU: 6.73
2024 NF PE RVU: 10.45
2024 Fac PE RVU: 7.46

RUC Recommendation: 6.73 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Increase

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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)**

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 **2022 Medicare Utilization:** 7,785

2024 Work RVU: 2.50
2024 NF PE RVU: 2.79
2024 Fac PE RVU: 1.45

RUC Recommendation: 2.50 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2022 Medicare Utilization:** 438

2024 Work RVU: 6.83
2024 NF PE RVU: 9.98
2024 Fac PE RVU: 7.11

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

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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 **2022 Medicare Utilization:** 67

2024 Work RVU: 2.41
2024 NF PE RVU: 2.74
2024 Fac PE RVU: 1.41

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

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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 **2022 Medicare Utilization:** 6,994

2024 Work RVU: 3.65
2024 NF PE RVU: 2.01
2024 Fac PE RVU: 2.01

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

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Status Report: CMS Requests and Relativity Assessment Issues

15778 **Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (ie, external genitalia, perineum, abdominal wall) due to soft tissue infection or trauma**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:**

2024 Work RVU: 7.05
2024 NF PE RVU:
2024 Fac PE RVU: 2.82

RUC Recommendation: 8.00 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 87,515

2024 Work RVU: 6.81
2024 NF PE RVU: 11.3
2024 Fac PE RVU: 9.12

RUC Recommendation: 6.81 **Referred to CPT** **Result:** Decrease
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, ACS, AAP **First Identified:** October 2009 **2022 Medicare Utilization:** 11,334

2024 Work RVU: 0.71
2024 NF PE RVU: 1.76
2024 Fac PE RVU: 0.85

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 08 **Specialty Developing Recommendation:** ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** October 2009 **2022 Medicare Utilization:** 1,629

2024 Work RVU: 1.74
2024 NF PE RVU: 2.71
2024 Fac PE RVU: 1.31

RUC Recommendation: 1.85 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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16030 **Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area)**

Global: 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACEP, ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** February 2010 **2022 Medicare Utilization:** 1,142

2024 Work RVU: 2.08
2024 NF PE RVU: 3.44
2024 Fac PE RVU: 1.45

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 **2022 Medicare Utilization:** 5,821,046

2024 Work RVU: 0.61
2024 NF PE RVU: 1.37
2024 Fac PE RVU: 0.99

RUC Recommendation: 0.61 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 18,598,830

2024 Work RVU: 0.04
2024 NF PE RVU: 0.16
2024 Fac PE RVU: 0.02

RUC Recommendation: 0.04 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 / Modifer -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 17 **Specialty Developing Recommendation:** AAD **First Identified:** September 2011 **2022 Medicare Utilization:** 831,242

2024 Work RVU: 1.37
2024 NF PE RVU: 3.52
2024 Fac PE RVU: 1.43

RUC Recommendation: Remove from Modifier -51 Exempt List. 1.37 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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17106 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm**

Global: 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 11 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2022 Medicare Utilization:** 3,523

2024 Work RVU: 3.69
2024 NF PE RVU: 6.28
2024 Fac PE RVU: 4.19

RUC Recommendation: 3.61 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

17107 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm**

Global: 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 11 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2022 Medicare Utilization:** 2,070

2024 Work RVU: 4.79
2024 NF PE RVU: 8.17
2024 Fac PE RVU: 5.49

RUC Recommendation: 4.68 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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17108 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm**

Global: 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 11 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2022 Medicare Utilization:** 5,317

2024 Work RVU: 7.49
2024 NF PE RVU: 10.65
2024 Fac PE RVU: 7.34

RUC Recommendation: 6.37 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2022 Medicare Utilization:** 2,817,292

2024 Work RVU: 0.70
2024 NF PE RVU: 2.66
2024 Fac PE RVU: 1.30

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

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Status Report: CMS Requests and Relativity Assessment Issues

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 RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2022 Medicare Utilization:** 142,026

2024 Work RVU: 0.97
2024 NF PE RVU: 2.94
2024 Fac PE RVU: 1.44

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

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17250 **Chemical cauterization of granulation tissue (ie, proud flesh)**

Global: 000 **Issue:** Chemical Cauterization of Granulation Tissue **Screen:** High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: January 2022 **Tab:** 20 **Specialty Developing Recommendation:** AAFP, ACS, APMA **First Identified:** October 2015 **2022 Medicare Utilization:** 241,862

2024 Work RVU: 0.50
2024 NF PE RVU: 2.04
2024 Fac PE RVU: 0.55

RUC Recommendation: Review in 3 years (Jan 2025). **Referred to CPT** September 2016 **Referred to CPT Asst** ☑ **Published in CPT Asst:** Sep 2016 **Result:**

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 **2022 Medicare Utilization:** 129,075

2024 Work RVU: 1.22
2024 NF PE RVU: 3.13
2024 Fac PE RVU: 1.27

RUC Recommendation: 1.22 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 288,353

2024 Work RVU: 1.63
2024 NF PE RVU: 3.58
2024 Fac PE RVU: 1.51

RUC Recommendation: 1.63 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 44,856

2024 Work RVU: 1.54
2024 NF PE RVU: 3.32
2024 Fac PE RVU: 1.45

RUC Recommendation: 1.54 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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17272 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2022 Medicare Utilization:** 75,113

2024 Work RVU: 1.82
2024 NF PE RVU: 3.68
2024 Fac PE RVU: 1.62

RUC Recommendation: 1.82 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

Status Report: CMS Requests and Relativity Assessment Issues

17281 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2022 Medicare Utilization:** 65,491

2024 Work RVU: 1.77
2024 NF PE RVU: 3.47
2024 Fac PE RVU: 1.58

RUC Recommendation: 1.77 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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17282 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** October 2009 **2022 Medicare Utilization:** 66,033

2024 Work RVU: 2.09
2024 NF PE RVU: 3.89
2024 Fac PE RVU: 1.77

RUC Recommendation: 2.09 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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17311 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks**

Global: 000 **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAD **First Identified:** September 2011 **2022 Medicare Utilization:** 850,608

2024 Work RVU: 6.20
2024 NF PE RVU: 13.61
2024 Fac PE RVU: 3.68

RUC Recommendation: Review action plan. 6.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

17312 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAD **First Identified:** September 2011 **2022 Medicare Utilization:** 488,511

2024 Work RVU: 3.30
2024 NF PE RVU: 8.76
2024 Fac PE RVU: 1.95

RUC Recommendation: 3.30 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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17313 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks**

Global: 000 **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2022 Medicare Utilization:** 169,318

2024 Work RVU: 5.56
2024 NF PE RVU: 13.08
2024 Fac PE RVU: 3.30

RUC Recommendation: 5.56 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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17314 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2022 Medicare Utilization:** 61,476

2024 Work RVU: 3.06
2024 NF PE RVU: 8.51
2024 Fac PE RVU: 1.81

RUC Recommendation: 3.06 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

17315 **Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2022 Medicare Utilization:** 17,917

2024 Work RVU: 0.87
2024 NF PE RVU: 1.44
2024 Fac PE RVU: 0.52

RUC Recommendation: 0.87 **Referred to CPT** **Result:** Maintain

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

19020 **Mastotomy with exploration or drainage of abscess, deep**

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

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2022 Medicare Utilization:** 1,057

2024 Work RVU: 3.83
2024 NF PE RVU: 9.42
2024 Fac PE RVU: 4.76

RUC Recommendation: Reduce 99238 to 0.5, remove hospital visits **Referred to CPT** **Result:** PE Only

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

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 RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2022 Medicare Utilization:** 56,458

2024 Work RVU: 3.29
2024 NF PE RVU: 11.23
2024 Fac PE RVU: 1.17

RUC Recommendation: 3.29 **Referred to CPT** October 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2022 Medicare Utilization:** 4,257

2024 Work RVU: 1.65
2024 NF PE RVU: 9.59
2024 Fac PE RVU: 0.58

RUC Recommendation: 1.65 **Referred to CPT** October 2012 **Result:** Decrease

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

19083 **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**

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 **2022 Medicare Utilization:** 110,638

2024 Work RVU: 3.10
2024 NF PE RVU: 11.37
2024 Fac PE RVU: 1.10

RUC Recommendation: 3.10 **Referred to CPT** October 2012 **Result:** Decrease

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

19084 **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)**

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 **2022 Medicare Utilization:** 14,741

2024 Work RVU: 1.55
2024 NF PE RVU: 9.52
2024 Fac PE RVU: 0.55

RUC Recommendation: 1.55 **Referred to CPT** October 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

19085 **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**

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 **2022 Medicare Utilization:** 6,881

2024 Work RVU: 3.64
2024 NF PE RVU: 18.7
2024 Fac PE RVU: 1.29

RUC Recommendation: 3.64 **Referred to CPT** October 2012 **Result:** Decrease

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

19086 **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)**

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 **2022 Medicare Utilization:** 1,450

2024 Work RVU: 1.82
2024 NF PE RVU: 15.55
2024 Fac PE RVU: 0.64

RUC Recommendation: 1.82 **Referred to CPT** October 2012 **Result:** Decrease

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

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

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

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

19281 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic 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 **2022 Medicare Utilization:** 24,273

2024 Work RVU: 2.00
2024 NF PE RVU: 5.03
2024 Fac PE RVU: 0.71

RUC Recommendation: 2.00 **Referred to CPT** October 2012 **Result:** Decrease

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

19282 **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)**

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 **2022 Medicare Utilization:** 3,457

2024 Work RVU: 1.00
2024 NF PE RVU: 4.01
2024 Fac PE RVU: 0.36

RUC Recommendation: 1.00 **Referred to CPT** October 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

19283 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic 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 **2022 Medicare Utilization:** 3,735

2024 Work RVU: 2.00
2024 NF PE RVU: 5.52
2024 Fac PE RVU: 0.71

RUC Recommendation: 2.00 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 463

2024 Work RVU: 1.00
2024 NF PE RVU: 4.54
2024 Fac PE RVU: 0.35

RUC Recommendation: 1.00 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 27,979

2024 Work RVU: 1.70
2024 NF PE RVU: 9.04
2024 Fac PE RVU: 0.60

RUC Recommendation: 1.70 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 2,441

2024 Work RVU: 0.85
2024 NF PE RVU: 7.97
2024 Fac PE RVU: 0.30

RUC Recommendation: 0.85 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 288

2024 Work RVU: 2.55
2024 NF PE RVU: 16.04
2024 Fac PE RVU: 0.91

RUC Recommendation: 3.02 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 93

2024 Work RVU: 1.28
2024 NF PE RVU: 13.1
2024 Fac PE RVU: 0.45

RUC Recommendation: 1.51 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

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

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

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

Global: **Issue:** Breast Biopsy **Screen:** CMS Fastest Growing / 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:** October 2008 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

19303 **Mastectomy, simple, complete**

Global: 090 **Issue:** Mastectomy **Screen:** Site of Service Anomaly - 2015 / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACS, ASBS **First Identified:** October 2015 **2022 Medicare Utilization:** 23,502

2024 Work RVU: 15.00
2024 NF PE RVU:
2024 Fac PE RVU: 10.11

RUC Recommendation: 15.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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19307 **Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle**

Global: 090 **Issue:** Modified Radical Mastectomy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2022 Medicare Utilization:** 4,078

2024 Work RVU: 17.99
2024 NF PE RVU:
2024 Fac PE RVU: 13.01

RUC Recommendation: 17.99 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

19318 **Breast reduction**

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

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ASPS **First Identified:** September 2007 **2022 Medicare Utilization:** 6,930

2024 Work RVU: 16.03
2024 NF PE RVU:
2024 Fac PE RVU: 13.80

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

Status Report: CMS Requests and Relativity Assessment Issues

19340 **Insertion of breast implant on same day of mastectomy (ie, immediate)**

Global: 090 **Issue:** Breast Implant/Expander Placement **Screen:** CMS Request / Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 05 **Specialty Developing Recommendation:** ASPS **First Identified:** October 2009 **2022 Medicare Utilization:** 2,632

2024 Work RVU: 10.48
2024 NF PE RVU:
2024 Fac PE RVU: 10.33

RUC Recommendation: 11.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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19357 **Tissue expander placement in breast reconstruction, including subsequent expansion(s)**

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 **2022 Medicare Utilization:** 5,664

2024 Work RVU: 14.84
2024 NF PE RVU:
2024 Fac PE RVU: 17.28

RUC Recommendation: 15.36 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

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

Status Report: CMS Requests and Relativity Assessment Issues

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 IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2018 **Result:** Deleted from CPT

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

20220 **Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)**

Global: 000 **Issue:** Bone Biopsy Trocar/Needle **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 22 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2018 **2022 Medicare Utilization:** 11,653

2024 Work RVU: 1.65
2024 NF PE RVU: 5.12
2024 Fac PE RVU: 0.76

RUC Recommendation: 1.93 **Referred to CPT** **Result:** Increase

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

20225 **Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)**

Global: 000 **Issue:** Bone Biopsy Trocar/Needle **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 22 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2017 **2022 Medicare Utilization:** 12,086

2024 Work RVU: 2.45
2024 NF PE RVU: 8.62
2024 Fac PE RVU: 1.11

RUC Recommendation: 3.00 **Referred to CPT** **Result:** Increase

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

20240 **Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)**

Global: 000 **Issue:** Bone Biopsy Excisional **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, APMA **First Identified:** April 2014 **2022 Medicare Utilization:** 6,678

2024 Work RVU: 2.61
2024 NF PE RVU:
2024 Fac PE RVU: 1.27

RUC Recommendation: 3.73 **Referred to CPT** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

20245 **Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)**

Global: 000 **Issue:** Bone Biopsy Excisional **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 04 **Specialty Developing Recommendation:** AAOS

First Identified: January 2014 **2022 Medicare Utilization:** 4,064

2024 Work RVU: 6.00
2024 NF PE RVU:
2024 Fac PE RVU: 3.20

RUC Recommendation: 6.50

Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

20525 **Removal of foreign body in muscle or tendon sheath; deep or complicated**

Global: 010 **Issue:** Removal of Foreign Body **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

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

First Identified: September 2007 **2022 Medicare Utilization:** 1,295

2024 Work RVU: 3.54
2024 NF PE RVU: 9.75
2024 Fac PE RVU: 3.25

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

20526 **Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel**

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

Most Recent RUC Meeting: January 2017 **Tab:** 30 **Specialty Developing Recommendation:**

First Identified: July 2016 **2022 Medicare Utilization:** 93,718

2024 Work RVU: 0.94
2024 NF PE RVU: 1.37
2024 Fac PE RVU: 0.59

RUC Recommendation: Remove fromm screen

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

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

20550 **Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")** **Global:** 000 **Issue:** Injection of Tendon **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, AAPM&R, ACRh, APMA, ASSH **First Identified:** October 2008 **2022 Medicare Utilization:** 789,921

2024 Work RVU: 0.75
2024 NF PE RVU: 0.89
2024 Fac PE RVU: 0.31

RUC Recommendation: 0.75 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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20551 **Injection(s); single tendon origin/insertion** **Global:** 000 **Issue:** Therapeutic Injection Carpal Tunnel **Screen:** CMS Fastest Growing / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 10 **Specialty Developing Recommendation:** AAPMR, AAOS, ACRh, APMA, ASSH **First Identified:** October 2008 **2022 Medicare Utilization:** 127,434

2024 Work RVU: 0.75
2024 NF PE RVU: 0.89
2024 Fac PE RVU: 0.31

RUC Recommendation: 0.75 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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20552 **Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)** **Global:** 000 **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 28 **Specialty Developing Recommendation:** AAPM&R, ACRh, ASA **First Identified:** July 2015 **2022 Medicare Utilization:** 276,901

2024 Work RVU: 0.66
2024 NF PE RVU: 0.84
2024 Fac PE RVU: 0.36

RUC Recommendation: 0.66 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

20553 **Injection(s); single or multiple trigger point(s), 3 or more muscles**

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

Most Recent RUC Meeting: January 2016 **Tab:** 28 **Specialty Developing Recommendation:** AAPM&R, ACRh, ASA **First Identified:** July 2015 **2022 Medicare Utilization:** 352,125

2024 Work RVU: 0.75
2024 NF PE RVU: 0.98
2024 Fac PE RVU: 0.41

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Maintain

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

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 **2022 Medicare Utilization:** 437,116

2024 Work RVU: 0.66
2024 NF PE RVU: 0.87
2024 Fac PE RVU: 0.32

RUC Recommendation: 0.66 and new PE inputs **Referred to CPT** October 2013 **Result:** Maintain

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

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 **2022 Medicare Utilization:** 54,114

2024 Work RVU: 0.89
2024 NF PE RVU: 1.5
2024 Fac PE RVU: 0.37

RUC Recommendation: 0.89 **Referred to CPT** October 2013 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 388,653

2024 Work RVU: 0.68
2024 NF PE RVU: 0.89
2024 Fac PE RVU: 0.33

RUC Recommendation: 0.68 and new PE inputs **Referred to CPT** October 2013 **Result:** Maintain

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

20606 **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**

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 **2022 Medicare Utilization:** 58,020

2024 Work RVU: 1.00
2024 NF PE RVU: 1.58
2024 Fac PE RVU: 0.42

RUC Recommendation: 1.00 **Referred to CPT** October 2013 **Result:** Decrease

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

20610 **Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance**

Global: 000 **Issue:** Arthrocentesis **Screen:** Harvard Valued - Utilization over 100,000 / MPC List / CMS High Expenditure Procedural Codes1 / 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:** February 2010 **2022 Medicare Utilization:** 5,936,856

2024 Work RVU: 0.79
2024 NF PE RVU: 1.04
2024 Fac PE RVU: 0.44

RUC Recommendation: 0.79 and new PE inputs **Referred to CPT** October 2013 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

20611 **Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); 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 **2022 Medicare Utilization:** 1,133,173

2024 Work RVU: 1.10
2024 NF PE RVU: 1.74
2024 Fac PE RVU: 0.51

RUC Recommendation: 1.10 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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20612 **Aspiration and/or injection of ganglion cyst(s) any location**

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

Most Recent RUC Meeting: January 2017 **Tab:** 30 **Specialty Developing Recommendation:** **First Identified:** July 2016 **2022 Medicare Utilization:** 25,159

2024 Work RVU: 0.70
2024 NF PE RVU: 1.16
2024 Fac PE RVU: 0.43

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

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20680 **Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, APMA **First Identified:** January 2014 **2022 Medicare Utilization:** 46,982

2024 Work RVU: 5.96
2024 NF PE RVU: 11.09
2024 Fac PE RVU: 5.69

RUC Recommendation: 5.96 and adjustments to pre-service time package 3. **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

20692 **Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)**

Global: 090 **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

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

First Identified: January 2014 **2022 Medicare Utilization:** 2,937

2024 Work RVU: 16.27
2024 NF PE RVU:
2024 Fac PE RVU: 14.94

RUC Recommendation: Maintain

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

Result: Maintain

20694 **Removal, under anesthesia, of external fixation system**

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

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

First Identified: September 2007 **2022 Medicare Utilization:** 5,259

2024 Work RVU: 4.28
2024 NF PE RVU: 8.04
2024 Fac PE RVU: 5.36

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

20700 **Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA

First Identified: May 2018 **2022 Medicare Utilization:** 1,170

2024 Work RVU: 1.50
2024 NF PE RVU: 0.73
2024 Fac PE RVU: 0.73

RUC Recommendation: 1.50

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

Result: Increase

20701 **Removal of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA

First Identified: May 2018 **2022 Medicare Utilization:** 225

2024 Work RVU: 1.13
2024 NF PE RVU: 0.56
2024 Fac PE RVU: 0.56

RUC Recommendation: 1.13

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

Result: Increase

20702 **Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA **First Identified:** May 2018 **2022 Medicare Utilization:** 500

2024 Work RVU: 2.50
2024 NF PE RVU: 1.25
2024 Fac PE RVU: 1.25

RUC Recommendation: 2.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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20703 **Removal of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA **First Identified:** May 2018 **2022 Medicare Utilization:** 69

2024 Work RVU: 1.80
2024 NF PE RVU: 0.93
2024 Fac PE RVU: 0.93

RUC Recommendation: 1.80 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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20704 **Manual preparation and insertion of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA **First Identified:** May 2018 **2022 Medicare Utilization:** 479

2024 Work RVU: 2.60
2024 NF PE RVU: 1.34
2024 Fac PE RVU: 1.34

RUC Recommendation: 2.60 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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20705 **Removal of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA **First Identified:** May 2018 **2022 Medicare Utilization:** 111

2024 Work RVU: 2.15
2024 NF PE RVU: 1.11
2024 Fac PE RVU: 1.11

RUC Recommendation: 2.15 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 000 **Issue:** Bone Graft Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 29 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 4,965

2024 Work RVU: 3.00
2024 NF PE RVU: 8.06
2024 Fac PE RVU: 1.89

RUC Recommendation: 3.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 4,287

2024 Work RVU: 4.58
2024 NF PE RVU:
2024 Fac PE RVU: 2.79

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

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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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

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

20985 **Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** RAW **Screen:** High Volume Growth10 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** April 2024 **2022 Medicare Utilization:** 59,915

2024 Work RVU: 2.50
2024 NF PE RVU:
2024 Fac PE RVU: 1.29

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

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 **2022 Medicare Utilization:** 313
2024 Work RVU: 9.89
2024 NF PE RVU:
2024 Fac PE RVU: 9.50
RUC Recommendation: 9.71 **Referred to CPT** June 2008 **Result:** Increase
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 **2022 Medicare Utilization:** 3,883
2024 Work RVU: 10.03
2024 NF PE RVU: 12.73
2024 Fac PE RVU: 8.77
RUC Recommendation: 10.03 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:**
2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:
RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from 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 **2022 Medicare Utilization:** 338
2024 Work RVU: 14.75
2024 NF PE RVU:
2024 Fac PE RVU: 10.96
RUC Recommendation: 14.57 **Referred to CPT** June 2008 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

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

21810 **Treatment of rib fracture requiring external fixation (flail chest)**

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

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

21811 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs**

Global: 000 **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 **2022 Medicare Utilization:** 448

2024 Work RVU: 10.79
2024 NF PE RVU:
2024 Fac PE RVU: 4.29

RUC Recommendation: 19.55 **Referred to CPT** October 2013 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

21812 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs**

Global: 000 **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 **2022 Medicare Utilization:** 527

2024 Work RVU: 13.00
2024 NF PE RVU:
2024 Fac PE RVU: 5.22

RUC Recommendation: 25.00 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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21813 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs**

Global: 000 **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 **2022 Medicare Utilization:** 78

2024 Work RVU: 17.61
2024 NF PE RVU:
2024 Fac PE RVU: 7.07

RUC Recommendation: 35.00 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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21820 **Closed treatment of sternum fracture**

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 / Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** January 2014 **2022 Medicare Utilization:** 124

2024 Work RVU: 1.36
2024 NF PE RVU: 3.02
2024 Fac PE RVU: 2.96

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** October 2013 **Referred to CPT Asst** ☑ **Published in CPT Asst:** Jan 2018 **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

21825 **Open treatment of sternum fracture with or without skeletal fixation**
Global: 090 **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 **2022 Medicare Utilization:** 473
2024 Work RVU: 7.76
2024 NF PE RVU:
2024 Fac PE RVU: 7.10
RUC Recommendation: Unrelated to the family **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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21935 **Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm**
Global: 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 189
2024 Work RVU: 15.72
2024 NF PE RVU:
2024 Fac PE RVU: 11.34
RUC Recommendation: 15.54 **Referred to CPT** June 2008 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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22214 **Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar**
Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2022 Medicare Utilization:** 6,758
2024 Work RVU: 21.02
2024 NF PE RVU:
2024 Fac PE RVU: 18.65
RUC Recommendation: Maintain **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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22305 **Closed treatment of vertebral process fracture(s)**
Global: **Issue:** Closed treatment of vertebral process fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 23 **Specialty Developing Recommendation:** AANS/CNS, NASS **First Identified:** July 2013 **2022 Medicare Utilization:**
2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:
RUC Recommendation: Deleted from CPT **Referred to CPT** May 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

22310 **Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing**

Global: 090 **Issue:** Closed Treatment Vertebral Fracture **Screen:** Negative IWPUT / Site of Service Anomaly - 2019 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** April 2017 **2022 Medicare Utilization:** 5,440

2024 Work RVU: 3.45
2024 NF PE RVU: 5.31
2024 Fac PE RVU: 4.88

RUC Recommendation: Refer to CPT Assistant. 3.45.

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

Result: Decrease

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 Augementation **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 **2022 Medicare Utilization:** 2,205

2024 Work RVU: 7.90
2024 NF PE RVU: 44.36
2024 Fac PE RVU: 3.78

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 Augementation **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 **2022 Medicare Utilization:** 2,659

2024 Work RVU: 7.33
2024 NF PE RVU: 44.95
2024 Fac PE RVU: 3.68

RUC Recommendation: 8.05

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 Augementation **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 **2022 Medicare Utilization:** 1,641

2024 Work RVU: 4.00
2024 NF PE RVU: 16.94
2024 Fac PE RVU: 1.41

RUC Recommendation: 4.00 **Referred to CPT** February 2014 **Result:** Decrease

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

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 Augementation **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 **2022 Medicare Utilization:** 18,975

2024 Work RVU: 8.65
2024 NF PE RVU: 158.03
2024 Fac PE RVU: 4.93

RUC Recommendation: 8.90 **Referred to CPT** February 2014 **Result:** Decrease

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

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 Augementation **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 **2022 Medicare Utilization:** 21,168

2024 Work RVU: 7.99
2024 NF PE RVU: 158.08
2024 Fac PE RVU: 4.69

RUC Recommendation: 8.24 **Referred to CPT** February 2014 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Augementation **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 **2022 Medicare Utilization:** 12,476

2024 Work RVU: 4.00
2024 NF PE RVU: 81.4
2024 Fac PE RVU: 1.65

RUC Recommendation: 4.00 **Referred to CPT** February 2014 **Result:** Decrease

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

22520 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic**

Global: **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request - Practice Expense Review / 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:** February 2009 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

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

22521 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; lumbar**

Global: **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Site of Service Anomaly (99238-Only); CMS Request - PE Inputs / 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:** September 2007 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

22522 **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)**

Global:

Issue: Percutaneous Vertebroplasty and Augementation

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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014

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

Result: Deleted from CPT

22523 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic**

Global:

Issue: Percutaneous Vertebroplasty and Augementation

Screen: CMS Request: PE Review

Complete? Yes

Most Recent RUC Meeting: April 2014

Tab: 06

Specialty Developing Recommendation: AANS, CNS, AAOS, NASS, ACR, SIR, ASNR

First Identified: September 2011

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014

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

Result: Deleted from CPT

22524 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar**

Global:

Issue: Percutaneous Vertebroplasty and Augementation

Screen: CMS Request: PE Review

Complete? Yes

Most Recent RUC Meeting: April 2014

Tab: 06

Specialty Developing Recommendation: AANS, CNS, AAOS, NASS, ACR, SIR, ASNR

First Identified: September 2011

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

22525 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)**

Global: **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request: PE Review **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

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

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 **2022 Medicare Utilization:** 632

2024 Work RVU: 24.79
2024 NF PE RVU:
2024 Fac PE RVU: 18.88

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

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

22551 **Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy 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 **2022 Medicare Utilization:** 31,110

2024 Work RVU: 25.00
2024 NF PE RVU:
2024 Fac PE RVU: 18.17

RUC Recommendation: 24.50 **Referred to CPT** October 2009 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

22552 **Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy 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 **2022 Medicare Utilization:** 28,816

2024 Work RVU: 6.50
2024 NF PE RVU:
2024 Fac PE RVU: 3.22

RUC Recommendation: 6.50 **Referred to CPT** October 2009 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 / Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** February 2008 **2022 Medicare Utilization:** 3,237

2024 Work RVU: 17.69
2024 NF PE RVU:
2024 Fac PE RVU: 14.79

RUC Recommendation: Refer to CPT Assistant. 17.69 **Referred to CPT** October 2009 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2023

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?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** April 2013 **2022 Medicare Utilization:** 19,795

2024 Work RVU: 23.53
2024 NF PE RVU:
2024 Fac PE RVU: 16.00

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 15,268

2024 Work RVU: 5.52
2024 NF PE RVU:
2024 Fac PE RVU: 2.55

RUC Recommendation: Remove from screen **Referred to CPT** October 2009 **Result:** Maintain

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

22612 **Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2022 Medicare Utilization:** 41,911

2024 Work RVU: 23.53
2024 NF PE RVU:
2024 Fac PE RVU: 17.52

RUC Recommendation: Review utilization data October 2015. 23.53. Maintain work RVU and adjust the times from pre-time package 4. **Referred to CPT** October 2010 **Result:** Maintain

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

22614 **Arthrodesis, posterior or posterolateral technique, 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 **2022 Medicare Utilization:** 141,461

2024 Work RVU: 6.43
2024 NF PE RVU:
2024 Fac PE RVU: 3.19

RUC Recommendation: 6.43 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

22630 **Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2022 Medicare Utilization:** 4,665

2024 Work RVU: 22.09
2024 NF PE RVU:
2024 Fac PE RVU: 17.39

RUC Recommendation: 22.09 **Referred to CPT** October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

22632 **Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; 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 **2022 Medicare Utilization:** 1,576

2024 Work RVU: 5.22
2024 NF PE RVU:
2024 Fac PE RVU: 2.56

RUC Recommendation: 5.22 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
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, 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 **2022 Medicare Utilization:** 34,486

2024 Work RVU: 26.80
2024 NF PE RVU:
2024 Fac PE RVU: 19.44

RUC Recommendation: 27.75 **Referred to CPT** October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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, lumbar; 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 **2022 Medicare Utilization:** 13,296

2024 Work RVU: 7.96
2024 NF PE RVU:
2024 Fac PE RVU: 3.95

RUC Recommendation: 8.16 **Referred to CPT** October 2010 **Result:** Decrease

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

22843 **Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Spine Fixation Device **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** AAOS, NASS, AANS **First Identified:** October 2008 **2022 Medicare Utilization:** 9,067

2024 Work RVU: 13.44
2024 NF PE RVU:
2024 Fac PE RVU: 6.68

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

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

22849 **Reinsertion of spinal fixation device**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2022 Medicare Utilization:** 3,442

2024 Work RVU: 19.17
2024 NF PE RVU:
2024 Fac PE RVU: 14.58

RUC Recommendation: Maintain **Referred to CPT** June 2010 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS Fastest Growing / High Volume Growth1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 06 **Specialty Developing Recommendation:** AANS/CNS, NASS **First Identified:** October 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

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

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

22859 **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)**

Global: ZZZ **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 06 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS **First Identified:** October 2015 **2022 Medicare Utilization:** 826

2024 Work RVU: 5.50
2024 NF PE RVU:
2024 Fac PE RVU: 2.72

RUC Recommendation: 6.00 **Referred to CPT** **Result:** Decrease

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

22867 **Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level**

Global: 090 **Issue:** Insertion of Interlaminar/Interspinous Device **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 26 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS **First Identified:** October 2015 **2022 Medicare Utilization:** 1,065

2024 Work RVU: 15.00
2024 NF PE RVU:
2024 Fac PE RVU: 12.76

RUC Recommendation: 15.00 **Referred to CPT** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

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)**

Global: ZZZ **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 06 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS **First Identified:** October 2015 **2022 Medicare Utilization:** 200

2024 Work RVU: 4.00
2024 NF PE RVU:
2024 Fac PE RVU: 1.96

RUC Recommendation: 5.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 090 **Issue:** Subfascial Excision of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 420

2024 Work RVU: 8.32
2024 NF PE RVU:
2024 Fac PE RVU: 6.88

RUC Recommendation: 8.21 **Referred to CPT** June 2008 **Result:** Increase
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 **2022 Medicare Utilization:** 549

2024 Work RVU: 7.41
2024 NF PE RVU:
2024 Fac PE RVU: 7.46

RUC Recommendation: 7.28 **Referred to CPT** June 2008 **Result:** Decrease
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 **2022 Medicare Utilization:** 3,929

2024 Work RVU: 7.39
2024 NF PE RVU:
2024 Fac PE RVU: 9.10

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 930

2024 Work RVU: 7.77
2024 NF PE RVU:
2024 Fac PE RVU: 9.53

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

23350 **Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography**

Global: 000 **Issue:** Injection for Shoulder X-Ray **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 13 **Specialty Developing Recommendation:** ACR, AAOS **First Identified:** April 2011 **2022 Medicare Utilization:** 25,269

2024 Work RVU: 1.00
2024 NF PE RVU: 3.75
2024 Fac PE RVU: 0.37

RUC Recommendation: 1.00

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

Result: Maintain

23405 **Tenotomy, shoulder area; single tendon**

Global: 090 **Issue:** Tenotomy **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 **2022 Medicare Utilization:** 2,124

2024 Work RVU: 8.54
2024 NF PE RVU:
2024 Fac PE RVU: 8.62

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

23410 **Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute**

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

Most Recent RUC Meeting: February 2008 **Tab:** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 2,133

2024 Work RVU: 11.39
2024 NF PE RVU:
2024 Fac PE RVU: 11.19

RUC Recommendation: 11.23

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

23412 **Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic**

Global: 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007 **2022 Medicare Utilization:** 7,034

2024 Work RVU: 11.93
2024 NF PE RVU:
2024 Fac PE RVU: 11.51

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4. 11.77

Referred to CPT

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

Result: Decrease

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 **2022 Medicare Utilization:** 245

2024 Work RVU: 9.23
2024 NF PE RVU:
2024 Fac PE RVU: 10.16

RUC Recommendation: 9.23

Referred to CPT

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

Result: Decrease

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 **2022 Medicare Utilization:** 1,011

2024 Work RVU: 13.54
2024 NF PE RVU:
2024 Fac PE RVU: 13.23

RUC Recommendation: 13.35

Referred to CPT

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

23430 **Tenodesis of long tendon of biceps**

Global: 090 **Issue:** Tenodesis **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 19,960

2024 Work RVU: 10.17
2024 NF PE RVU:
2024 Fac PE RVU: 10.45

RUC Recommendation: 10.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 1,074

2024 Work RVU: 10.64
2024 NF PE RVU:
2024 Fac PE RVU: 10.19

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

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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 **2022 Medicare Utilization:** 69,296

2024 Work RVU: 22.13
2024 NF PE RVU:
2024 Fac PE RVU: 16.92

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

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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 **2022 Medicare Utilization:** 307

2024 Work RVU: 2.36
2024 NF PE RVU: 4.66
2024 Fac PE RVU: 4.60

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

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Status Report: CMS Requests and Relativity Assessment Issues

23600 **Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation**

Global: 090 **Issue:** Treatment of Humerus Fracture **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 14 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2011 **2022 Medicare Utilization:** 27,520

2024 Work RVU: 3.00
2024 NF PE RVU: 6.86
2024 Fac PE RVU: 6.32

RUC Recommendation: 3.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 114

2024 Work RVU: 4.10
2024 NF PE RVU: 7.11
2024 Fac PE RVU: 6.06

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

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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 **2022 Medicare Utilization:** 12,678

2024 Work RVU: 3.53
2024 NF PE RVU: 6.16
2024 Fac PE RVU: 5.14

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

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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 **2022 Medicare Utilization:** 2,466

2024 Work RVU: 4.76
2024 NF PE RVU:
2024 Fac PE RVU: 6.87

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

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 357

2024 Work RVU: 4.66
2024 NF PE RVU: 7.94
2024 Fac PE RVU: 6.83

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

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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 **2022 Medicare Utilization:** 658

2024 Work RVU: 5.39
2024 NF PE RVU: 9.18
2024 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

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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 **2022 Medicare Utilization:** 1,109

2024 Work RVU: 4.37
2024 NF PE RVU: 6.5
2024 Fac PE RVU: 5.38

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

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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 **2022 Medicare Utilization:** 341

2024 Work RVU: 5.64
2024 NF PE RVU:
2024 Fac PE RVU: 7.94

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

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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 **2022 Medicare Utilization:** 876

2024 Work RVU: 7.56
2024 NF PE RVU:
2024 Fac PE RVU: 9.52

RUC Recommendation: 7.56 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 3,245

2024 Work RVU: 6.12
2024 NF PE RVU:
2024 Fac PE RVU: 7.85

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

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 **2022 Medicare Utilization:** 897

2024 Work RVU: 8.04
2024 NF PE RVU:
2024 Fac PE RVU: 9.82

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

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 **2022 Medicare Utilization:** 1,512

2024 Work RVU: 7.39
2024 NF PE RVU:
2024 Fac PE RVU: 8.53

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

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

Global: 090 **Issue:** Hand, Wrist & Forearm Repair/Reconstruction **Screen:** Site of Service Anomaly / Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2007 **2022 Medicare Utilization:** 6,178

2024 Work RVU: 8.08
2024 NF PE RVU:
2024 Fac PE RVU: 9.39

RUC Recommendation: 9.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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25312 **Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon**

Global: 090 **Issue:** Hand, Wrist & Forearm Repair/Reconstruction **Screen:** RUC Flag **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2023 **2022 Medicare Utilization:** 355

2024 Work RVU: 9.82
2024 NF PE RVU:
2024 Fac PE RVU: 10.15

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

25447 **Arthroplasty, interposition, intercarpal or carpometacarpal joints**

Global: 090 **Issue:** Hand, Wrist & Forearm Repair/Reconstruction **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2022 **2022 Medicare Utilization:** 19,593

2024 Work RVU: 11.14
2024 NF PE RVU:
2024 Fac PE RVU: 12.07

RUC Recommendation: 11.14 **Referred to CPT** May 2023 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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25565 **Closed treatment of radial and ulnar shaft fractures; 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 **2022 Medicare Utilization:** 510

2024 Work RVU: 5.85
2024 NF PE RVU: 9.08
2024 Fac PE RVU: 7.35

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

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 **2022 Medicare Utilization:** 18,140

2024 Work RVU: 6.25
2024 NF PE RVU: 9.24
2024 Fac PE RVU: 8.29

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

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 **2022 Medicare Utilization:** 1,035

2024 Work RVU: 8.31
2024 NF PE RVU:
2024 Fac PE RVU: 10.49

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:**

Result: Maintain

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 **2022 Medicare Utilization:** 7,719

2024 Work RVU: 9.56
2024 NF PE RVU:
2024 Fac PE RVU: 11.17

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:**

Result: Maintain

25608 **Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments** **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 **2022 Medicare Utilization:** 6,257

2024 Work RVU: 11.07
2024 NF PE RVU:
2024 Fac PE RVU: 11.98

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:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

25609 **Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments**

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:** January 2014 **2022 Medicare Utilization:** 18,154

2024 Work RVU: 14.38
2024 NF PE RVU:
2024 Fac PE RVU: 14.79

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:**

Result: Maintain

25675 **Closed treatment of distal radioulnar dislocation 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 **2022 Medicare Utilization:** 506

2024 Work RVU: 4.89
2024 NF PE RVU: 8.33
2024 Fac PE RVU: 6.93

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

Result: PE Only

26020 **Drainage of tendon sheath, digit and/or palm, each**

Global: 090 **Issue:** Tendon Sheath Procedures **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 07 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2017 **2022 Medicare Utilization:** 1,946

2024 Work RVU: 6.84
2024 NF PE RVU:
2024 Fac PE RVU: 8.86

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 RUC Meeting: April 2018 **Tab:** 07 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2017 **2022 Medicare Utilization:** 98,992

2024 Work RVU: 3.11
2024 NF PE RVU: 14.11
2024 Fac PE RVU: 5.28

RUC Recommendation: 3.75

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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 RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** ASSH, AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 1,699

2024 Work RVU: 4.47
2024 NF PE RVU:
2024 Fac PE RVU: 6.97

RUC Recommendation: Action plan for RAW Oct 2015. Maintain **Referred to CPT**
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2012 **Result:** Maintain

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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 RUC Meeting: April 2018 **Tab:** 07 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2017 **2022 Medicare Utilization:** 16,546

2024 Work RVU: 3.57
2024 NF PE RVU: 14.35
2024 Fac PE RVU: 5.49

RUC Recommendation: 3.57 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 976

2024 Work RVU: 9.56
2024 NF PE RVU:
2024 Fac PE RVU: 12.90

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

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 80

2024 Work RVU: 11.00
2024 NF PE RVU:
2024 Fac PE RVU: 13.89

RUC Recommendation: 11.50 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Increase

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 **2022 Medicare Utilization:** 37

2024 Work RVU: 12.60
2024 NF PE RVU:
2024 Fac PE RVU: 14.72

RUC Recommendation: 13.10 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Increase

26480 **Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon**

Global: 090 **Issue:** Hand, Wrist & Forearm Repair/Reconstruction **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** October 2008 **2022 Medicare Utilization:** 10,408

2024 Work RVU: 6.90
2024 NF PE RVU:
2024 Fac PE RVU: 15.68

RUC Recommendation: 9.50 **Referred to CPT** May 2023
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

26483 **Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon**

Global: 090 **Issue:** Hand, Wrist & Forearm Repair/Reconstruction **Screen:** RUC Flag **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2023 **2022 Medicare Utilization:** 459

2024 Work RVU: 8.48
2024 NF PE RVU:
2024 Fac PE RVU: 16.37

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

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 **2022 Medicare Utilization:** 465

2024 Work RVU: 3.83
2024 NF PE RVU: 6.05
2024 Fac PE RVU: 5.21

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

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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 **2022 Medicare Utilization:** 5,335

2024 Work RVU: 1.80
2024 NF PE RVU: 3.78
2024 Fac PE RVU: 3.85

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

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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 **2022 Medicare Utilization:** 429

2024 Work RVU: 3.23
2024 NF PE RVU: 6.14
2024 Fac PE RVU: 4.70

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

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 5,335

2024 Work RVU: 3.15
2024 NF PE RVU: 5.31
2024 Fac PE RVU: 4.48

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

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 **2022 Medicare Utilization:** 275

2024 Work RVU: 8.85
2024 NF PE RVU:
2024 Fac PE RVU: 7.72

RUC Recommendation: 8.74 **Referred to CPT** June 2008 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

27062 **Excision; trochanteric bursa or calcification**

Global: 090 **Issue:** Trochanteric Bursa Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 32 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 1,846

2024 Work RVU: 5.75
2024 NF PE RVU:
2024 Fac PE RVU: 6.99

RUC Recommendation: 5.66 **Referred to CPT** **Result:** Maintain
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 **2022 Medicare Utilization:** 445,760

2024 Work RVU: 1.48
2024 NF PE RVU: 3.31
2024 Fac PE RVU: 0.85

RUC Recommendation: 1.48 **Referred to CPT** February 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 170,673

2024 Work RVU: 19.60
2024 NF PE RVU:
2024 Fac PE RVU: 15.00

RUC Recommendation: 19.60 **Referred to CPT** **Result:** Decrease

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

27134 **Revision of total hip arthroplasty; both components, with or without autograft or allograft**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** January 2014 **2022 Medicare Utilization:** 9,668

2024 Work RVU: 30.28
2024 NF PE RVU:
2024 Fac PE RVU: 20.52

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:**

27193 **Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation**

Global: **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:** July 2013 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

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

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

Status Report: CMS Requests and Relativity Assessment Issues

27194 **Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia**

Global: **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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

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

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 **2022 Medicare Utilization:** 7,980

2024 Work RVU: 1.53
2024 NF PE RVU:
2024 Fac PE RVU: 2.20

RUC Recommendation: 5.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 164

2024 Work RVU: 4.75
2024 NF PE RVU:
2024 Fac PE RVU: 3.87

RUC Recommendation: 9.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 2,310

2024 Work RVU: 5.50
2024 NF PE RVU: 6.16
2024 Fac PE RVU: 5.99

RUC Recommendation: 6.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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27230 **Closed treatment of femoral fracture, proximal end, neck; 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 **2022 Medicare Utilization:** 1,313

2024 Work RVU: 5.81
2024 NF PE RVU: 7.99
2024 Fac PE RVU: 7.71

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

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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 RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2022 Medicare Utilization:** 133

2024 Work RVU: 11.72
2024 NF PE RVU:
2024 Fac PE RVU: 7.85

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

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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 RUC Meeting: October 2012 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2011 **2022 Medicare Utilization:** 54,473

2024 Work RVU: 17.61
2024 NF PE RVU:
2024 Fac PE RVU: 14.78

RUC Recommendation: 17.61 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 206

2024 Work RVU: 13.81
2024 NF PE RVU:
2024 Fac PE RVU: 12.20

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

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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 **2022 Medicare Utilization:** 3,677

2024 Work RVU: 18.18
2024 NF PE RVU:
2024 Fac PE RVU: 15.10

RUC Recommendation: 18.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2022 Medicare Utilization:** 75,667

2024 Work RVU: 18.18
2024 NF PE RVU:
2024 Fac PE RVU: 15.07

RUC Recommendation: 18.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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27250 **Closed treatment of hip dislocation, traumatic; without anesthesia**

Global: 000 **Issue:** Closed Treatment of Hip Dislocation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** 18 **Specialty Developing Recommendation:** ACEP **First Identified:** September 2007 **2022 Medicare Utilization:** 2,917

2024 Work RVU: 3.82
2024 NF PE RVU:
2024 Fac PE RVU: 0.76

RUC Recommendation: 3.82 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

27252 **Closed treatment of hip dislocation, traumatic; 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 **2022 Medicare Utilization:** 1,020
2024 Work RVU: 11.03
2024 NF PE RVU:
2024 Fac PE RVU: 9.41
RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT**
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018 **Result:** PE Only

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27265 **Closed treatment of post hip arthroplasty 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 **2022 Medicare Utilization:** 6,338
2024 Work RVU: 5.24
2024 NF PE RVU:
2024 Fac PE RVU: 6.55
RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT**
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018 **Result:** PE Only

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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 **2022 Medicare Utilization:** 4,675
2024 Work RVU: 7.78
2024 NF PE RVU:
2024 Fac PE RVU: 8.42
RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT**
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018 **Result:** PE Only

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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:** Arthodesis - 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 **2022 Medicare Utilization:** 7,567
2024 Work RVU: 12.13
2024 NF PE RVU:
2024 Fac PE RVU: 9.60
RUC Recommendation: 9.03 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 634

2024 Work RVU: 5.04
2024 NF PE RVU:
2024 Fac PE RVU: 6.35

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

27369 **Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography** **Global:** 000 **Issue:** Knee Arthrography Injection **Screen:** Harvard Valued - Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High Expenditure Procedural Codes2 / Different Performing Specialty from Survey4 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAOS, AAPA, ACS, ANA, SIR **First Identified:** June 2017 **2022 Medicare Utilization:** 20,020

2024 Work RVU: 0.77
2024 NF PE RVU: 4.63
2024 Fac PE RVU: 0.33

RUC Recommendation: Refer to CPT Assistant. 0.96 **Referred to CPT** February 2018
Referred to CPT Asst ☑ **Published in CPT Asst:**
Result: Maintain

27370 **Injection of contrast for knee arthrography** **Global:** **Issue:** Knee Arthrography Injection **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / Harvard Valued - Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 05 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017
Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples of Radiology Bulletin #1 2010
Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

27446 **Arthroplasty, knee, condyle and plateau; medial OR lateral compartment**

Global: 090 **Issue:** Knee Arthroplasty **Screen:** CMS High Expenditure Procedural Codes1 / Harvard-Valued with Annual Allowed Charges Greater than $10 million / Site of Service Anomaly - 2020 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 18 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2022 Medicare Utilization:** 12,428

2024 Work RVU: 17.13
2024 NF PE RVU:
2024 Fac PE RVU: 13.95

RUC Recommendation: 17.13 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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27447 **Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)**

Global: 090 **Issue:** Hip/Knee Arthroplasty **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 18 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2022 Medicare Utilization:** 297,732

2024 Work RVU: 19.60
2024 NF PE RVU:
2024 Fac PE RVU: 14.96

RUC Recommendation: 19.60 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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27502 **Closed treatment of femoral shaft 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 **2022 Medicare Utilization:** 381

2024 Work RVU: 11.36
2024 NF PE RVU:
2024 Fac PE RVU: 9.15

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

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 **2022 Medicare Utilization:** 288

2024 Work RVU: 9.80
2024 NF PE RVU:
2024 Fac PE RVU: 8.94

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

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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 **2022 Medicare Utilization:** 241

2024 Work RVU: 5.98
2024 NF PE RVU: 8.61
2024 Fac PE RVU: 7.30

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

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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 **2022 Medicare Utilization:** 231

2024 Work RVU: 8.18
2024 NF PE RVU:
2024 Fac PE RVU: 9.56

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

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27615 **Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm**

Global: 090 **Issue:** Radical Resecion 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 **2022 Medicare Utilization:** 230

2024 Work RVU: 15.72
2024 NF PE RVU:
2024 Fac PE RVU: 11.44

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

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 439

2024 Work RVU: 6.91
2024 NF PE RVU:
2024 Fac PE RVU: 6.19

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

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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 **2022 Medicare Utilization:** 1,463

2024 Work RVU: 12.24
2024 NF PE RVU:
2024 Fac PE RVU: 10.70

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

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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 **2022 Medicare Utilization:** 775

2024 Work RVU: 9.84
2024 NF PE RVU:
2024 Fac PE RVU: 8.33

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

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27650 **Repair, primary, open or percutaneous, ruptured Achilles tendon;**

Global: 090 **Issue:** Achilles Tendon Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** 20 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2022 Medicare Utilization:** 2,176

2024 Work RVU: 9.21
2024 NF PE RVU:
2024 Fac PE RVU: 9.30

RUC Recommendation: 9.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

27654 **Repair, secondary, Achilles tendon, with or without graft**

Global: 090 **Issue:** Achilles Tendon Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 33 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 2,928

2024 Work RVU: 10.53
2024 NF PE RVU:
2024 Fac PE RVU: 9.59

RUC Recommendation: 10.32 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

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 RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 3,704

2024 Work RVU: 6.69
2024 NF PE RVU: 12.21
2024 Fac PE RVU: 6.55

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

27687 **Gastrocnemius recession (eg, Strayer procedure)**

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 **2022 Medicare Utilization:** 6,168

2024 Work RVU: 6.41
2024 NF PE RVU:
2024 Fac PE RVU: 6.45

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

27690 **Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)**

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

Most Recent RUC Meeting: April 2008 **Tab:** 34 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 1,096

2024 Work RVU: 9.17
2024 NF PE RVU:
2024 Fac PE RVU: 8.85

RUC Recommendation: 8.96 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

27691 **Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)**

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

Most Recent RUC Meeting: April 2008 **Tab:** 34 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 3,958

2024 Work RVU: 10.49
2024 NF PE RVU:
2024 Fac PE RVU: 10.28

RUC Recommendation: 10.28 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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27752 **Closed treatment of tibial shaft fracture (with or without fibular 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 **2022 Medicare Utilization:** 954

2024 Work RVU: 6.27
2024 NF PE RVU: 8.99
2024 Fac PE RVU: 7.54

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

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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 **2022 Medicare Utilization:** 313

2024 Work RVU: 5.47
2024 NF PE RVU: 8.57
2024 Fac PE RVU: 7.06

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

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 6,199

2024 Work RVU: 8.75
2024 NF PE RVU:
2024 Fac PE RVU: 9.25

RUC Recommendation: 9.71 **Referred to CPT** **Result:** Maintain

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

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 **2022 Medicare Utilization:** 2,510

2024 Work RVU: 5.32
2024 NF PE RVU: 8.34
2024 Fac PE RVU: 6.85

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2018

27814 **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**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** January 2014 **2022 Medicare Utilization:** 8,512

2024 Work RVU: 10.62
2024 NF PE RVU:
2024 Fac PE RVU: 10.53

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

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

Status Report: CMS Requests and Relativity Assessment Issues

27818 **Closed treatment of trimalleolar ankle fracture; with manipulation**

Global: 090 **Issue:** Treatment of Fracture **Screen:** Site of Service Anomaly (99238-Only) / Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** September 2007 **2022 Medicare Utilization:** 3,355

2024 Work RVU: 5.69
2024 NF PE RVU: 8.45
2024 Fac PE RVU: 6.77

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

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27825 **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**

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 **2022 Medicare Utilization:** 577

2024 Work RVU: 6.69
2024 NF PE RVU: 8.81
2024 Fac PE RVU: 7.12

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

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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 **2022 Medicare Utilization:** 1,719

2024 Work RVU: 4.77
2024 NF PE RVU:
2024 Fac PE RVU: 6.26

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

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Status Report: CMS Requests and Relativity Assessment Issues

28001 **Incision and drainage, bursa, foot**

Global: 000 **Issue:** Treatment of Foot Infection **Screen:** 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** April 2020 **2022 Medicare Utilization:** 2,308

2024 Work RVU: 2.00
2024 NF PE RVU: 2.96
2024 Fac PE RVU: 0.69

RUC Recommendation: 2.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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28002 **Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space**

Global: 000 **Issue:** Treatment of Foot Infection **Screen:** 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** January 2014 **2022 Medicare Utilization:** 5,285

2024 Work RVU: 2.79
2024 NF PE RVU: 4.32
2024 Fac PE RVU: 1.15

RUC Recommendation: 3.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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28003 **Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas**

Global: 000 **Issue:** Treatment of Foot Infection **Screen:** 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** April 2020 **2022 Medicare Utilization:** 4,650

2024 Work RVU: 5.28
2024 NF PE RVU: 5.46
2024 Fac PE RVU: 1.86

RUC Recommendation: 5.28 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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28111 **Ostectomy, complete excision; first metatarsal head**

Global: 090 **Issue:** Ostectomy **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 **2022 Medicare Utilization:** 847

2024 Work RVU: 5.15
2024 NF PE RVU: 8.58
2024 Fac PE RVU: 3.97

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

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 4,510

2024 Work RVU: 7.31
2024 NF PE RVU: 11.88
2024 Fac PE RVU: 6.74

RUC Recommendation: 8.27 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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28122 **Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus**

Global: 090 **Issue:** Removal of Foot Bone **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 19 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 12,802

2024 Work RVU: 6.76
2024 NF PE RVU: 10.31
2024 Fac PE RVU: 5.81

RUC Recommendation: 7.72 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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

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

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 8,456

2024 Work RVU: 5.00
2024 NF PE RVU: 8.89
2024 Fac PE RVU: 4.69

RUC Recommendation: Remove 99238 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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

Global: 090 **Issue:** Orthopaedic Surgery/Podiatry **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 31 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** February 2010 **2022 Medicare Utilization:** 56,245

2024 Work RVU: 5.62
2024 NF PE RVU: 10.02
2024 Fac PE RVU: 5.52

RUC Recommendation: 5.62 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

28289 **Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without 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 **2022 Medicare Utilization:** 4,177

2024 Work RVU: 6.90
2024 NF PE RVU: 12.98
2024 Fac PE RVU: 6.28

RUC Recommendation: 6.90 **Referred to CPT** October 2015 **Result:** Decrease

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

28290 **Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)**

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:** October 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

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

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

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 **2022 Medicare Utilization:** 2,134

2024 Work RVU: 8.01
2024 NF PE RVU: 11.92
2024 Fac PE RVU: 5.77

RUC Recommendation: 8.01 **Referred to CPT** October 2015 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

28292 **Correction, hallux valgus with 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 **2022 Medicare Utilization:** 4,670

2024 Work RVU: 7.44
2024 NF PE RVU: 12.84
2024 Fac PE RVU: 6.54

RUC Recommendation: 7.44 **Referred to CPT** October 2015 **Result:** Decrease

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

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

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

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

28294 **Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure)**

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:** October 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

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

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

Status Report: CMS Requests and Relativity Assessment Issues

28295 **Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal metatarsal osteotomy, 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 **2022 Medicare Utilization:** 368

2024 Work RVU: 8.57
2024 NF PE RVU: 21.64
2024 Fac PE RVU: 8.43

RUC Recommendation: 8.57 **Referred to CPT** October 2015 **Result:** Decrease

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

28296 **Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with distal metatarsal osteotomy, any method**

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

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2022 Medicare Utilization:** 6,059

2024 Work RVU: 8.25
2024 NF PE RVU: 17.5
2024 Fac PE RVU: 6.51

RUC Recommendation: 8.25 **Referred to CPT** October 2015 **Result:** Decrease

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

28297 **Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with first metatarsal and medial cuneiform joint arthrodesis, 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 **2022 Medicare Utilization:** 3,336

2024 Work RVU: 9.29
2024 NF PE RVU: 20.25
2024 Fac PE RVU: 7.77

RUC Recommendation: 9.29 **Referred to CPT** October 2015 **Result:** Decrease

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

28298 **Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal phalanx osteotomy, any method**

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

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2022 Medicare Utilization:** 2,809

2024 Work RVU: 7.75
2024 NF PE RVU: 16.39
2024 Fac PE RVU: 6.69

RUC Recommendation: 7.75 **Referred to CPT** October 2015 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

28299 **Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with double osteotomy, 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 **2022 Medicare Utilization:** 4,278

2024 Work RVU: 9.29
2024 NF PE RVU: 20
2024 Fac PE RVU: 7.64

RUC Recommendation: 9.29 **Referred to CPT** October 2015 **Result:** Decrease

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

28300 **Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation**

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

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 2,236

2024 Work RVU: 9.73
2024 NF PE RVU:
2024 Fac PE RVU: 8.41

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

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 RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 1,632

2024 Work RVU: 5.57
2024 NF PE RVU: 10.23
2024 Fac PE RVU: 4.83

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

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 RUC Meeting: September 2011 **Tab:** 15 **Specialty Developing Recommendation:** AAOS, APMA, AOFAS **First Identified:** April 2011 **2022 Medicare Utilization:** 21,974

2024 Work RVU: 2.03
2024 NF PE RVU: 4.45
2024 Fac PE RVU: 4.06

RUC Recommendation: 2.03 **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

28660 **Closed treatment of interphalangeal joint dislocation; without anesthesia**
Global: 010 **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 **2022 Medicare Utilization:** 525

2024 Work RVU: 1.28
2024 NF PE RVU: 2.34
2024 Fac PE RVU: 1.36

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

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 **2022 Medicare Utilization:** 4,163

2024 Work RVU: 11.22
2024 NF PE RVU:
2024 Fac PE RVU: 10.50

RUC Recommendation: 12.18
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

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 **2022 Medicare Utilization:** 3,939

2024 Work RVU: 10.70
2024 NF PE RVU:
2024 Fac PE RVU: 9.63

RUC Recommendation: 12.42
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

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 **2022 Medicare Utilization:** 3,837

2024 Work RVU: 9.29
2024 NF PE RVU: 14.28
2024 Fac PE RVU: 8.09

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

Status Report: CMS Requests and Relativity Assessment Issues

28750 **Arthrodesis, great toe; metatarsophalangeal joint**

Global: 090 **Issue:** RAW **Screen:** Different Performing Specialty from Survey6 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:**

First Identified: April 2024 **2022 Medicare Utilization:** 12,575

2024 Work RVU: 8.57
2024 NF PE RVU: 13.71
2024 Fac PE RVU: 7.70

RUC Recommendation: Review action plan

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

Result:

28820 **Amputation, toe; metatarsophalangeal joint**

Global: 000 **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 **2022 Medicare Utilization:** 25,047

2024 Work RVU: 3.51
2024 NF PE RVU: 4.97
2024 Fac PE RVU: 1.38

RUC Recommendation: 4.10

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

Result: Decrease

28825 **Amputation, toe; interphalangeal joint**

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

Most Recent RUC Meeting: April 2019 **Tab:** 11 **Specialty Developing Recommendation:** AAOS, ACS, AOFAS, APMA, SVS

First Identified: September 2007 **2022 Medicare Utilization:** 12,537

2024 Work RVU: 3.41
2024 NF PE RVU: 4.94
2024 Fac PE RVU: 1.36

RUC Recommendation: 4.00

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

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 RUC Meeting: September 2011 **Tab:** 16 **Specialty Developing Recommendation:** AAOS, ASSH

First Identified: April 2011 **2022 Medicare Utilization:** 55,034

2024 Work RVU: 0.77
2024 NF PE RVU: 1.77
2024 Fac PE RVU: 0.97

RUC Recommendation: 0.77

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 RUC Meeting: April 2017 **Tab:** 11 **Specialty Developing Recommendation:** AAOS, ACEP, ASSH **First Identified:** July 2016 **2022 Medicare Utilization:** 21,813

2024 Work RVU: 0.80
2024 NF PE RVU: 1.58
2024 Fac PE RVU: 0.29

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

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

29200 **Strapping; thorax**

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 **2022 Medicare Utilization:** 11,021

2024 Work RVU: 0.39
2024 NF PE RVU: 0.55
2024 Fac PE RVU: 0.13

RUC Recommendation: 0.39 **Referred to CPT** **Result:** Decrease

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

29220 **Deleted from CPT**

Global: **Issue:** Strapping; low back **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** AAFP **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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:** Deleted from CPT, no further action necessary

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29240 **Strapping; shoulder (eg, Velpeau)**

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 **2022 Medicare Utilization:** 17,397

2024 Work RVU: 0.39
2024 NF PE RVU: 0.48
2024 Fac PE RVU: 0.12

RUC Recommendation: 0.39 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

29260 **Strapping; elbow or wrist**

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:** October 2013 **2022 Medicare Utilization:** 4,449

2024 Work RVU: 0.39
2024 NF PE RVU: 0.45
2024 Fac PE RVU: 0.14

RUC Recommendation: 0.39 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

29280 **Strapping; hand or finger**

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:** October 2013 **2022 Medicare Utilization:** 4,221

2024 Work RVU: 0.39
2024 NF PE RVU: 0.46
2024 Fac PE RVU: 0.16

RUC Recommendation: 0.39 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 22,583

2024 Work RVU: 1.78
2024 NF PE RVU: 1.9
2024 Fac PE RVU: 0.97

RUC Recommendation: 1.78 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 15,436

2024 Work RVU: 0.39
2024 NF PE RVU: 0.63
2024 Fac PE RVU: 0.13

RUC Recommendation: 0.39 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 23,217

2024 Work RVU: 0.39
2024 NF PE RVU: 0.47
2024 Fac PE RVU: 0.12

RUC Recommendation: 0.39

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

Result: Decrease

29540 **Strapping; ankle and/or foot**

Global: 000 **Issue:** Strapping Lower Extremity **Screen:** Harvard Valued - Utilization over 100,000 / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

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

First Identified: October 2009 **2022 Medicare Utilization:** 157,789

2024 Work RVU: 0.39
2024 NF PE RVU: 0.42
2024 Fac PE RVU: 0.09

RUC Recommendation: 0.39

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

Result: Decrease

29550 **Strapping; toes**

Global: 000 **Issue:** Strapping Lower Extremity **Screen:** Harvard Valued - Utilization over 100,000 / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

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

First Identified: February 2010 **2022 Medicare Utilization:** 41,976

2024 Work RVU: 0.25
2024 NF PE RVU: 0.31
2024 Fac PE RVU: 0.06

RUC Recommendation: 0.25

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

29580 **Strapping; Unna boot**

Global: 000 **Issue:** Strapping Multi Layer Compression **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 13 **Specialty Developing Recommendation:** ACS, APMA, SVS **First Identified:** July 2015 **2022 Medicare Utilization:** 202,398

2024 Work RVU: 0.55
2024 NF PE RVU: 1.3
2024 Fac PE RVU: 0.16

RUC Recommendation: 0.55 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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29581 **Application of multi-layer compression system; leg (below knee), including ankle and foot**

Global: 000 **Issue:** Strapping Multi Layer Compression **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 13 **Specialty Developing Recommendation:** ACS, APMA, SVS **First Identified:** July 2015 **2022 Medicare Utilization:** 205,717

2024 Work RVU: 0.60
2024 NF PE RVU: 2.03
2024 Fac PE RVU: 0.18

RUC Recommendation: 0.60 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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29582 **Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed**

Global: **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Referred to CPT Asst** ☑ **Published in CPT Asst:** Aug 2016 **Result:** Deleted from CPT

29583 **Application of multi-layer compression system; upper arm and forearm**

Global: **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Referred to CPT Asst** ☑ **Published in CPT Asst:** Aug 2016 **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

29584 **Application of multi-layer compression system; upper arm, forearm, hand, and fingers**

Global: 000 **Issue:** New Technology Review **Screen:** New Technology/New Services / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 20 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **2022 Medicare Utilization:** 3,946

2024 Work RVU: 0.35
2024 NF PE RVU: 2.04
2024 Fac PE RVU: 0.10

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

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2016

29590 **Denis-Browne splint strapping**

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

Most Recent RUC Meeting: April 2012 **Tab:** 07 **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

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

29805 **Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2022 Medicare Utilization:** 332

2024 Work RVU: 6.03
2024 NF PE RVU:
2024 Fac PE RVU: 7.05

RUC Recommendation: No NF PE inputs **Referred to CPT** **Result:** PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

29822 **Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])**

Global: 090 **Issue:** Shoulder Debridement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: October 2008 **2022 Medicare Utilization:** 6,743

2024 Work RVU: 7.03
2024 NF PE RVU:
2024 Fac PE RVU: 8.07

RUC Recommendation: 7.03

Referred to CPT September 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

29823 **Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])**

Global: 090 **Issue:** Shoulder Debridement **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million / Harvard Valued - Utilization over 30,000-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: October 2012 **2022 Medicare Utilization:** 35,593

2024 Work RVU: 7.98
2024 NF PE RVU:
2024 Fac PE RVU: 8.49

RUC Recommendation: 7.98

Referred to CPT September 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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

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 **2022 Medicare Utilization:** 28,094

2024 Work RVU: 8.98
2024 NF PE RVU:
2024 Fac PE RVU: 9.84

RUC Recommendation: 8.82

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: ZZZ **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2010 **2022 Medicare Utilization:** 60,904

2024 Work RVU: 3.00
2024 NF PE RVU:
2024 Fac PE RVU: 1.52

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

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

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 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2022 Medicare Utilization:** 60,858

2024 Work RVU: 15.59
2024 NF PE RVU:
2024 Fac PE RVU: 13.60

RUC Recommendation: 15.59. Maintain work RVU and adjust the times from pre-time package 3. **Referred to CPT** **Result:** Maintain

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

29828 **Arthroscopy, shoulder, surgical; biceps tenodesis**

Global: 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2010 **2022 Medicare Utilization:** 19,448

2024 Work RVU: 13.16
2024 NF PE RVU:
2024 Fac PE RVU: 11.96

RUC Recommendation: 13.16 **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 86

2024 Work RVU: 5.88
2024 NF PE RVU:
2024 Fac PE RVU: 6.97

RUC Recommendation: No NF PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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29840 **Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2022 Medicare Utilization:** 68

2024 Work RVU: 5.68
2024 NF PE RVU:
2024 Fac PE RVU: 7.04

RUC Recommendation: No NF PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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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 **2022 Medicare Utilization:** 339

2024 Work RVU: 5.19
2024 NF PE RVU: 10.58
2024 Fac PE RVU: 6.32

RUC Recommendation: New PE non-facility inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

---

29888 **Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction**

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

Most Recent RUC Meeting: April 2008 **Tab:** 38 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2022 Medicare Utilization:** 961

2024 Work RVU: 14.30
2024 NF PE RVU:
2024 Fac PE RVU: 12.35

RUC Recommendation: 14.14 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:**

2024 Work RVU: 5.88
2024 NF PE RVU:
2024 Fac PE RVU: 8.37

RUC Recommendation: No NF PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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2X005

Global: **Issue:** Hand, Wrist & Forearm Repair/Reconstruction **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2022 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 13.90 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

30117 **Excision or destruction (eg, laser), intranasal lesion; internal approach**

Global: 090 **Issue:** Posterior Nasal Nerve Ablation **Screen:** RUC recommendation process, not part of RAW **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 07 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** N/A **2022 Medicare Utilization:** 19,880

2024 Work RVU: 3.91
2024 NF PE RVU: 25.26
2024 Fac PE RVU: 8.03

RUC Recommendation: CPT Assistant previously published addressed issue **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Nov 2019 **Result:** Not Part of RAW

Status Report: CMS Requests and Relativity Assessment Issues

30140 **Submucous resection inferior turbinate, partial or complete, any method**

Global: 000 **Issue:** Resection of Inferior Turbinate **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 14 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2022 Medicare Utilization:** 43,131

2024 Work RVU: 3.00
2024 NF PE RVU: 5.48
2024 Fac PE RVU: 1.90

RUC Recommendation: 3.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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30465 **Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)**

Global: 090 **Issue:** Repair Nasal Stenosis **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2022 Medicare Utilization:** 3,083

2024 Work RVU: 12.36
2024 NF PE RVU:
2024 Fac PE RVU: 16.82

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

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30901 **Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method**

Global: 000 **Issue:** Control Nasal Hemorrhage **Screen:** Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2009 **2022 Medicare Utilization:** 65,527

2024 Work RVU: 1.10
2024 NF PE RVU: 3.41
2024 Fac PE RVU: 0.40

RUC Recommendation: 1.10 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

30903 **Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method**

Global: 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2022 Medicare Utilization:** 35,148

2024 Work RVU: 1.54
2024 NF PE RVU: 5.52
2024 Fac PE RVU: 0.50

RUC Recommendation: 1.54 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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30905 **Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial**

Global: 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2022 Medicare Utilization:** 3,814

2024 Work RVU: 1.97
2024 NF PE RVU: 8.19
2024 Fac PE RVU: 0.84

RUC Recommendation: 1.97 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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30906 **Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent**

Global: 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2022 Medicare Utilization:** 738

2024 Work RVU: 2.45
2024 NF PE RVU: 8.43
2024 Fac PE RVU: 1.11

RUC Recommendation: 2.45 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

31231 **Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** MPC List / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2010 **2022 Medicare Utilization:** 623,935

2024 Work RVU: 1.10
2024 NF PE RVU: 4.37
2024 Fac PE RVU: 0.67

RUC Recommendation: Review action plan. 1.10

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

Result: Maintain

31237 **Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2011 **2022 Medicare Utilization:** 122,300

2024 Work RVU: 2.60
2024 NF PE RVU: 4.76
2024 Fac PE RVU: 1.81

RUC Recommendation: 2.60

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

Result: Decrease

31238 **Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** January 2012 **2022 Medicare Utilization:** 24,805

2024 Work RVU: 2.74
2024 NF PE RVU: 4.4
2024 Fac PE RVU: 1.87

RUC Recommendation: 2.74

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

31239 **Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy**

Global: 010 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: January 2012 **2022 Medicare Utilization:** 1,208

2024 Work RVU: 9.04
2024 NF PE RVU:
2024 Fac PE RVU: 8.13

RUC Recommendation: 9.04

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

Result: Decrease

31240 **Nasal/sinus endoscopy, surgical; with concha bullosa resection**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: January 2012 **2022 Medicare Utilization:** 4,009

2024 Work RVU: 2.61
2024 NF PE RVU:
2024 Fac PE RVU: 1.77

RUC Recommendation: 2.61

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

Result: Maintain

31241 **Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery**

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 **2022 Medicare Utilization:** 450

2024 Work RVU: 8.00
2024 NF PE RVU:
2024 Fac PE RVU: 4.07

RUC Recommendation: 8.51

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

31253 **Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed**

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 **2022 Medicare Utilization:** 6,322

2024 Work RVU: 9.00
2024 NF PE RVU:
2024 Fac PE RVU: 4.57

RUC Recommendation: 9.00 **Referred to CPT** September 2016 **Result:** Decrease

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

31254 **Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)**

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 **2022 Medicare Utilization:** 10,594

2024 Work RVU: 4.27
2024 NF PE RVU: 8.25
2024 Fac PE RVU: 2.37

RUC Recommendation: 4.27 **Referred to CPT** September 2016 **Result:** Decrease

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

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 **2022 Medicare Utilization:** 7,525

2024 Work RVU: 5.75
2024 NF PE RVU:
2024 Fac PE RVU: 3.05

RUC Recommendation: 5.75 **Referred to CPT** September 2016 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 10,541

2024 Work RVU: 3.11
2024 NF PE RVU:
2024 Fac PE RVU: 1.82

RUC Recommendation: 3.11 **Referred to CPT** September 2016 **Result:** Decrease

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 **2022 Medicare Utilization:** 4,524

2024 Work RVU: 8.00
2024 NF PE RVU:
2024 Fac PE RVU: 4.10

RUC Recommendation: 8.00 **Referred to CPT** September 2016 **Result:** Decrease

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

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 **2022 Medicare Utilization:** 6,853

2024 Work RVU: 8.48
2024 NF PE RVU:
2024 Fac PE RVU: 4.32

RUC Recommendation: 8.48 **Referred to CPT** September 2016 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 22,683

2024 Work RVU: 4.68
2024 NF PE RVU:
2024 Fac PE RVU: 2.55

RUC Recommendation: 4.68 **Referred to CPT** September 2016 **Result:** Decrease

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 **2022 Medicare Utilization:** 11,570

2024 Work RVU: 6.75
2024 NF PE RVU:
2024 Fac PE RVU: 3.53

RUC Recommendation: 6.75 **Referred to CPT** September 2016 **Result:** Decrease

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

31287 **Nasal/sinus endoscopy, surgical, with sphenoidotomy;**

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 **2022 Medicare Utilization:** 2,236

2024 Work RVU: 3.50
2024 NF PE RVU:
2024 Fac PE RVU: 2.00

RUC Recommendation: 3.50 **Referred to CPT** September 2016 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

31288 **Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus**

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 **2022 Medicare Utilization:** 3,387

2024 Work RVU: 4.10
2024 NF PE RVU:
2024 Fac PE RVU: 2.28

RUC Recommendation: 4.10 **Referred to CPT** September 2016 **Result:** Decrease

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

31295 **Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa**

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 **2022 Medicare Utilization:** 21,727

2024 Work RVU: 2.70
2024 NF PE RVU: 46.2
2024 Fac PE RVU: 1.62

RUC Recommendation: 2.70 **Referred to CPT** **Result:** Maintain

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

31296 **Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium**

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 **2022 Medicare Utilization:** 5,979

2024 Work RVU: 3.10
2024 NF PE RVU: 46.51
2024 Fac PE RVU: 1.81

RUC Recommendation: 3.10 **Referred to CPT** September 2016 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

31297 **Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium**

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 **2022 Medicare Utilization:** 1,339

2024 Work RVU: 2.44
2024 NF PE RVU: 46.06
2024 Fac PE RVU: 1.50

RUC Recommendation: 2.44 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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31298 **Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2022 Medicare Utilization:** 15,200

2024 Work RVU: 4.50
2024 NF PE RVU: 87.52
2024 Fac PE RVU: 2.47

RUC Recommendation: 4.50 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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31500 **Intubation, endotracheal, emergency procedure**

Global: 000 **Issue:** Endotracheal Intubation **Screen:** CMS High Expenditure Procedural Codes2 / Modifer -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 27 **Specialty Developing Recommendation:** ACEP, ASA **First Identified:** July 2015 **2022 Medicare Utilization:** 218,803

2024 Work RVU: 3.00
2024 NF PE RVU:
2024 Fac PE RVU: 0.74

RUC Recommendation: 3.00 **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Oct 2016 **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

31525 **Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn** **Global:** 000 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part7 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** April 2024 **2022 Medicare Utilization:** 29,696

2024 Work RVU: 2.63
2024 NF PE RVU: 4.52
2024 Fac PE RVU: 1.77

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

31551 **Laryngoplasty; for laryngeal stenosis, with graft, without 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 **2022 Medicare Utilization:** 1

2024 Work RVU: 21.50
2024 NF PE RVU:
2024 Fac PE RVU: 21.78

RUC Recommendation: 21.50 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

31552 **Laryngoplasty; for laryngeal stenosis, with graft, without 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 **2022 Medicare Utilization:** 24

2024 Work RVU: 20.50
2024 NF PE RVU:
2024 Fac PE RVU: 21.34

RUC Recommendation: 20.50 **Referred to CPT** October 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:**

2024 Work RVU: 22.00
2024 NF PE RVU:
2024 Fac PE RVU: 25.34

RUC Recommendation: 22.00

Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2022 Medicare Utilization:** 14

2024 Work RVU: 22.00
2024 NF PE RVU:
2024 Fac PE RVU: 25.36

RUC Recommendation: 22.00

Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2022 Medicare Utilization:** 5,189

2024 Work RVU: 4.26
2024 NF PE RVU:
2024 Fac PE RVU: 2.53

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

31575 **Laryngoscopy, flexible; diagnostic**

Global: 000 **Issue:** **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 08 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2010 **2022 Medicare Utilization:** 536,063

2024 Work RVU: 0.94
2024 NF PE RVU: 2.8
2024 Fac PE RVU: 0.98

RUC Recommendation: 1.00

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

Result: Decrease

31579 **Laryngoscopy, flexible or rigid telescopic, with stroboscopy**

Global: 000 **Issue:** Laryngoscopy **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 08 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2008 **2022 Medicare Utilization:** 81,659

2024 Work RVU: 1.88
2024 NF PE RVU: 3.82
2024 Fac PE RVU: 1.45

RUC Recommendation: 1.94

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

Result: Decrease

31580 **Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAO-HNS

First Identified: April 2014 **2022 Medicare Utilization:** 18

2024 Work RVU: 14.60
2024 NF PE RVU:
2024 Fac PE RVU: 21.90

RUC Recommendation: 14.60

Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

31582 **Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy**

Global: **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

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

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

31584 **Laryngoplasty; with open reduction and fixation of (eg, plating) fracture, includes tracheostomy, if performed**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2022 Medicare Utilization:** 12

2024 Work RVU: 17.58
2024 NF PE RVU:
2024 Fac PE RVU: 22.30

RUC Recommendation: 20.00 **Referred to CPT** October 2015 **Result:** Decrease

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

31587 **Laryngoplasty, cricoid split, without graft placement**

Global: 090 **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2022 Medicare Utilization:** 6

2024 Work RVU: 15.27
2024 NF PE RVU:
2024 Fac PE RVU: 18.89

RUC Recommendation: 15.27 **Referred to CPT** October 2015 **Result:** Decrease

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

31588 **Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)**

Global: **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** January 2014 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

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

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

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 **2022 Medicare Utilization:** 1,038

2024 Work RVU: 13.56
2024 NF PE RVU:
2024 Fac PE RVU: 17.63

RUC Recommendation: 15.60

Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2022 Medicare Utilization:** 32

2024 Work RVU: 25.00
2024 NF PE RVU:
2024 Fac PE RVU: 23.44

RUC Recommendation: 25.00

Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2022 Medicare Utilization:** 19,723

2024 Work RVU: 5.56
2024 NF PE RVU:
2024 Fac PE RVU: 2.43

RUC Recommendation: 5.56

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

Result: Increase

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 **2022 Medicare Utilization:** 5

2024 Work RVU: 8.00
2024 NF PE RVU:
2024 Fac PE RVU: 4.23

RUC Recommendation: 8.00

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

Result: Increase

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 **2022 Medicare Utilization:** 587

2024 Work RVU: 6.00
2024 NF PE RVU:
2024 Fac PE RVU: 2.39

RUC Recommendation: 6.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2022 Medicare Utilization:** 224

2024 Work RVU: 6.45
2024 NF PE RVU:
2024 Fac PE RVU: 2.08

RUC Recommendation: 6.45 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2022 Medicare Utilization:** 1,072

2024 Work RVU: 12.00
2024 NF PE RVU:
2024 Fac PE RVU: 14.97

RUC Recommendation: 12.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2022 Medicare Utilization:** 618

2024 Work RVU: 6.00
2024 NF PE RVU:
2024 Fac PE RVU: 9.31

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

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Status Report: CMS Requests and Relativity Assessment Issues

31620 **Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure[s])**

Global: **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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

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

31622 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)**

Global: 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2022 Medicare Utilization:** 34,089

2024 Work RVU: 2.53
2024 NF PE RVU: 4.64
2024 Fac PE RVU: 1.06

RUC Recommendation: 2.78 **Referred to CPT** October 2014 **Result:** Maintain

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

31623 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings**

Global: 000 **Issue:** Diagnostic Bronchoscopy **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 09 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2016 **2022 Medicare Utilization:** 17,295

2024 Work RVU: 2.63
2024 NF PE RVU: 5.35
2024 Fac PE RVU: 1.01

RUC Recommendation: 2.63 **Referred to CPT** **Result:** Maintain

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

31624 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage**

Global: 000 **Issue:** Diagnostic Bronchoscopy **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 09 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2017 **2022 Medicare Utilization:** 95,863

2024 Work RVU: 2.63
2024 NF PE RVU: 4.77
2024 Fac PE RVU: 1.05

RUC Recommendation: 2.63 **Referred to CPT** **Result:** Maintain

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

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 - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** April 2013 **2022 Medicare Utilization:** 13,281

2024 Work RVU: 3.11
2024 NF PE RVU: 7.02
2024 Fac PE RVU: 1.17

RUC Recommendation: 3.36 **Referred to CPT** October 2014 **Result:** Maintain

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 - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2022 Medicare Utilization:** 2,253

2024 Work RVU: 3.91
2024 NF PE RVU: 19.07
2024 Fac PE RVU: 1.41

RUC Recommendation: 4.16 **Referred to CPT** October 2014 **Result:** Maintain

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 - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2022 Medicare Utilization:** 29,879

2024 Work RVU: 3.55
2024 NF PE RVU: 7.25
2024 Fac PE RVU: 1.29

RUC Recommendation: 3.80 **Referred to CPT** October 2014 **Result:** Maintain

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 - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2022 Medicare Utilization:** 17,310

2024 Work RVU: 3.75
2024 NF PE RVU: 9.41
2024 Fac PE RVU: 1.36

RUC Recommendation: 4.00 **Referred to CPT** October 2014 **Result:** Decrease

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 **2022 Medicare Utilization:** 4,114

2024 Work RVU: 1.03
2024 NF PE RVU: 0.81
2024 Fac PE RVU: 0.31

RUC Recommendation: 1.03 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 1,283

2024 Work RVU: 1.32
2024 NF PE RVU: 0.95
2024 Fac PE RVU: 0.39

RUC Recommendation: 1.32 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 33,070

2024 Work RVU: 2.88
2024 NF PE RVU: 5.04
2024 Fac PE RVU: 1.15

RUC Recommendation: 2.88 **Referred to CPT** May 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

Status Report: CMS Requests and Relativity Assessment Issues

31646 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay**

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 **2022 Medicare Utilization:** 3,888

2024 Work RVU: 2.78
2024 NF PE RVU:
2024 Fac PE RVU: 1.12

RUC Recommendation: 2.78 **Referred to CPT** May 2016 **Result:** Increase

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

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**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ATS, ACCP **First Identified:** October 2014 **2022 Medicare Utilization:** 23,278

2024 Work RVU: 4.46
2024 NF PE RVU: 32.22
2024 Fac PE RVU: 1.57

RUC Recommendation: 5.00 **Referred to CPT** October 2014 **Result:** Decrease

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

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**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ATS, ACCP **First Identified:** October 2014 **2022 Medicare Utilization:** 15,529

2024 Work RVU: 4.96
2024 NF PE RVU: 33.07
2024 Fac PE RVU: 1.71

RUC Recommendation: 5.50 **Referred to CPT** October 2014 **Result:** Decrease

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

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 **2022 Medicare Utilization:** 13,207

2024 Work RVU: 1.40
2024 NF PE RVU: 2.07
2024 Fac PE RVU: 0.43

RUC Recommendation: 1.70 **Referred to CPT** October 2014 **Result:** Decrease

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

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

32405 **Biopsy, lung or mediastinum, percutaneous needle**

Global: **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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2019 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

32408 **Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed**

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:** April 2019 **2022 Medicare Utilization:** 54,771

2024 Work RVU: 3.18
2024 NF PE RVU: 21.68
2024 Fac PE RVU: 0.96

RUC Recommendation: 4.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

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

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 **2022 Medicare Utilization:** 132

2024 Work RVU: 27.28
2024 NF PE RVU:
2024 Fac PE RVU: 12.42

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 **2022 Medicare Utilization:** 2,488

2024 Work RVU: 25.82
2024 NF PE RVU:
2024 Fac PE RVU: 11.65

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

32482 **Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2022 Medicare Utilization:** 153

2024 Work RVU: 27.44
2024 NF PE RVU:
2024 Fac PE RVU: 12.62

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:**

Result: Remove from Screen

32491 **Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2022 Medicare Utilization:** 9

2024 Work RVU: 25.24
2024 NF PE RVU:
2024 Fac PE RVU: 12.16

RUC Recommendation: Request further information from CMS

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

Result: Remove from Screen

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 **2022 Medicare Utilization:** 29,955

2024 Work RVU: 3.04
2024 NF PE RVU:
2024 Fac PE RVU: 1.02

RUC Recommendation: 3.50

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

32554 **Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance**

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

Most Recent RUC Meeting: October 2012 **Tab:** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** October 2012 **2022 Medicare Utilization:** 9,826

2024 Work RVU: 1.82
2024 NF PE RVU: 4.98
2024 Fac PE RVU: 0.58

RUC Recommendation: 1.82 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 207,717

2024 Work RVU: 2.27
2024 NF PE RVU: 6.86
2024 Fac PE RVU: 0.71

RUC Recommendation: 2.27 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 4,383

2024 Work RVU: 2.50
2024 NF PE RVU: 19.23
2024 Fac PE RVU: 0.79

RUC Recommendation: 2.50 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 33,651

2024 Work RVU: 3.12
2024 NF PE RVU: 16.17
2024 Fac PE RVU: 0.94

RUC Recommendation: 3.62 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

32663 **Thoracoscopy, surgical; with lobectomy (single lobe)**

Global: 090 **Issue:** RAW review **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** STS

First Identified: October 2008 **2022 Medicare Utilization:** 8,316

2024 Work RVU: 24.64
2024 NF PE RVU:
2024 Fac PE RVU: 10.60

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:**

Result: Remove from Screen

33010 **Pericardiocentesis; initial**

Global: **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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

33011 **Pericardiocentesis; subsequent**

Global: **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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

33015 **Tube pericardiostomy**

Global: **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2017 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

33016 **Pericardiocentesis, including imaging guidance, when performed**

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 **2022 Medicare Utilization:** 4,118

2024 Work RVU: 4.40
2024 NF PE RVU:
2024 Fac PE RVU: 1.50

RUC Recommendation: 5.00

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2022 Medicare Utilization:** 3,497

2024 Work RVU: 4.62
2024 NF PE RVU:
2024 Fac PE RVU: 1.59

RUC Recommendation: 5.50

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2022 Medicare Utilization:** 5

2024 Work RVU: 5.40
2024 NF PE RVU:
2024 Fac PE RVU: 1.83

RUC Recommendation: 6.00

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 242

2024 Work RVU: 4.29
2024 NF PE RVU:
2024 Fac PE RVU: 1.34

RUC Recommendation: 5.00

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2022 Medicare Utilization:** 151

2024 Work RVU: 14.31
2024 NF PE RVU:
2024 Fac PE RVU: 6.70

RUC Recommendation: 14.31

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2022 Medicare Utilization:** 3,426

2024 Work RVU: 13.20
2024 NF PE RVU:
2024 Fac PE RVU: 6.44

RUC Recommendation: 13.20

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2022 Medicare Utilization:** 9,237

2024 Work RVU: 7.80
2024 NF PE RVU:
2024 Fac PE RVU: 4.52

RUC Recommendation: 8.05

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 89,069

2024 Work RVU: 8.52
2024 NF PE RVU:
2024 Fac PE RVU: 4.80

RUC Recommendation: 8.77

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2022 Medicare Utilization:** 210

2024 Work RVU: 5.01
2024 NF PE RVU:
2024 Fac PE RVU: 3.39

RUC Recommendation: 5.26

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2022 Medicare Utilization:** 879

2024 Work RVU: 5.28
2024 NF PE RVU:
2024 Fac PE RVU: 3.51

RUC Recommendation: 5.53

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 218

2024 Work RVU: 5.55
2024 NF PE RVU:
2024 Fac PE RVU: 3.76

RUC Recommendation: 5.80

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2022 Medicare Utilization:** 2,450

2024 Work RVU: 5.25
2024 NF PE RVU:
2024 Fac PE RVU: 3.57

RUC Recommendation: 5.50

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2022 Medicare Utilization:** 31,716

2024 Work RVU: 5.52
2024 NF PE RVU:
2024 Fac PE RVU: 3.69

RUC Recommendation: 5.77

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 6,071

2024 Work RVU: 5.79
2024 NF PE RVU:
2024 Fac PE RVU: 3.90

RUC Recommendation: 6.04 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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33230 **Insertion of implantable defibrillator pulse generator only; with existing dual 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 **2022 Medicare Utilization:** 66

2024 Work RVU: 6.07
2024 NF PE RVU:
2024 Fac PE RVU: 3.58

RUC Recommendation: 6.32 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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33231 **Insertion of implantable defibrillator 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 **2022 Medicare Utilization:** 105

2024 Work RVU: 6.34
2024 NF PE RVU:
2024 Fac PE RVU: 4.07

RUC Recommendation: 6.59 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

33233 **Removal of permanent pacemaker pulse generator only**

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 **2022 Medicare Utilization:** 7,278

2024 Work RVU: 3.14
2024 NF PE RVU:
2024 Fac PE RVU: 3.06

RUC Recommendation: 3.39 **Referred to CPT** February 2011 **Result:** Maintain

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

33240 **Insertion of implantable defibrillator 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 **2022 Medicare Utilization:** 87

2024 Work RVU: 5.80
2024 NF PE RVU:
2024 Fac PE RVU: 3.75

RUC Recommendation: 6.06 **Referred to CPT** February 2011 **Result:** Decrease

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

33241 **Removal of implantable defibrillator pulse generator only**

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 **2022 Medicare Utilization:** 4,615

2024 Work RVU: 3.04
2024 NF PE RVU:
2024 Fac PE RVU: 2.63

RUC Recommendation: 3.29 **Referred to CPT** February 2011 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

33249 **Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber**

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 **2022 Medicare Utilization:** 30,061

2024 Work RVU: 14.92
2024 NF PE RVU:
2024 Fac PE RVU: 8.53

RUC Recommendation: 15.17 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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33262 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator 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 **2022 Medicare Utilization:** 2,428

2024 Work RVU: 5.81
2024 NF PE RVU:
2024 Fac PE RVU: 3.86

RUC Recommendation: 6.06 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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33263 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator 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 **2022 Medicare Utilization:** 5,122

2024 Work RVU: 6.08
2024 NF PE RVU:
2024 Fac PE RVU: 3.95

RUC Recommendation: 6.33 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

33264 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator 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 **2022 Medicare Utilization:** 12,489

2024 Work RVU: 6.35
2024 NF PE RVU:
2024 Fac PE RVU: 4.10

RUC Recommendation: 6.60 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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**

Global: 090 **Issue:** Transcatheter Insertion or Replacement of Permanent Leadless Pacemaker **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 12 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** April 2023 **2022 Medicare Utilization:** 12,586

2024 Work RVU: 7.80
2024 NF PE RVU:
2024 Fac PE RVU: 4.51

RUC Recommendation: Maintain and Review in 3 years (Sept 2026). **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

33275 **Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed**

Global: 090 **Issue:** Transcatheter Insertion or Replacement of Permanent Leadless Pacemaker **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 12 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** September 2023 **2022 Medicare Utilization:** 42

2024 Work RVU: 8.59
2024 NF PE RVU:
2024 Fac PE RVU: 4.30

RUC Recommendation: Maintain and Review in 3 years (Sept 2026). **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

Status Report: CMS Requests and Relativity Assessment Issues

33276 **Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed**

Global: 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** January 2023 **2022 Medicare Utilization:**

2024 Work RVU: 9.50
2024 NF PE RVU:
2024 Fac PE RVU: 5.39

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

33277 **Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** January 2023 **2022 Medicare Utilization:**

2024 Work RVU: 5.43
2024 NF PE RVU:
2024 Fac PE RVU: 2.24

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

33278 **Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s)**

Global: 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** January 2023 **2022 Medicare Utilization:**

2024 Work RVU: 9.55
2024 NF PE RVU:
2024 Fac PE RVU: 5.21

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

33279 **Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only**

Global: 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:**

First Identified: January 2023 **2022 Medicare Utilization:**

2024 Work RVU: 5.42
2024 NF PE RVU:
2024 Fac PE RVU: 3.59

RUC Recommendation: Review action Plan

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

Result:

33280 **Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only**

Global: 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:**

First Identified: January 2023 **2022 Medicare Utilization:**

2024 Work RVU: 3.04
2024 NF PE RVU:
2024 Fac PE RVU: 2.82

RUC Recommendation: Review action Plan

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

Result:

33281 **Repositioning of phrenic nerve stimulator transvenous lead(s)**

Global: 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:**

First Identified: January 2023 **2022 Medicare Utilization:**

2024 Work RVU: 6.00
2024 NF PE RVU:
2024 Fac PE RVU: 3.71

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

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 3.50

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

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 3.00

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

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

33287 **Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator**

Global: 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:**

First Identified: January 2023 **2022 Medicare Utilization:**

2024 Work RVU: 6.05
2024 NF PE RVU:
2024 Fac PE RVU: 4.00

RUC Recommendation: Review action Plan

Referred to CPT **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

33288 **Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s)**

Global: 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** January 2023 **2022 Medicare Utilization:**

2024 Work RVU: 8.51
2024 NF PE RVU:
2024 Fac PE RVU: 4.61

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

33364 **Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach**

Global: **Issue:** Transcatheter Aortic Valve Replacement **Screen:** RAW Flag Service with Less than 30 Survey Responses **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** April 2018 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

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

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 **2022 Medicare Utilization:** 11,794

2024 Work RVU: 41.32
2024 NF PE RVU:
2024 Fac PE RVU: 15.52

RUC Recommendation: 41.32 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 IWPUT / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 40 **Specialty Developing Recommendation:** STS

First Identified: February 2008 **2022 Medicare Utilization:** 6,190

2024 Work RVU: 50.93
2024 NF PE RVU:
2024 Fac PE RVU: 19.24

RUC Recommendation: 50.93

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

Result: Maintain

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 Recommendation:** STS

First Identified: September 2011 **2022 Medicare Utilization:** 44,477

2024 Work RVU: 33.75
2024 NF PE RVU:
2024 Fac PE RVU: 13.24

RUC Recommendation: 34.98

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

Result: Increase

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 Recommendation:** STS

First Identified: January 2015 **2022 Medicare Utilization:** 64

2024 Work RVU: 30.00
2024 NF PE RVU:
2024 Fac PE RVU: 11.11

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

33621 **Transthoracic insertion of catheter for stent placement with catheter removal and closure (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 Recommendation:** STS **First Identified:** January 2015 **2022 Medicare Utilization:**

2024 Work RVU: 16.18
2024 NF PE RVU:
2024 Fac PE RVU: 7.31

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

Result: Maintain

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)**

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 Recommendation:** STS **First Identified:** January 2015 **2022 Medicare Utilization:** 2

2024 Work RVU: 64.00
2024 NF PE RVU:
2024 Fac PE RVU: 20.85

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

Result: Maintain

33741 **Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to create effective atrial flow, including all imaging guidance by the proceduralist, when performed, any method (eg, Rashkind, Sang-Park, balloon, cutting balloon, blade)**

Global: 000 **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 **2022 Medicare Utilization:** 72

2024 Work RVU: 14.00
2024 NF PE RVU:
2024 Fac PE RVU: 4.76

RUC Recommendation: 14.00

Referred to CPT September 2019

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

33745 **Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); initial intracardiac shunt**

Global: 000 **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 **2022 Medicare Utilization:** 8

2024 Work RVU: 20.00
2024 NF PE RVU:
2024 Fac PE RVU: 6.81

RUC Recommendation: 20.00

Referred to CPT September 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

33746 **Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); each additional intracardiac shunt location (List separately in addition to code for primary procedure)**

Global: ZZZ **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 **2022 Medicare Utilization:**

2024 Work RVU: 8.00
2024 NF PE RVU:
2024 Fac PE RVU: 2.72

RUC Recommendation: 10.50

Referred to CPT September 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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

Global: 090 **Issue:** Aortic Graft **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** STS, AATS

First Identified: February 2008 **2022 Medicare Utilization:** 1,873

2024 Work RVU: 58.79
2024 NF PE RVU:
2024 Fac PE RVU: 19.32

RUC Recommendation: Remove from screen

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

Result: Remove from Screen

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 **2022 Medicare Utilization:** 702

2024 Work RVU: 89.50
2024 NF PE RVU:
2024 Fac PE RVU: 31.71

RUC Recommendation: 16.00 **Referred to CPT** February 2014 **Result:** Maintain

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 **2022 Medicare Utilization:** 418

2024 Work RVU: 6.00
2024 NF PE RVU:
2024 Fac PE RVU: 1.78

RUC Recommendation: 6.00 **Referred to CPT** February 2014 **Result:** Maintain

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 **2022 Medicare Utilization:** 1,309

2024 Work RVU: 6.63
2024 NF PE RVU:
2024 Fac PE RVU: 1.97

RUC Recommendation: 6.63 **Referred to CPT** February 2014 **Result:** Maintain

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 **2022 Medicare Utilization:** 4,715

2024 Work RVU: 4.73
2024 NF PE RVU:
2024 Fac PE RVU: 1.44

RUC Recommendation: 4.73 **Referred to CPT** February 2014 **Result:** Maintain

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 **2022 Medicare Utilization:** 5,755

2024 Work RVU: 4.60
2024 NF PE RVU:
2024 Fac PE RVU: 1.40

RUC Recommendation: 4.60 **Referred to CPT** February 2014 **Result:** Maintain
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 **2022 Medicare Utilization:**

2024 Work RVU: 8.15
2024 NF PE RVU:
2024 Fac PE RVU: 2.29

RUC Recommendation: 8.15 **Referred to CPT** February 2014 **Result:** Maintain
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 **2022 Medicare Utilization:** 1,293

2024 Work RVU: 8.15
2024 NF PE RVU:
2024 Fac PE RVU: 2.51

RUC Recommendation: 8.43 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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**

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 **2022 Medicare Utilization:**

2024 Work RVU: 9.11
2024 NF PE RVU:
2024 Fac PE RVU: 2.54

RUC Recommendation: 9.83 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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**

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 **2022 Medicare Utilization:** 240

2024 Work RVU: 9.11
2024 NF PE RVU:
2024 Fac PE RVU: 2.64

RUC Recommendation: 9.43 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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**

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 **2022 Medicare Utilization:** 381

2024 Work RVU: 16.00
2024 NF PE RVU:
2024 Fac PE RVU: 4.59

RUC Recommendation: 16.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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)**

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 **2022 Medicare Utilization:**

2024 Work RVU: 3.51
2024 NF PE RVU:
2024 Fac PE RVU: 1.05

RUC Recommendation: 4.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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)**

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 **2022 Medicare Utilization:** 63

2024 Work RVU: 3.51
2024 NF PE RVU:
2024 Fac PE RVU: 1.05

RUC Recommendation: 4.05 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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)**

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 **2022 Medicare Utilization:**

2024 Work RVU: 4.47
2024 NF PE RVU:
2024 Fac PE RVU: 1.31

RUC Recommendation: 4.69 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33960 **Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial day**

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, ACCP **First Identified:** July 2013 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

33961 **Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each subsequent day**

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, ACCP **First Identified:** July 2013 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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)**

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 **2022 Medicare Utilization:** 18

2024 Work RVU: 4.47
2024 NF PE RVU:
2024 Fac PE RVU: 1.31

RUC Recommendation: 4.73 **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:**

2024 Work RVU: 9.00
2024 NF PE RVU:
2024 Fac PE RVU: 2.51

RUC Recommendation: 9.00 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **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 **2022 Medicare Utilization:** 17

2024 Work RVU: 9.50
2024 NF PE RVU:
2024 Fac PE RVU: 2.65

RUC Recommendation: 9.50 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **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 **2022 Medicare Utilization:**

2024 Work RVU: 3.51
2024 NF PE RVU:
2024 Fac PE RVU: 1.05

RUC Recommendation: 3.51 **Referred to CPT** February 2014 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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**

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 **2022 Medicare Utilization:** 422

2024 Work RVU: 4.50
2024 NF PE RVU:
2024 Fac PE RVU: 1.40

RUC Recommendation: 4.50 **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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**

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 **2022 Medicare Utilization:** 1

2024 Work RVU: 5.22
2024 NF PE RVU:
2024 Fac PE RVU: 1.50

RUC Recommendation: 6.00 **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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**

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 **2022 Medicare Utilization:** 423

2024 Work RVU: 5.46
2024 NF PE RVU:
2024 Fac PE RVU: 1.53

RUC Recommendation: 6.38 **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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**

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 **2022 Medicare Utilization:**

2024 Work RVU: 9.89
2024 NF PE RVU:
2024 Fac PE RVU: 2.75

RUC Recommendation: 9.89 **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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**

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 **2022 Medicare Utilization:** 200

2024 Work RVU: 10.00
2024 NF PE RVU:
2024 Fac PE RVU: 2.92

RUC Recommendation: 10.00 **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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)**

Global: ZZZ **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 **2022 Medicare Utilization:** 38

2024 Work RVU: 4.04
2024 NF PE RVU:
2024 Fac PE RVU: 1.08

RUC Recommendation: 4.08 **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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 **2022 Medicare Utilization:** 23

2024 Work RVU: 15.00
2024 NF PE RVU:
2024 Fac PE RVU: 4.11

RUC Recommendation: 15.00 **Referred to CPT** February 2014 **Result:** Maintain

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 **2022 Medicare Utilization:** 6

2024 Work RVU: 9.50
2024 NF PE RVU:
2024 Fac PE RVU: 2.65

RUC Recommendation: 9.50 **Referred to CPT** February 2014 **Result:** Maintain

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 **2022 Medicare Utilization:** 597

2024 Work RVU: 23.71
2024 NF PE RVU:
2024 Fac PE RVU: 6.68

RUC Recommendation: 23.71 **Referred to CPT** **Result:** Decrease

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 **2022 Medicare Utilization:** 79

2024 Work RVU: 36.00
2024 NF PE RVU:
2024 Fac PE RVU: 9.08

RUC Recommendation: 36.00 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

34703 **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)**

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 **2022 Medicare Utilization:** 585

2024 Work RVU: 26.52
2024 NF PE RVU:
2024 Fac PE RVU: 7.16

RUC Recommendation: 26.52 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

34704 **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)**

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 **2022 Medicare Utilization:** 89

2024 Work RVU: 45.00
2024 NF PE RVU:
2024 Fac PE RVU: 10.97

RUC Recommendation: 45.00 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

34705 **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)**

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 **2022 Medicare Utilization:** 9,807

2024 Work RVU: 29.58
2024 NF PE RVU:
2024 Fac PE RVU: 7.85

RUC Recommendation: 29.58 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

34706 **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)**

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 **2022 Medicare Utilization:** 571

2024 Work RVU: 45.00
2024 NF PE RVU:
2024 Fac PE RVU: 10.51

RUC Recommendation: 45.00 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

34707 **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)**

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 **2022 Medicare Utilization:** 363

2024 Work RVU: 22.28
2024 NF PE RVU:
2024 Fac PE RVU: 6.23

RUC Recommendation: 22.28 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

34708 **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)**

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 **2022 Medicare Utilization:** 77

2024 Work RVU: 36.50
2024 NF PE RVU:
2024 Fac PE RVU: 7.56

RUC Recommendation: 36.50 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

34709 **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)**

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 **2022 Medicare Utilization:** 2,121

2024 Work RVU: 6.50
2024 NF PE RVU:
2024 Fac PE RVU: 1.32

RUC Recommendation: 6.50 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

34710 **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**

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 **2022 Medicare Utilization:** 941

2024 Work RVU: 15.00
2024 NF PE RVU:
2024 Fac PE RVU: 4.67

RUC Recommendation: 15.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 254

2024 Work RVU: 6.00
2024 NF PE RVU:
2024 Fac PE RVU: 1.11

RUC Recommendation: 6.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 635

2024 Work RVU: 12.00
2024 NF PE RVU:
2024 Fac PE RVU: 4.34

RUC Recommendation: 12.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 15,069

2024 Work RVU: 2.50
2024 NF PE RVU:
2024 Fac PE RVU: 0.49

RUC Recommendation: 2.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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34714 **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)**

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 **2022 Medicare Utilization:** 412

2024 Work RVU: 5.25
2024 NF PE RVU:
2024 Fac PE RVU: 1.35

RUC Recommendation: 5.25 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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34715 **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)**

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 **2022 Medicare Utilization:** 178

2024 Work RVU: 6.00
2024 NF PE RVU:
2024 Fac PE RVU: 1.22

RUC Recommendation: 6.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

34716 **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)**

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 **2022 Medicare Utilization:** 1,381

2024 Work RVU: 7.19
2024 NF PE RVU:
2024 Fac PE RVU: 1.96

RUC Recommendation: 7.19 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

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

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT

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

Result: Deleted from CPT

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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT

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

Result: Deleted from CPT

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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

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

34812 **Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2014 **2022 Medicare Utilization:** 4,768

2024 Work RVU: 4.13
2024 NF PE RVU:
2024 Fac PE RVU: 0.85

RUC Recommendation: 4.13 **Referred to CPT** September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

34820 **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)**

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 **First Identified:** January 2017 **2022 Medicare Utilization:** 40

2024 Work RVU: 7.00
2024 NF PE RVU:
2024 Fac PE RVU: 1.09

RUC Recommendation: 7.00 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

34825 **Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel**

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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016

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

Result: Deleted from CPT

34826 **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)**

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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT

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

Result: Deleted from CPT

34833 **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)**

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

First Identified: January 2017

2022 Medicare Utilization: 16

2024 Work RVU: 8.16

2024 NF PE RVU:

2024 Fac PE RVU: 1.27

RUC Recommendation: 8.16

Referred to CPT

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

34834 **Open brachial artery exposure for delivery of endovascular prosthesis, 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 **First Identified:** January 2017 **2022 Medicare Utilization:** 341

2024 Work RVU: 2.65
2024 NF PE RVU:
2024 Fac PE RVU: 0.46

RUC Recommendation: 2.65 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

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

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 **2022 Medicare Utilization:** 23,542

2024 Work RVU: 21.16
2024 NF PE RVU:
2024 Fac PE RVU: 6.59

RUC Recommendation: 21.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT

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

Result: Deleted from CPT

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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT

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

Result: Deleted from CPT

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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

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

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from 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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

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

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** Removed from CPT referral **Result:** Deleted from CPT

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

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

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

Result: Deleted from CPT

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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

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

Result: Deleted from CPT

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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

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

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:**
2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

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

35701 **Exploration not followed by surgical repair, artery; neck (eg, carotid, subclavian)** **Global:** 090 **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 06 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** January 2018 **2022 Medicare Utilization:** 664
2024 Work RVU: 7.50
2024 NF PE RVU:
2024 Fac PE RVU: 4.22

RUC Recommendation: 7.50 **Referred to CPT** September 2018 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

35702 **Exploration not followed by surgical repair, artery; upper extremity (eg, axillary, brachial, radial, ulnar)** **Global:** 090 **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2022 Medicare Utilization:** 354
2024 Work RVU: 7.12
2024 NF PE RVU:
2024 Fac PE RVU: 3.31

RUC Recommendation: 7.12 **Referred to CPT** September 2018 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

35703 **Exploration not followed by surgical repair, artery; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal)** **Global:** 090 **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2022 Medicare Utilization:** 531
2024 Work RVU: 7.50
2024 NF PE RVU:
2024 Fac PE RVU: 2.95

RUC Recommendation: 7.50 **Referred to CPT** September 2018 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

35721 **Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery**

Global: **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 06 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** January 2018 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

35741 **Exploration (not followed by surgical repair), with or without lysis of artery; popliteal artery**

Global: **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 06 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** January 2018 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

35761 **Exploration (not followed by surgical repair), with or without lysis of artery; other vessels**

Global: **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 06 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** April 2017 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

36000 **Introduction of needle or intracatheter, vein**

Global: XXX **Issue:** Introduction of Needle or Intracatheter **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACC, AUR, AAP, AAFP, ACRh **First Identified:** October 2009 **2022 Medicare Utilization:**

2024 Work RVU: 0.18
2024 NF PE RVU: 0.73
2024 Fac PE RVU: 0.07

RUC Recommendation: CMS consider a bundled status for this code **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 11,484

2024 Work RVU: 2.18
2024 NF PE RVU: 13.32
2024 Fac PE RVU: 0.59

RUC Recommendation: Remove from re-review. **Referred to CPT** February 2011 **Result:** Remove from Screen

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

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 **2022 Medicare Utilization:** 15,613

2024 Work RVU: 1.76
2024 NF PE RVU: 12.97
2024 Fac PE RVU: 0.48

RUC Recommendation: Remove from re-review **Referred to CPT** **Result:** Remove from Screen

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

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT

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

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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:**

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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:**

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 **2022 Medicare Utilization:** 29,794

2024 Work RVU: 4.17
2024 NF PE RVU: 25.76
2024 Fac PE RVU: 1.44

RUC Recommendation: 4.17 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

36216 **Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family**

Global: 000 **Issue:** Selective Catheter Placement **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 3,179

2024 Work RVU: 5.27
2024 NF PE RVU: 25.1
2024 Fac PE RVU: 1.61

RUC Recommendation: 5.27 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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36217 **Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family**

Global: 000 **Issue:** Selective Catheter Placement **Screen:** Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** April 2011 **2022 Medicare Utilization:** 3,484

2024 Work RVU: 6.29
2024 NF PE RVU: 45.72
2024 Fac PE RVU: 2.03

RUC Recommendation: 6.29 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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36218 **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)**

Global: ZZZ **Issue:** Selective Catheter Placement **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** July 2015 **2022 Medicare Utilization:** 1,782

2024 Work RVU: 1.01
2024 NF PE RVU: 5
2024 Fac PE RVU: 0.32

RUC Recommendation: 1.01 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 1,228

2024 Work RVU: 3.92
2024 NF PE RVU: 24.32
2024 Fac PE RVU: 1.05

RUC Recommendation: 4.51 **Referred to CPT** February 2012 **Result:** Decrease

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

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 **2022 Medicare Utilization:** 5,149

2024 Work RVU: 5.28
2024 NF PE RVU: 29.94
2024 Fac PE RVU: 1.84

RUC Recommendation: 6.00 **Referred to CPT** February 2012 **Result:** Decrease

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

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 / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 25,259

2024 Work RVU: 5.75
2024 NF PE RVU: 42.25
2024 Fac PE RVU: 2.34

RUC Recommendation: 6.50 **Referred to CPT** February 2012 **Result:** Decrease

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

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 / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 33,266

2024 Work RVU: 6.25
2024 NF PE RVU: 53.13
2024 Fac PE RVU: 2.77

RUC Recommendation: 7.55 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 9,323

2024 Work RVU: 5.75
2024 NF PE RVU: 39.76
2024 Fac PE RVU: 2.27

RUC Recommendation: 6.50 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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36226 **Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 28,071

2024 Work RVU: 6.25
2024 NF PE RVU: 51.59
2024 Fac PE RVU: 2.73

RUC Recommendation: 7.55 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

36227 **Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 15,940

2024 Work RVU: 2.09
2024 NF PE RVU: 4.56
2024 Fac PE RVU: 0.86

RUC Recommendation: 2.32 **Referred to CPT** February 2012 **Result:** Decrease

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

36228 **Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 1,884

2024 Work RVU: 4.25
2024 NF PE RVU: 32.91
2024 Fac PE RVU: 1.77

RUC Recommendation: 4.25 **Referred to CPT** February 2012 **Result:** Decrease

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

36245 **Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family**

Global: XXX **Issue:** Selective Catheter Placement **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 22 **Specialty Developing Recommendation:** ACC, ACR, SIR, SCAI, SVS **First Identified:** October 2009 **2022 Medicare Utilization:** 30,297

2024 Work RVU: 4.65
2024 NF PE RVU: 31.02
2024 Fac PE RVU: 1.40

RUC Recommendation: 4.90 **Referred to CPT** February 2010 and February 2011 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

36246 **Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family**

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

Most Recent RUC Meeting: October 2012 **Tab:** 27 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACC **First Identified:** February 2010 **2022 Medicare Utilization:** 26,912

2024 Work RVU: 5.02
2024 NF PE RVU: 18.52
2024 Fac PE RVU: 1.32

RUC Recommendation: 5.27 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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36247 **Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family**

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

Most Recent RUC Meeting: October 2012 **Tab:** 27 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACC **First Identified:** February 2010 **2022 Medicare Utilization:** 60,850

2024 Work RVU: 6.04
2024 NF PE RVU: 34.69
2024 Fac PE RVU: 1.62

RUC Recommendation: 7.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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36248 **Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)**

Global: ZZZ **Issue:** Catheter Placement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 40 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2008 **2022 Medicare Utilization:** 29,154

2024 Work RVU: 1.01
2024 NF PE RVU: 2.3
2024 Fac PE RVU: 0.27

RUC Recommendation: Remove from screen **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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36251 **Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2011 **2022 Medicare Utilization:** 2,594

2024 Work RVU: 5.10
2024 NF PE RVU: 31.81
2024 Fac PE RVU: 1.44

RUC Recommendation: 5.45 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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36252 **Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2011 **2022 Medicare Utilization:** 4,570

2024 Work RVU: 6.74
2024 NF PE RVU: 32.81
2024 Fac PE RVU: 2.20

RUC Recommendation: 7.38 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

36253 **Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2011 **2022 Medicare Utilization:** 1,700

2024 Work RVU: 7.30
2024 NF PE RVU: 50.84
2024 Fac PE RVU: 2.11

RUC Recommendation: 7.55 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

36254 **Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2011 **2022 Medicare Utilization:** 204

2024 Work RVU: 7.90
2024 NF PE RVU: 48.56
2024 Fac PE RVU: 2.54

RUC Recommendation: 8.15 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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36410 **Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)**

Global: XXX **Issue:** Venipunture **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 36 **Specialty Developing Recommendation:** ACP **First Identified:** October 2009 **2022 Medicare Utilization:** 134,762

2024 Work RVU: 0.18
2024 NF PE RVU: 0.33
2024 Fac PE RVU: 0.07

RUC Recommendation: 0.18 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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36475 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated**

Global: 000 **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2022 Medicare Utilization:** 83,381

2024 Work RVU: 5.30
2024 NF PE RVU: 25.26
2024 Fac PE RVU: 1.70

RUC Recommendation: 5.30 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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)**

Global: ZZZ **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** October 2013 **2022 Medicare Utilization:** 5,091

2024 Work RVU: 2.65
2024 NF PE RVU: 5.14
2024 Fac PE RVU: 0.69

RUC Recommendation: 2.65 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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36478 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated**

Global: 000 **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2022 Medicare Utilization:** 32,008

2024 Work RVU: 5.30
2024 NF PE RVU: 22.57
2024 Fac PE RVU: 1.76

RUC Recommendation: 5.30 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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)**

Global: ZZZ **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2022 Medicare Utilization:** 3,645

2024 Work RVU: 2.65
2024 NF PE RVU: 5.78
2024 Fac PE RVU: 0.78

RUC Recommendation: 2.65 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 637

2024 Work RVU: 6.73
2024 NF PE RVU: 43.29
2024 Fac PE RVU: 2.00

RUC Recommendation: New PE Inputs

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

Result: PE Only

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 **2022 Medicare Utilization:** 333

2024 Work RVU: 2.00
2024 NF PE RVU:
2024 Fac PE RVU: 1.15

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

Result: Increase

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 **2022 Medicare Utilization:** 2,732

2024 Work RVU: 2.00
2024 NF PE RVU:
2024 Fac PE RVU: 1.00

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

Result: Increase

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 **2022 Medicare Utilization:** 208

2024 Work RVU: 2.00
2024 NF PE RVU:
2024 Fac PE RVU: 0.94

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

36514 **Therapeutic apheresis; for plasma pheresis**

Global: 000 **Issue:** Therapeutic Apheresis and Photopheresis **Screen:** CMS Request - Final Rule for 2016 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 11 **Specialty Developing Recommendation:** AAFP, ASCO, ASH, ASTCT, CAP, ES **First Identified:** January 2017 **2022 Medicare Utilization:** 21,488

2024 Work RVU: 1.81
2024 NF PE RVU: 17.98
2024 Fac PE RVU: 0.79

RUC Recommendation: PE Only. 1.81. CPT Assistant article published.

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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 and Photopheresis **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2016 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 11 **Specialty Developing Recommendation:** AAFP, ASCO, ASH, ASTCT, CAP, ES **First Identified:** October 2008 **2022 Medicare Utilization:** 1,105

2024 Work RVU: 1.56
2024 NF PE RVU: 51.39
2024 Fac PE RVU: 0.67

RUC Recommendation: PE Only. 1.56. CPT Assistant article published.

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 and Photopheresis **Screen:** CMS Request - Final Rule for 2016 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 11 **Specialty Developing Recommendation:** AAFP, ASCO, ASH, ASTCT, CAP, ES **First Identified:** January 2017 **2022 Medicare Utilization:** 6,661

2024 Work RVU: 1.75
2024 NF PE RVU: 38.04
2024 Fac PE RVU: 0.95

RUC Recommendation: PE Only. 1.75. CPT Assistant article published.

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 **2022 Medicare Utilization:** 24

2024 Work RVU: 1.93
2024 NF PE RVU: 3.51
2024 Fac PE RVU: 0.39

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 **2022 Medicare Utilization:** 340,702

2024 Work RVU: 1.75
2024 NF PE RVU: 4.37
2024 Fac PE RVU: 0.51

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

36557 **Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age**

Global: 010 **Issue:** Insertion of Tunneled Centrally Inserted Central Venous Catheter **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ACS, APSA, OEIS, SIR, SVS **First Identified:** April 2023 **2022 Medicare Utilization:** 38

2024 Work RVU: 4.89
2024 NF PE RVU: 28
2024 Fac PE RVU: 3.46

RUC Recommendation: Refer to CPT **Referred to CPT** Sep 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

36558 **Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older**

Global: 010 **Issue:** Insertion of Tunneled Centrally Inserted Central Venous Catheter **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ACS, APSA, OEIS, SIR, SVS **First Identified:** April 2023 **2022 Medicare Utilization:** 99,678

2024 Work RVU: 4.59
2024 NF PE RVU: 19.07
2024 Fac PE RVU: 2.40

RUC Recommendation: Refer to CPT **Referred to CPT** Sep 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

36560 **Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age**

Global: 010 **Issue:** Insertion of Tunneled Centrally Inserted Central Venous Catheter **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ACS, APSA, OEIS, SIR, SVS **First Identified:** April 2023 **2022 Medicare Utilization:** 13

2024 Work RVU: 6.04
2024 NF PE RVU: 28.84
2024 Fac PE RVU: 3.88

RUC Recommendation: Refer to CPT **Referred to CPT** Sep 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

Status Report: CMS Requests and Relativity Assessment Issues

36561 **Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older**

Global: 010 **Issue:** Insertion of Tunneled Centrally Inserted Central Venous Catheter **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ACS, APSA, OEIS, SIR, SVS **First Identified:** April 2023 **2022 Medicare Utilization:** 113,563

2024 Work RVU: 5.79
2024 NF PE RVU: 21.99
2024 Fac PE RVU: 3.06

RUC Recommendation: Refer to CPT **Referred to CPT** Sep 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

36563 **Insertion of tunneled centrally inserted central venous access device with subcutaneous pump**

Global: 010 **Issue:** Insertion of Tunneled Centrally Inserted Central Venous Catheter **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ACS, OEIS, SIR, SVS **First Identified:** April 2023 **2022 Medicare Utilization:** 202

2024 Work RVU: 5.99
2024 NF PE RVU: 25.09
2024 Fac PE RVU: 3.50

RUC Recommendation: Refer to CPT **Referred to CPT** Sep 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

36565 **Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)**

Global: 010 **Issue:** Insertion of Tunneled Centrally Inserted Central Venous Catheter **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ACS, OEIS, SIR, SVS **First Identified:** April 2023 **2022 Medicare Utilization:** 660

2024 Work RVU: 5.79
2024 NF PE RVU: 17.45
2024 Fac PE RVU: 2.94

RUC Recommendation: Refer to CPT **Referred to CPT** Sep 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

Status Report: CMS Requests and Relativity Assessment Issues

36566 **Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)**

Global: 010 **Issue:** Insertion of Tunneled Centrally Inserted Central Venous Catheter **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 12 **Specialty Developing Recommendation:** OEIS, SIR, SVS **First Identified:** April 2023 **2022 Medicare Utilization:** 297

2024 Work RVU: 6.29
2024 NF PE RVU: 116.57
2024 Fac PE RVU: 3.14

RUC Recommendation: Refer to CPT **Referred to CPT** Sep 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

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: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2016 **2022 Medicare Utilization:**

2024 Work RVU: 2.11
2024 NF PE RVU:
2024 Fac PE RVU: 0.34

RUC Recommendation: 2.11 **Referred to CPT** September 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** July 2015 **2022 Medicare Utilization:** 9,219

2024 Work RVU: 1.90
2024 NF PE RVU:
2024 Fac PE RVU: 0.60

RUC Recommendation: 1.90. **Referred to CPT** September 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2017 **2022 Medicare Utilization:** 17

2024 Work RVU: 1.82
2024 NF PE RVU: 8.97
2024 Fac PE RVU: 0.33

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

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

36573 **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: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2017 **2022 Medicare Utilization:** 58,842

2024 Work RVU: 1.70
2024 NF PE RVU: 9.39
2024 Fac PE RVU: 0.57

RUC Recommendation: 1.90 **Referred to CPT** **Result:** Decrease

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

36584 **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: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2016 **2022 Medicare Utilization:** 2,717

2024 Work RVU: 1.20
2024 NF PE RVU: 8.25
2024 Fac PE RVU: 0.39

RUC Recommendation: 1.47 **Referred to CPT** September 2017 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

36620 **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 **2022 Medicare Utilization:** 515,373

2024 Work RVU: 1.00
2024 NF PE RVU:
2024 Fac PE RVU: 0.21

RUC Recommendation: 1.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 2,970

2024 Work RVU: 12.39
2024 NF PE RVU:
2024 Fac PE RVU: 4.82

RUC Recommendation: 13.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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 **2022 Medicare Utilization:** 4,319

2024 Work RVU: 13.29
2024 NF PE RVU:
2024 Fac PE RVU: 4.85

RUC Recommendation: 15.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 888

2024 Work RVU: 13.07
2024 NF PE RVU:
2024 Fac PE RVU: 5.04

RUC Recommendation: 13.99 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 21,155

2024 Work RVU: 11.90
2024 NF PE RVU:
2024 Fac PE RVU: 4.56

RUC Recommendation: 11.90 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 1,140

2024 Work RVU: 14.17
2024 NF PE RVU:
2024 Fac PE RVU: 5.62

RUC Recommendation: 15.93

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

Result: Increase

36830 **Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)**

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 **2022 Medicare Utilization:** 12,221

2024 Work RVU: 12.03
2024 NF PE RVU:
2024 Fac PE RVU: 4.58

RUC Recommendation: 11.90

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

Result: Decrease

36834 **Deleted from CPT**

Global: **Issue:** Aneurysm Repair **Screen:** Site of Service Anomaly **Complete?** Yes

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

First Identified: September 2007 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

36870 **Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)**

Global: **Issue:** Dialysis Circuit -1 **Screen:** Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2007 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

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

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

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 **2022 Medicare Utilization:** 40,164

2024 Work RVU: 3.36

2024 NF PE RVU: 16.92

2024 Fac PE RVU: 1.03

RUC Recommendation: 3.36 **Referred to CPT** October 2015 **Result:** Decrease

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

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 **2022 Medicare Utilization:** 122,237

2024 Work RVU: 4.83
2024 NF PE RVU: 29.98
2024 Fac PE RVU: 1.44

RUC Recommendation: 4.83 **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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**

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 **2022 Medicare Utilization:** 12,740

2024 Work RVU: 6.39
2024 NF PE RVU: 117.09
2024 Fac PE RVU: 1.77

RUC Recommendation: 6.39 **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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);**

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 **2022 Medicare Utilization:** 2,202

2024 Work RVU: 7.50
2024 NF PE RVU: 44.54
2024 Fac PE RVU: 2.10

RUC Recommendation: 7.50 **Referred to CPT** October 2015 **Result:** Decrease

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

36905 **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**

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 **2022 Medicare Utilization:** 22,013

2024 Work RVU: 9.00
2024 NF PE RVU: 56.61
2024 Fac PE RVU: 2.63

RUC Recommendation: 9.00 **Referred to CPT** October 2015 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

36906 **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**

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 **2022 Medicare Utilization:** 8,498

2024 Work RVU: 10.42
2024 NF PE RVU: 146.55
2024 Fac PE RVU: 2.93

RUC Recommendation: 10.42 **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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36907 **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)**

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 **2022 Medicare Utilization:** 42,805

2024 Work RVU: 3.00
2024 NF PE RVU: 13.88
2024 Fac PE RVU: 0.80

RUC Recommendation: 3.00 **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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 **2022 Medicare Utilization:** 3,119

2024 Work RVU: 4.25
2024 NF PE RVU: 36.57
2024 Fac PE RVU: 1.07

RUC Recommendation: 4.25 **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 3,804

2024 Work RVU: 4.12
2024 NF PE RVU: 50.75
2024 Fac PE RVU: 1.06

RUC Recommendation: 4.12 **Referred to CPT** October 2015 **Result:** Decrease

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 **2022 Medicare Utilization:** 756

2024 Work RVU: 7.74
2024 NF PE RVU: 161.66
2024 Fac PE RVU: 2.31

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

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

37191 **Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2011 **2022 Medicare Utilization:** 20,415

2024 Work RVU: 4.46
2024 NF PE RVU: 54.11
2024 Fac PE RVU: 1.33

RUC Recommendation: 4.71 **Referred to CPT** February 2011 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

37192 **Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2011 **2022 Medicare Utilization:** 20

2024 Work RVU: 7.10
2024 NF PE RVU: 28.86
2024 Fac PE RVU: 1.20

RUC Recommendation: 8.00 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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37193 **Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2011 **2022 Medicare Utilization:** 5,734

2024 Work RVU: 7.10
2024 NF PE RVU: 35.84
2024 Fac PE RVU: 1.93

RUC Recommendation: 8.00 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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37201 **Transcatheter therapy, infusion for thrombolysis other than coronary**

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

37203 **Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter)**

Global:

Issue: Transcatheter Procedures

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: September 2011

Tab: 07

Specialty Developing Recommendation: ACC, ACR, SIR, SVS

First Identified: February 2010

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT June 2011

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

Result: Deleted from CPT

37204 **Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck**

Global:

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: ACC, ACR, SIR, SVS

First Identified: February 2010

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2013

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

Result: Deleted from CPT

37205 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel**

Global:

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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2013

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

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

37211 **Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 7,474

2024 Work RVU: 7.75

2024 NF PE RVU:

2024 Fac PE RVU: 2.06

RUC Recommendation: 8.00 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

37212 **Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 1,269

2024 Work RVU: 6.81
2024 NF PE RVU:
2024 Fac PE RVU: 1.84

RUC Recommendation: 7.06 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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37213 **Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 1,278

2024 Work RVU: 4.75
2024 NF PE RVU:
2024 Fac PE RVU: 1.16

RUC Recommendation: 5.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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37214 **Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 3,458

2024 Work RVU: 2.49
2024 NF PE RVU:
2024 Fac PE RVU: 0.61

RUC Recommendation: 3.04 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

Status Report: CMS Requests and Relativity Assessment Issues

37220 **Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACC, ACR, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 10,830

2024 Work RVU: 7.90
2024 NF PE RVU: 64.01
2024 Fac PE RVU: 2.00

RUC Recommendation: Refer to CPT. 8.15 **Referred to CPT** Sep 2024 **Result:** Decrease

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

37221 **Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACC, ACR, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 25,781

2024 Work RVU: 9.75
2024 NF PE RVU: 78.45
2024 Fac PE RVU: 2.38

RUC Recommendation: Refer to CPT. 10.00 **Referred to CPT** Sep 2024 **Result:** Decrease

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

37222 **Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACC, ACR, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 2,977

2024 Work RVU: 3.73
2024 NF PE RVU: 13.64
2024 Fac PE RVU: 0.84

RUC Recommendation: Refer to CPT. 3.73 **Referred to CPT** Sep 2024 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

37223 **Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACC, ACR, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 3,639

2024 Work RVU: 4.25
2024 NF PE RVU: 32.06
2024 Fac PE RVU: 0.93

RUC Recommendation: Refer to CPT. 4.25 **Referred to CPT** Sep 2024 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37224 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACC, ACR, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 27,252

2024 Work RVU: 8.75
2024 NF PE RVU: 74.89
2024 Fac PE RVU: 2.20

RUC Recommendation: Refer to CPT. 9.00 **Referred to CPT** Sep 2024 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACC, ACR, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 38,629

2024 Work RVU: 11.75
2024 NF PE RVU: 242.42
2024 Fac PE RVU: 3.12

RUC Recommendation: Refer to CPT. **Referred to CPT** Sep 2024 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACC, ACR, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 17,660

2024 Work RVU: 10.24
2024 NF PE RVU: 225.22
2024 Fac PE RVU: 2.52

RUC Recommendation: Refer to CPT. 10.49 **Referred to CPT** Sep 2024 **Result:** Decrease

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: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACC, ACR, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 19,666

2024 Work RVU: 14.25
2024 NF PE RVU: 310.49
2024 Fac PE RVU: 3.51

RUC Recommendation: Refer to CPT. 14.50 **Referred to CPT** Sep 2024 **Result:** Decrease

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

37228 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACC, ACR, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 27,661

2024 Work RVU: 10.75
2024 NF PE RVU: 108.21
2024 Fac PE RVU: 2.60

RUC Recommendation: Refer to CPT. 11.00 **Referred to CPT** Sep 2024 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

37229 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 / PE Screen - High Cost Supplies / High Volume Growth5 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACC, ACR, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 37,918

2024 Work RVU: 13.80
2024 NF PE RVU: 244.61
2024 Fac PE RVU: 3.56

RUC Recommendation: Refer to CPT. 14.05 **Referred to CPT** Sep 2024 **Result:** Decrease

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

37230 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACC, ACR, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 2,077

2024 Work RVU: 13.55
2024 NF PE RVU: 245.11
2024 Fac PE RVU: 3.65

RUC Recommendation: Refer to CPT. 13.80 **Referred to CPT** Sep 2024 **Result:** Decrease

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

37231 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACC, ACR, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 3,076

2024 Work RVU: 14.75
2024 NF PE RVU: 327.98
2024 Fac PE RVU: 3.92

RUC Recommendation: Refer to CPT. 15.00 **Referred to CPT** Sep 2024 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

37232 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACC, ACR, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 12,223

2024 Work RVU: 4.00
2024 NF PE RVU: 19.32
2024 Fac PE RVU: 0.97

RUC Recommendation: Refer to CPT. 4.00 **Referred to CPT** Sep 2024 **Result:** Decrease

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

37233 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACC, ACR, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 9,179

2024 Work RVU: 6.50
2024 NF PE RVU: 23.26
2024 Fac PE RVU: 1.61

RUC Recommendation: Refer to CPT. 6.50 **Referred to CPT** Sep 2024 **Result:** Decrease

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

37234 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACC, ACR, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 288

2024 Work RVU: 5.50
2024 NF PE RVU: 100
2024 Fac PE RVU: 1.50

RUC Recommendation: Refer to CPT. 5.50 **Referred to CPT** Sep 2024 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

37235 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACC, ACR, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 304

2024 Work RVU: 7.80
2024 NF PE RVU: 106.98
2024 Fac PE RVU: 1.79

RUC Recommendation: Refer to CPT. 7.80 **Referred to CPT** Sep 2024 **Result:** Decrease

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

37236 **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**

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 **2022 Medicare Utilization:** 9,863

2024 Work RVU: 8.75
2024 NF PE RVU: 70.03
2024 Fac PE RVU: 2.18

RUC Recommendation: 9.00 **Referred to CPT** February 2013 **Result:** Decrease

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

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 **2022 Medicare Utilization:** 1,094

2024 Work RVU: 4.25
2024 NF PE RVU: 32.73
2024 Fac PE RVU: 0.94

RUC Recommendation: 4.25 **Referred to CPT** February 2013 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 10,117

2024 Work RVU: 6.04
2024 NF PE RVU: 94.05
2024 Fac PE RVU: 1.70

RUC Recommendation: 6.29 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **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 **2022 Medicare Utilization:** 3,903

2024 Work RVU: 2.97
2024 NF PE RVU: 47.06
2024 Fac PE RVU: 0.82

RUC Recommendation: 3.34 **Referred to CPT** February 2013 **Result:** Decrease

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

37241 **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)**

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 **2022 Medicare Utilization:** 1,429

2024 Work RVU: 8.75
2024 NF PE RVU: 125.62
2024 Fac PE RVU: 2.39

RUC Recommendation: 9.00 **Referred to CPT** February 2013 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

37242 **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)**

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 **2022 Medicare Utilization:** 8,173

2024 Work RVU: 9.80
2024 NF PE RVU: 196.02
2024 Fac PE RVU: 2.50

RUC Recommendation: 11.98 **Referred to CPT** February 2013 **Result:** Decrease

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

37243 **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**

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 **2022 Medicare Utilization:** 14,498

2024 Work RVU: 11.74
2024 NF PE RVU: 238.31
2024 Fac PE RVU: 3.29

RUC Recommendation: 14.00 **Referred to CPT** February 2013 **Result:** Decrease

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

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 **2022 Medicare Utilization:** 13,397

2024 Work RVU: 13.75
2024 NF PE RVU: 176.71
2024 Fac PE RVU: 3.92

RUC Recommendation: 14.00 **Referred to CPT** February 2013 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 6,249

2024 Work RVU: 7.00
2024 NF PE RVU: 45.02
2024 Fac PE RVU: 1.83

RUC Recommendation: 7.00 **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 686

2024 Work RVU: 3.50
2024 NF PE RVU: 13.16
2024 Fac PE RVU: 0.87

RUC Recommendation: 3.50 **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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37248 **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**

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 **2022 Medicare Utilization:** 12,112

2024 Work RVU: 6.00
2024 NF PE RVU: 32.86
2024 Fac PE RVU: 1.74

RUC Recommendation: 6.00 **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

Status Report: CMS Requests and Relativity Assessment Issues

37249 **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)**

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 **2022 Medicare Utilization:** 3,705

2024 Work RVU: 2.97
2024 NF PE RVU: 9.51
2024 Fac PE RVU: 0.74

RUC Recommendation: 2.97 **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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37250 **Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial 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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

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 **2022 Medicare Utilization:** 69,562

2024 Work RVU: 1.80
2024 NF PE RVU: 25.7
2024 Fac PE RVU: 0.44

RUC Recommendation: 1.80 **Referred to CPT** October 2014 **Result:** Decrease

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 **2022 Medicare Utilization:** 106,729

2024 Work RVU: 1.44
2024 NF PE RVU: 3.41
2024 Fac PE RVU: 0.35

RUC Recommendation: 1.44 **Referred to CPT** October 2014 **Result:** Decrease

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

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 **2022 Medicare Utilization:** 9,940

2024 Work RVU: 3.05
2024 NF PE RVU: 5.65
2024 Fac PE RVU: 2.42

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

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 **2022 Medicare Utilization:** 14

2024 Work RVU: 30.00
2024 NF PE RVU:
2024 Fac PE RVU: 13.78

RUC Recommendation: 37.60 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

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 **2022 Medicare Utilization:** 38

2024 Work RVU: 10.78
2024 NF PE RVU:
2024 Fac PE RVU: 3.54

RUC Recommendation: 10.69 **Referred to CPT** February 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 223

2024 Work RVU: 9.13
2024 NF PE RVU:
2024 Fac PE RVU: 4.55

RUC Recommendation: 9.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

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 **2022 Medicare Utilization:** 10,636

2024 Work RVU: 4.80
2024 NF PE RVU: 6.66
2024 Fac PE RVU: 2.09

RUC Recommendation: 4.80 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

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 **2022 Medicare Utilization:** 7,773

2024 Work RVU: 6.00
2024 NF PE RVU: 7.41
2024 Fac PE RVU: 2.43

RUC Recommendation: 6.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

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 **2022 Medicare Utilization:** 810

2024 Work RVU: 3.93
2024 NF PE RVU: 5.55
2024 Fac PE RVU: 2.68

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

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 4,284

2024 Work RVU: 1.20
2024 NF PE RVU: 3.42
2024 Fac PE RVU: 0.69

RUC Recommendation: 1.20 **Referred to CPT** February 2016 **Result:** Decrease

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 **2022 Medicare Utilization:** 6,771

2024 Work RVU: 1.28
2024 NF PE RVU: 3.5
2024 Fac PE RVU: 0.70

RUC Recommendation: 1.28 **Referred to CPT** February 2016 **Result:** Decrease

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 / Different Performing Specialty from Survey5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ASCO, ASH, CAP ASBMT **First Identified:** February 2016 **2022 Medicare Utilization:** 116,990

2024 Work RVU: 1.44
2024 NF PE RVU: 3.7
2024 Fac PE RVU: 0.66

RUC Recommendation: 1.44 **Referred to CPT** February 2016 **Result:** Decrease

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:** Needle Biopsy of Lymph Nodes **Screen:** Harvard Valued - Utilization over 30,000-Part4 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2019 **2022 Medicare Utilization:** 35,416

2024 Work RVU: 1.59
2024 NF PE RVU: 3.46
2024 Fac PE RVU: 0.78

RUC Recommendation: 1.59 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

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 **2022 Medicare Utilization:** 459

2024 Work RVU: 7.95
2024 NF PE RVU:
2024 Fac PE RVU: 6.47

RUC Recommendation: 7.85 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

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 **2022 Medicare Utilization:** 7,249

2024 Work RVU: 8.49
2024 NF PE RVU:
2024 Fac PE RVU: 5.55

RUC Recommendation: 9.34 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

Status Report: CMS Requests and Relativity Assessment Issues

38571 **Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy**

Global: 010 **Issue:** Laparoscopy Lymphadenectomy **Screen:** CMS Fastest Growing / 010-Day Global Post-Operative Visits / Site of Service Anomaly - 2023 / Codes Reported Together 75% or More-Part6 **Complete?** No

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

First Identified: October 2008 **2022 Medicare Utilization:** 17,170

2024 Work RVU: 12.00
2024 NF PE RVU:
2024 Fac PE RVU: 6.21

RUC Recommendation: Refer to CPT to bundle. 12.00

Referred to CPT May 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

38572 **Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic 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:** ACOG

First Identified: January 2014 **2022 Medicare Utilization:** 1,419

2024 Work RVU: 15.60
2024 NF PE RVU:
2024 Fac PE RVU: 8.86

RUC Recommendation: 15.60

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

Result: Decrease

38792 **Injection procedure; radioactive tracer for identification of sentinel node**

Global: 000 **Issue:** Radioactive Tracer **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 23 **Specialty Developing Recommendation:**

First Identified: April 2017 **2022 Medicare Utilization:** 28,784

2024 Work RVU: 0.65
2024 NF PE RVU: 1.74
2024 Fac PE RVU: 0.22

RUC Recommendation: 0.65

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

39400 **Mediastinoscopy, includes biopsy(ies), when performed**

Global: **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 08 **Specialty Developing Recommendation:** STS **First Identified:** January 2014 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

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

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 RUC Meeting: January 2015 **Tab:** 08 **Specialty Developing Recommendation:** STS **First Identified:** October 2014 **2022 Medicare Utilization:** 238

2024 Work RVU: 5.44
2024 NF PE RVU:
2024 Fac PE RVU: 2.38

RUC Recommendation: 5.44 **Referred to CPT** October 2014 **Result:** Decrease

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 RUC Meeting: January 2015 **Tab:** 08 **Specialty Developing Recommendation:** STS **First Identified:** October 2014 **2022 Medicare Utilization:** 2,102

2024 Work RVU: 7.25
2024 NF PE RVU:
2024 Fac PE RVU: 2.88

RUC Recommendation: 7.50 **Referred to CPT** October 2014 **Result:** Increase

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

40490 **Biopsy of lip**

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

Most Recent RUC Meeting: September 2011 **Tab:** 21 **Specialty Developing Recommendation:** AAO-HNS, AAD **First Identified:** April 2011 **2022 Medicare Utilization:** 27,498

2024 Work RVU: 1.22
2024 NF PE RVU: 2.33
2024 Fac PE RVU: 0.71

RUC Recommendation: 1.22 **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

40650 **Repair lip, full thickness; vermilion only**

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 **2022 Medicare Utilization:** 309

2024 Work RVU: 3.78
2024 NF PE RVU: 10.06
2024 Fac PE RVU: 5.10

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT**
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2016 **Result:** PE Only

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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 **2022 Medicare Utilization:** 2,729

2024 Work RVU: 1.23
2024 NF PE RVU: 4.72
2024 Fac PE RVU: 2.22

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

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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 **2022 Medicare Utilization:** 1,050

2024 Work RVU: 2.63
2024 NF PE RVU: 5.87
2024 Fac PE RVU: 3.08

RUC Recommendation: Maintain. Reduced 99238 to 0.5 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** PE Only

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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 **2022 Medicare Utilization:** 9,065

2024 Work RVU: 1.05
2024 NF PE RVU: 3.92
2024 Fac PE RVU: 1.51

RUC Recommendation: 1.05 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Increase

---

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 **2022 Medicare Utilization:** 6,982

2024 Work RVU: 2.37
2024 NF PE RVU: 5.7
2024 Fac PE RVU: 2.85

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

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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 **2022 Medicare Utilization:** 1,304

2024 Work RVU: 1.34
2024 NF PE RVU: 6.31
2024 Fac PE RVU: 3.53

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

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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 **2022 Medicare Utilization:** 100

2024 Work RVU: 3.50
2024 NF PE RVU: 23.34
2024 Fac PE RVU: 7.36

RUC Recommendation: 3.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 398

2024 Work RVU: 9.78
2024 NF PE RVU:
2024 Fac PE RVU: 9.57

RUC Recommendation: 9.63 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

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 **2022 Medicare Utilization:** 4,610

2024 Work RVU: 17.16
2024 NF PE RVU:
2024 Fac PE RVU: 12.17

RUC Recommendation: 18.12 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **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 **2022 Medicare Utilization:** 1,320

2024 Work RVU: 19.53
2024 NF PE RVU:
2024 Fac PE RVU: 13.25

RUC Recommendation: 21.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 1,504

2024 Work RVU: 6.14
2024 NF PE RVU:
2024 Fac PE RVU: 5.55

RUC Recommendation: 7.13 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 2,124

2024 Work RVU: 2.49
2024 NF PE RVU:
2024 Fac PE RVU: 1.79

RUC Recommendation: 2.78 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 201

2024 Work RVU: 2.79
2024 NF PE RVU:
2024 Fac PE RVU: 1.89

RUC Recommendation: 3.21 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

43193 **Esophagoscopy, rigid, 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, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 201

2024 Work RVU: 2.79
2024 NF PE RVU:
2024 Fac PE RVU: 1.87

RUC Recommendation: 3.36 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

43194 **Esophagoscopy, rigid, transoral; with removal of foreign body(s)**

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 **2022 Medicare Utilization:** 106

2024 Work RVU: 3.51
2024 NF PE RVU:
2024 Fac PE RVU: 1.61

RUC Recommendation: 3.99 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

43195 **Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)**

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

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 561

2024 Work RVU: 3.07
2024 NF PE RVU:
2024 Fac PE RVU: 2.02

RUC Recommendation: 3.21 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

43196 **Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire**

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

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 324

2024 Work RVU: 3.31
2024 NF PE RVU:
2024 Fac PE RVU: 2.10

RUC Recommendation: 3.36 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

43197 **Esophagoscopy, flexible, transnasal; 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, AGA **First Identified:** September 2011 **2022 Medicare Utilization:** 1,115

2024 Work RVU: 1.52
2024 NF PE RVU: 3.96
2024 Fac PE RVU: 0.68

RUC Recommendation: 1.59 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43198 **Esophagoscopy, flexible, transnasal; 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, ASGE, SAGES, AGA **First Identified:** September 2011 **2022 Medicare Utilization:** 282

2024 Work RVU: 1.82
2024 NF PE RVU: 4.27
2024 Fac PE RVU: 0.84

RUC Recommendation: 1.89 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43200 **Esophagoscopy, flexible, 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, AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 3,562

2024 Work RVU: 1.42
2024 NF PE RVU: 6.26
2024 Fac PE RVU: 0.98

RUC Recommendation: 1.59 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 170

2024 Work RVU: 1.72
2024 NF PE RVU: 5.83
2024 Fac PE RVU: 1.12

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 **2022 Medicare Utilization:** 1,704

2024 Work RVU: 1.72
2024 NF PE RVU: 8.71
2024 Fac PE RVU: 1.11

RUC Recommendation: 1.89 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 5

2024 Work RVU: 2.33
2024 NF PE RVU:
2024 Fac PE RVU: 1.39

RUC Recommendation: 2.89 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 76

2024 Work RVU: 2.44
2024 NF PE RVU:
2024 Fac PE RVU: 1.44

RUC Recommendation: 3.00 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 15

2024 Work RVU: 2.29
2024 NF PE RVU: 6.54
2024 Fac PE RVU: 1.37

RUC Recommendation: 2.39 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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43211 **Esophagoscopy, flexible, transoral; with endoscopic mucosal resection**

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 **2022 Medicare Utilization:** 81

2024 Work RVU: 4.20
2024 NF PE RVU:
2024 Fac PE RVU: 2.23

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

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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 RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 488

2024 Work RVU: 3.40
2024 NF PE RVU:
2024 Fac PE RVU: 1.63

RUC Recommendation: 3.73 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 143

2024 Work RVU: 4.63
2024 NF PE RVU: 31
2024 Fac PE RVU: 2.31

RUC Recommendation: 5.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

43214 **Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, 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 **2022 Medicare Utilization:** 193

2024 Work RVU: 3.40
2024 NF PE RVU:
2024 Fac PE RVU: 1.83

RUC Recommendation: 3.78 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43215 **Esophagoscopy, flexible, transoral; with removal of foreign body(s)**

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 **2022 Medicare Utilization:** 660

2024 Work RVU: 2.44
2024 NF PE RVU: 8.93
2024 Fac PE RVU: 1.37

RUC Recommendation: 2.60 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43216 **Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

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 **2022 Medicare Utilization:** 216

2024 Work RVU: 2.30
2024 NF PE RVU: 9.65
2024 Fac PE RVU: 1.38

RUC Recommendation: 2.40 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43217 **Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

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

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 29

2024 Work RVU: 2.80
2024 NF PE RVU: 9.46
2024 Fac PE RVU: 1.60

RUC Recommendation: 2.90 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43219 **Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent**

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** 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 **2022 Medicare Utilization:** 1,664

2024 Work RVU: 2.00
2024 NF PE RVU: 24.43
2024 Fac PE RVU: 1.23

RUC Recommendation: 2.10 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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43226 **Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire**

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

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 1,280

2024 Work RVU: 2.24
2024 NF PE RVU: 8.95
2024 Fac PE RVU: 1.27

RUC Recommendation: 2.34 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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43227 **Esophagoscopy, flexible, transoral; with control of bleeding, any method**

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 **2022 Medicare Utilization:** 115

2024 Work RVU: 2.89
2024 NF PE RVU: 14.48
2024 Fac PE RVU: 1.62

RUC Recommendation: 3.26 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 **2022 Medicare Utilization:** 1,235

2024 Work RVU: 3.49
2024 NF PE RVU: 17.23
2024 Fac PE RVU: 1.88

RUC Recommendation: 3.72 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 568

2024 Work RVU: 2.80
2024 NF PE RVU:
2024 Fac PE RVU: 1.53

RUC Recommendation: 3.19 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 286

2024 Work RVU: 3.59
2024 NF PE RVU:
2024 Fac PE RVU: 1.87

RUC Recommendation: 3.83 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 1,079

2024 Work RVU: 4.07
2024 NF PE RVU:
2024 Fac PE RVU: 2.07

RUC Recommendation: 4.45 **Referred to CPT** October 2012 **Result:** Decrease
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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
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 **2022 Medicare Utilization:** 241,095

2024 Work RVU: 2.09
2024 NF PE RVU: 6.28
2024 Fac PE RVU: 1.28

RUC Recommendation: 2.26 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43236 **Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2008 **2022 Medicare Utilization:** 13,129

2024 Work RVU: 2.39
2024 NF PE RVU: 9.33
2024 Fac PE RVU: 1.41

RUC Recommendation: 2.57 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Apr 2009 and Jun 2010

43237 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures**

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 **2022 Medicare Utilization:** 18,516

2024 Work RVU: 3.47
2024 NF PE RVU:
2024 Fac PE RVU: 1.90

RUC Recommendation: 3.85 **Referred to CPT** February 2013 **Result:** Decrease

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

43238 **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)**

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 **2022 Medicare Utilization:** 15,935

2024 Work RVU: 4.16
2024 NF PE RVU:
2024 Fac PE RVU: 2.20

RUC Recommendation: 4.50 **Referred to CPT** February 2013 **Result:** Decrease

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

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 **2022 Medicare Utilization:** 1,190,694

2024 Work RVU: 2.39
2024 NF PE RVU: 8.59
2024 Fac PE RVU: 1.41

RUC Recommendation: 2.39 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 1,137

2024 Work RVU: 7.15
2024 NF PE RVU:
2024 Fac PE RVU: 3.54

RUC Recommendation: 7.25 **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2022 Medicare Utilization:** 4,116

2024 Work RVU: 2.49
2024 NF PE RVU:
2024 Fac PE RVU: 1.39

RUC Recommendation: 2.59 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

43242 **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)**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** October 2008 **2022 Medicare Utilization:** 23,327

2024 Work RVU: 4.73
2024 NF PE RVU:
2024 Fac PE RVU: 2.46

RUC Recommendation: 5.39 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2009

43243 **Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices**

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

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 360

2024 Work RVU: 4.27
2024 NF PE RVU:
2024 Fac PE RVU: 2.17

RUC Recommendation: 4.37 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43244 **Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices**

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

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 17,560

2024 Work RVU: 4.40
2024 NF PE RVU:
2024 Fac PE RVU: 2.31

RUC Recommendation: 4.50 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43245 **Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)**

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

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 12,033

2024 Work RVU: 3.08
2024 NF PE RVU: 14.2
2024 Fac PE RVU: 1.67

RUC Recommendation: 3.18 **Referred to CPT** October 2012 **Result:** Maintain

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

43246 **Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube**

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 **2022 Medicare Utilization:** 54,284

2024 Work RVU: 3.56
2024 NF PE RVU:
2024 Fac PE RVU: 1.81

RUC Recommendation: 4.32 **Referred to CPT** October 2012 **Result:** Maintain

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

43247 **Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)**

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 **2022 Medicare Utilization:** 22,490

2024 Work RVU: 3.11
2024 NF PE RVU: 7.98
2024 Fac PE RVU: 1.71

RUC Recommendation: 3.27 **Referred to CPT** October 2012 **Result:** Decrease

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

43248 **Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire**

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 **2022 Medicare Utilization:** 86,763

2024 Work RVU: 2.91
2024 NF PE RVU: 9.11
2024 Fac PE RVU: 1.64

RUC Recommendation: 3.01 **Referred to CPT** October 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

43249 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)**

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 **2022 Medicare Utilization:** 114,199

2024 Work RVU: 2.67
2024 NF PE RVU: 29.03
2024 Fac PE RVU: 1.53

RUC Recommendation: 2.77 **Referred to CPT** October 2012 **Result:** Decrease

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

43250 **Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

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 **2022 Medicare Utilization:** 2,839

2024 Work RVU: 2.97
2024 NF PE RVU: 10.05
2024 Fac PE RVU: 1.63

RUC Recommendation: 3.07 **Referred to CPT** October 2012 **Result:** Decrease

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

43251 **Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

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 **2022 Medicare Utilization:** 39,239

2024 Work RVU: 3.47
2024 NF PE RVU: 10.9
2024 Fac PE RVU: 1.89

RUC Recommendation: 3.57 **Referred to CPT** October 2012 **Result:** Decrease

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

43253 **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)**

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:** February 2012 **2022 Medicare Utilization:** 1,982

2024 Work RVU: 4.73
2024 NF PE RVU:
2024 Fac PE RVU: 2.45

RUC Recommendation: 5.39 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43254 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection**

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 **2022 Medicare Utilization:** 5,670

2024 Work RVU: 4.87
2024 NF PE RVU:
2024 Fac PE RVU: 2.51

RUC Recommendation: 5.25 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43255 **Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method**

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

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 52,448

2024 Work RVU: 3.56
2024 NF PE RVU: 14.71
2024 Fac PE RVU: 1.93

RUC Recommendation: 4.20 **Referred to CPT** October 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

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 **2022 Medicare Utilization:** 103

2024 Work RVU: 4.15
2024 NF PE RVU:
2024 Fac PE RVU: 2.15

RUC Recommendation: 4.25 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

43259 **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**

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

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** October 2008 **2022 Medicare Utilization:** 28,838

2024 Work RVU: 4.04
2024 NF PE RVU:
2024 Fac PE RVU: 2.15

RUC Recommendation: 4.74 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2009

43260 **Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

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 **2022 Medicare Utilization:** 3,498

2024 Work RVU: 5.85
2024 NF PE RVU:
2024 Fac PE RVU: 2.95

RUC Recommendation: 5.95 **Referred to CPT** February 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43261 **Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple**

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 **2022 Medicare Utilization:** 6,123

2024 Work RVU: 6.15
2024 NF PE RVU:
2024 Fac PE RVU: 3.08

RUC Recommendation: 6.25 **Referred to CPT** January 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43262 **Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy**

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 **2022 Medicare Utilization:** 24,597

2024 Work RVU: 6.50
2024 NF PE RVU:
2024 Fac PE RVU: 3.24

RUC Recommendation: 6.60 **Referred to CPT** January 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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43263 **Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi**

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 **2022 Medicare Utilization:** 15

2024 Work RVU: 6.50
2024 NF PE RVU:
2024 Fac PE RVU: 3.25

RUC Recommendation: 7.28 **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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43264 **Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)**

Global: 000 **Issue:** ERCP **Screen:** Harvard Valued - Utilization over 30,000 / MPC List / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** April 2011 **2022 Medicare Utilization:** 51,524

2024 Work RVU: 6.63
2024 NF PE RVU:
2024 Fac PE RVU: 3.30

RUC Recommendation: 6.73 **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

43265 **Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)**

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 **2022 Medicare Utilization:** 2,139

2024 Work RVU: 7.93
2024 NF PE RVU:
2024 Fac PE RVU: 3.87

RUC Recommendation: 8.03 **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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43266 **Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (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 **2022 Medicare Utilization:** 5,751

2024 Work RVU: 3.92
2024 NF PE RVU:
2024 Fac PE RVU: 1.98

RUC Recommendation: 4.40 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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43267 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube**

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 **2022 Medicare Utilization:** 17,190

2024 Work RVU: 4.01
2024 NF PE RVU: 17.29
2024 Fac PE RVU: 2.13

RUC Recommendation: 4.39 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

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 **2022 Medicare Utilization:** 7,021

2024 Work RVU: 2.24
2024 NF PE RVU:
2024 Fac PE RVU: 1.00

RUC Recommendation: 2.24 **Referred to CPT** February 2013 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

43274 **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**

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 **2022 Medicare Utilization:** 39,080

2024 Work RVU: 8.48
2024 NF PE RVU:
2024 Fac PE RVU: 4.11

RUC Recommendation: 8.74 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43275 **Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)**

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 **2022 Medicare Utilization:** 12,813

2024 Work RVU: 6.86
2024 NF PE RVU:
2024 Fac PE RVU: 3.40

RUC Recommendation: 6.96 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

43276 **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**

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 **2022 Medicare Utilization:** 15,738

2024 Work RVU: 8.84
2024 NF PE RVU:
2024 Fac PE RVU: 4.27

RUC Recommendation: 9.10 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 5,248

2024 Work RVU: 6.90
2024 NF PE RVU:
2024 Fac PE RVU: 3.42

RUC Recommendation: 7.11 **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 443

2024 Work RVU: 7.92
2024 NF PE RVU:
2024 Fac PE RVU: 3.87

RUC Recommendation: 8.08 **Referred to CPT** February 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 54,759

2024 Work RVU: 1.28
2024 NF PE RVU: 4.18
2024 Fac PE RVU: 0.93

RUC Recommendation: 1.30 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 1,055

2024 Work RVU: 1.41
2024 NF PE RVU: 22.13
2024 Fac PE RVU: 0.98

RUC Recommendation: 1.51 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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43456 **Dilation of esophagus, by balloon or dilator, retrograde**

Global: **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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

43458 **Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia**

Global: **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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

43760 **Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance**

Global: **Issue:** Gastrostomy Tube Replacement **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACEP, ACG, ACS, AGA, ASGE **First Identified:** July 2016 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

43762 **Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract**

Global: 000 **Issue:** Gastrostomy Tube Replacement **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 20 **Specialty Developing Recommendation:** ACEP, ACG, ACS, AGA, ASGE **First Identified:** September 2017 **2022 Medicare Utilization:** 44,809

2024 Work RVU: 0.75
2024 NF PE RVU: 5.87
2024 Fac PE RVU: 0.22

RUC Recommendation: 0.75. CPT Assistant article **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** June 2022 **Result:** Decrease

Status Report: CMS Requests and Relativity Assessment Issues

43763 **Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract**

Global: 000 **Issue:** Gastrostomy Tube Replacement **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 20 **Specialty Developing Recommendation:** ACEP, ACG, ACS, AGA, ASGE **First Identified:** September 2017 **2022 Medicare Utilization:** 2,091

2024 Work RVU: 1.41
2024 NF PE RVU: 8.32
2024 Fac PE RVU: 0.93

RUC Recommendation: 1.41. CPT Assistant article.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** June 2022

Result: Decrease

44143 **Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)**

Global: 090 **Issue:** RAW **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 54 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2022 Medicare Utilization:** 8,038

2024 Work RVU: 27.79
2024 NF PE RVU:
2024 Fac PE RVU: 15.00

RUC Recommendation: 99214 visit appropriate. Remove from screen.

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

Result: Remove from Screen

44205 **Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACS, ASCRS **First Identified:** October 2008 **2022 Medicare Utilization:** 10,367

2024 Work RVU: 22.95
2024 NF PE RVU:
2024 Fac PE RVU: 12.02

RUC Recommendation: Remove from screen

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

Result: Remove from Screen

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 **2022 Medicare Utilization:** 8,494

2024 Work RVU: 31.92
2024 NF PE RVU:
2024 Fac PE RVU: 15.55

RUC Recommendation: Remove from screen

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

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 1,458

2024 Work RVU: 0.87
2024 NF PE RVU: 4.93
2024 Fac PE RVU: 0.73

RUC Recommendation: 0.97 **Referred to CPT** May 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 134

2024 Work RVU: 1.38
2024 NF PE RVU: 27.57
2024 Fac PE RVU: 0.96

RUC Recommendation: 1.48 **Referred to CPT** May 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 1,204

2024 Work RVU: 1.17
2024 NF PE RVU: 7.61
2024 Fac PE RVU: 0.88

RUC Recommendation: 1.27 **Referred to CPT** May 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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44383 **Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)**

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

Most Recent RUC Meeting: October 2013 **Tab:** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

Status Report: CMS Requests and Relativity Assessment Issues

44384 **Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)**

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 **2022 Medicare Utilization:** 61

2024 Work RVU: 2.85
2024 NF PE RVU:
2024 Fac PE RVU: 1.30

RUC Recommendation: 3.11 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44385 **Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

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 **2022 Medicare Utilization:** 914

2024 Work RVU: 1.20
2024 NF PE RVU: 5.12
2024 Fac PE RVU: 0.80

RUC Recommendation: 1.30 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44386 **Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); 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 **2022 Medicare Utilization:** 1,755

2024 Work RVU: 1.50
2024 NF PE RVU: 7.61
2024 Fac PE RVU: 0.96

RUC Recommendation: 1.60 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 3,230

2024 Work RVU: 2.72
2024 NF PE RVU: 6.35
2024 Fac PE RVU: 1.49

RUC Recommendation: 2.82 **Referred to CPT** October 2013 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 2,137

2024 Work RVU: 3.02
2024 NF PE RVU: 8.91
2024 Fac PE RVU: 1.65

RUC Recommendation: 3.12 **Referred to CPT** October 2013 **Result:** Decrease

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

44390 **Colonoscopy through stoma; with removal of foreign body(s)**

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 **2022 Medicare Utilization:** 22

2024 Work RVU: 3.74
2024 NF PE RVU: 7.94
2024 Fac PE RVU: 2.02

RUC Recommendation: 3.82 **Referred to CPT** October 2013 **Result:** Maintain

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

44391 **Colonoscopy through stoma; with control of bleeding, any method**

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 **2022 Medicare Utilization:** 152

2024 Work RVU: 4.12
2024 NF PE RVU: 14.45
2024 Fac PE RVU: 2.17

RUC Recommendation: 4.22 **Referred to CPT** October 2013 **Result:** Decrease

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

44392 **Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

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 **2022 Medicare Utilization:** 209

2024 Work RVU: 3.53
2024 NF PE RVU: 7.55
2024 Fac PE RVU: 1.78

RUC Recommendation: 3.63 **Referred to CPT** October 2013 **Result:** Decrease

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

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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 **2022 Medicare Utilization:** 1,836

2024 Work RVU: 4.03
2024 NF PE RVU: 8.56
2024 Fac PE RVU: 2.08

RUC Recommendation: 4.13 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

44401 **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)**

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 **2022 Medicare Utilization:** 59

2024 Work RVU: 4.34
2024 NF PE RVU: 65.33
2024 Fac PE RVU: 2.29

RUC Recommendation: 4.44 **Referred to CPT** October 2013 **Result:** Decrease

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

44402 **Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, 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 **2022 Medicare Utilization:** 8

2024 Work RVU: 4.70
2024 NF PE RVU:
2024 Fac PE RVU: 2.45

RUC Recommendation: 4.96 **Referred to CPT** October 2013 **Result:** Decrease

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

44403 **Colonoscopy through stoma; with endoscopic mucosal resection**

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 **2022 Medicare Utilization:** 60

2024 Work RVU: 5.50
2024 NF PE RVU:
2024 Fac PE RVU: 2.80

RUC Recommendation: 5.81 **Referred to CPT** October 2013 **Result:** Decrease

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

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 **2022 Medicare Utilization:** 171

2024 Work RVU: 3.02
2024 NF PE RVU: 9.18
2024 Fac PE RVU: 1.65

RUC Recommendation: 3.13 **Referred to CPT** October 2013 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 50

2024 Work RVU: 3.23
2024 NF PE RVU: 12.97
2024 Fac PE RVU: 1.79

RUC Recommendation: 3.33 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:**

2024 Work RVU: 4.10
2024 NF PE RVU:
2024 Fac PE RVU: 2.18

RUC Recommendation: 4.41 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:**

2024 Work RVU: 4.96
2024 NF PE RVU:
2024 Fac PE RVU: 2.56

RUC Recommendation: 5.06 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 44

2024 Work RVU: 4.14
2024 NF PE RVU:
2024 Fac PE RVU: 2.20

RUC Recommendation: 4.24 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

44970 **Laparoscopy, surgical, appendectomy**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACS **First Identified:** October 2008 **2022 Medicare Utilization:** 19,437

2024 Work RVU: 9.45
2024 NF PE RVU:
2024 Fac PE RVU: 6.39

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
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 RUC Meeting: February 2009 **Tab:** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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:**

Status Report: CMS Requests and Relativity Assessment Issues

45171 **Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)**

Global: 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2022 Medicare Utilization:** 2,047

2024 Work RVU: 8.13
2024 NF PE RVU:
2024 Fac PE RVU: 8.92

RUC Recommendation: 8.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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45172 **Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)**

Global: 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2022 Medicare Utilization:** 1,666

2024 Work RVU: 12.13
2024 NF PE RVU:
2024 Fac PE RVU: 10.47

RUC Recommendation: 12.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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45300 **Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)**

Global: 000 **Issue:** Diagnostic Proctosigmoidoscopy - Rigid **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 13 **Specialty Developing Recommendation:** ACS, ASCRS, SAGES **First Identified:** July 2016 **2022 Medicare Utilization:** 15,380

2024 Work RVU: 0.80
2024 NF PE RVU: 2.92
2024 Fac PE RVU: 0.51

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

Status Report: CMS Requests and Relativity Assessment Issues

45330 **Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** Harvard Valued - Utilization over 30,000 / MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** April 2011 **2022 Medicare Utilization:** 39,725

2024 Work RVU: 0.84
2024 NF PE RVU: 4.63
2024 Fac PE RVU: 0.73

RUC Recommendation: 0.84 **Referred to CPT** May 2013 **Result:** Decrease

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

45331 **Sigmoidoscopy, flexible; with biopsy, single or multiple**

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

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 28,532

2024 Work RVU: 1.14
2024 NF PE RVU: 7.29
2024 Fac PE RVU: 0.86

RUC Recommendation: 1.14 **Referred to CPT** May 2013 **Result:** Decrease

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

45332 **Sigmoidoscopy, flexible; with removal of foreign body(s)**

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 **2022 Medicare Utilization:** 281

2024 Work RVU: 1.76
2024 NF PE RVU: 6.32
2024 Fac PE RVU: 1.13

RUC Recommendation: 1.85 **Referred to CPT** May 2013 **Result:** Decrease

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

45333 **Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

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 **2022 Medicare Utilization:** 467

2024 Work RVU: 1.55
2024 NF PE RVU: 8.04
2024 Fac PE RVU: 1.01

RUC Recommendation: 1.65 **Referred to CPT** May 2013 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

45334 **Sigmoidoscopy, flexible; with control of bleeding, any method** **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 **2022 Medicare Utilization:** 2,918

2024 Work RVU: 2.00
2024 NF PE RVU: 12.44
2024 Fac PE RVU: 1.24

RUC Recommendation: 2.10 **Referred to CPT** May 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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45335 **Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance** **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 **2022 Medicare Utilization:** 2,482

2024 Work RVU: 1.04
2024 NF PE RVU: 7.53
2024 Fac PE RVU: 0.81

RUC Recommendation: 1.15 **Referred to CPT** May 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 1,620

2024 Work RVU: 2.10
2024 NF PE RVU:
2024 Fac PE RVU: 1.01

RUC Recommendation: 2.20 **Referred to CPT** May 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 4,729

2024 Work RVU: 2.05
2024 NF PE RVU: 6.66
2024 Fac PE RVU: 1.25

RUC Recommendation: 2.15 **Referred to CPT** May 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 929

2024 Work RVU: 1.25
2024 NF PE RVU: 12.18
2024 Fac PE RVU: 0.90

RUC Recommendation: 1.35 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 1,784

2024 Work RVU: 2.12
2024 NF PE RVU:
2024 Fac PE RVU: 1.30

RUC Recommendation: 2.43 **Referred to CPT** October 2013 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

45342 **Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)**

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 **2022 Medicare Utilization:** 370

2024 Work RVU: 2.98
2024 NF PE RVU:
2024 Fac PE RVU: 1.66

RUC Recommendation: 3.08 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45345 **Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)**

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

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) (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 **2022 Medicare Utilization:** 886

2024 Work RVU: 2.81
2024 NF PE RVU: 64.69
2024 Fac PE RVU: 1.58

RUC Recommendation: 2.97 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 532

2024 Work RVU: 2.72
2024 NF PE RVU:
2024 Fac PE RVU: 1.50

RUC Recommendation: 2.98 **Referred to CPT** May 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 636

2024 Work RVU: 3.52
2024 NF PE RVU:
2024 Fac PE RVU: 1.91

RUC Recommendation: 3.83 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 1,100

2024 Work RVU: 1.68
2024 NF PE RVU: 18.07
2024 Fac PE RVU: 1.09

RUC Recommendation: 1.78 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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45355 **Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple**
Global: **Issue:** Colonoscopy via stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 252,515

2024 Work RVU: 3.26
2024 NF PE RVU: 6.51
2024 Fac PE RVU: 1.77

RUC Recommendation: 3.36 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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45379 **Colonoscopy, flexible; with removal of foreign body(s)**
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 **2022 Medicare Utilization:** 850

2024 Work RVU: 4.28
2024 NF PE RVU: 8.21
2024 Fac PE RVU: 2.23

RUC Recommendation: 4.37 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

45380 **Colonoscopy, flexible; with biopsy, single or multiple**

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:** October 2010 **2022 Medicare Utilization:** 922,055

2024 Work RVU: 3.56
2024 NF PE RVU: 8.99
2024 Fac PE RVU: 1.92

RUC Recommendation: 3.66 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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45381 **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

Most Recent RUC Meeting: January 2018 **Tab:** 31 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** October 2008 **2022 Medicare Utilization:** 64,291

2024 Work RVU: 3.56
2024 NF PE RVU: 9.26
2024 Fac PE RVU: 1.91

RUC Recommendation: 3.67 **Referred to CPT** October 2013 **Referred to CPT Asst** ☑ **Published in CPT Asst:** Jun 2010 **Result:** Decrease

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45382 **Colonoscopy, flexible; with control of bleeding, any method**

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 **2022 Medicare Utilization:** 20,188

2024 Work RVU: 4.66
2024 NF PE RVU: 14.66
2024 Fac PE RVU: 2.41

RUC Recommendation: 4.76 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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 **2022 Medicare Utilization:** 44,803

2024 Work RVU: 4.07
2024 NF PE RVU: 9.93
2024 Fac PE RVU: 2.05

RUC Recommendation: 4.17 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 974,423

2024 Work RVU: 4.57
2024 NF PE RVU: 8.47
2024 Fac PE RVU: 2.36

RUC Recommendation: 4.57 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

45386 **Colonoscopy, flexible; with transendoscopic balloon dilation** **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 **2022 Medicare Utilization:** 1,836

2024 Work RVU: 3.77
2024 NF PE RVU: 13.95
2024 Fac PE RVU: 2.00

RUC Recommendation: 3.87 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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45387 **Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)** **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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

45388 **Colonoscopy, flexible; 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:** 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:** January 2014 **2022 Medicare Utilization:** 18,936

2024 Work RVU: 4.88
2024 NF PE RVU: 66.99
2024 Fac PE RVU: 2.46

RUC Recommendation: 4.98 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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45389 **Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)** **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:** January 2014 **2022 Medicare Utilization:** 400

2024 Work RVU: 5.24
2024 NF PE RVU:
2024 Fac PE RVU: 2.66

RUC Recommendation: 5.50 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

45390 **Colonoscopy, flexible; with endoscopic mucosal resection** **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:** January 2014 **2022 Medicare Utilization:** 26,316

2024 Work RVU: 6.04
2024 NF PE RVU:
2024 Fac PE RVU: 3.03

RUC Recommendation: 6.35 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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45391 **Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures** **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 **2022 Medicare Utilization:** 687

2024 Work RVU: 4.64
2024 NF PE RVU:
2024 Fac PE RVU: 2.41

RUC Recommendation: 4.95 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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45392 **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** **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 **2022 Medicare Utilization:** 97

2024 Work RVU: 5.50
2024 NF PE RVU:
2024 Fac PE RVU: 2.80

RUC Recommendation: 5.60 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

45393 **Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed**

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:** January 2014 **2022 Medicare Utilization:** 1,870

2024 Work RVU: 4.68
2024 NF PE RVU:
2024 Fac PE RVU: 2.12

RUC Recommendation: 4.78 **Referred to CPT** October 2013 **Result:** Decrease

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

45398 **Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)**

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:** January 2014 **2022 Medicare Utilization:** 3,282

2024 Work RVU: 4.20
2024 NF PE RVU: 19.69
2024 Fac PE RVU: 2.12

RUC Recommendation: 4.30 **Referred to CPT** October 2013 **Result:** Decrease

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

46020 **Placement of seton**

Global: 000 **Issue:** Placement/Removal of Seton **Screen:** 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 16 **Specialty Developing Recommendation:** ACS, ASCRS (col) **First Identified:** October 2019 **2022 Medicare Utilization:** 1,274

2024 Work RVU: 1.86
2024 NF PE RVU:
2024 Fac PE RVU: 1.29

RUC Recommendation: 3.50 **Referred to CPT** **Result:** Increase

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

46030 **Removal of anal seton, other marker**

Global: 000 **Issue:** Placement/ Removal of Seton **Screen:** 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 16 **Specialty Developing Recommendation:** ACS, ASCRS (col) **First Identified:** April 2020 **2022 Medicare Utilization:** 286

2024 Work RVU: 1.48
2024 NF PE RVU: 5.89
2024 Fac PE RVU: 0.87

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

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

Status Report: CMS Requests and Relativity Assessment Issues

46200 **Fissurectomy, including sphincterotomy, when performed**

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

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

First Identified: September 2007 **2022 Medicare Utilization:** 758

2024 Work RVU: 3.59
2024 NF PE RVU: 10.13
2024 Fac PE RVU: 6.06

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

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 **2022 Medicare Utilization:** 12,398

2024 Work RVU: 1.74
2024 NF PE RVU: 7.38
2024 Fac PE RVU: 3.54

RUC Recommendation: 2.00

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

Result: Increase

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

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 **2022 Medicare Utilization:** 1,407

2024 Work RVU: 90.00
2024 NF PE RVU:
2024 Fac PE RVU: 48.63

RUC Recommendation: 91.78 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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47136 **Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age**

Global: **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 52 **Specialty Developing Recommendation:** ACS, ASTS **First Identified:** April 2014 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

47382 **Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency**

Global: 010 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2022 Medicare Utilization:** 2,601

2024 Work RVU: 14.97
2024 NF PE RVU: 90.71
2024 Fac PE RVU: 4.96

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

47490 **Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation**

Global: 010 **Issue:** Cholecystostomy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 04 **Specialty Developing Recommendation:** ACR

First Identified: October 2008 **2022 Medicare Utilization:** 12,012

2024 Work RVU: 4.76
2024 NF PE RVU:
2024 Fac PE RVU: 4.56

RUC Recommendation: 4.76

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

Result: Decrease

47500 **Injection procedure for percutaneous transhepatic cholangiography**

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

47505 **Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-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: October 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

47510 **Introduction of percutaneous transhepatic catheter for 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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

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

Result: Deleted from CPT

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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

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

Result: Deleted from CPT

47525 **Change of percutaneous biliary drainage catheter**

Global:

Issue: Percutaneous Biliary Procedures Bundling

Screen: High IWPUT

Complete? Yes

Most Recent RUC Meeting: October 2015

Tab: 06

Specialty Developing Recommendation: ACR, SIR

First Identified: February 2008

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 **2022 Medicare Utilization:** 6,459

2024 Work RVU: 1.30
2024 NF PE RVU: 11.05
2024 Fac PE RVU: 0.63

RUC Recommendation: 1.30 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2022 Medicare Utilization:** 393

2024 Work RVU: 4.25
2024 NF PE RVU: 20.04
2024 Fac PE RVU: 1.42

RUC Recommendation: 4.50 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 1,183

2024 Work RVU: 5.38
2024 NF PE RVU: 28.32
2024 Fac PE RVU: 1.71

RUC Recommendation: 5.63 **Referred to CPT** February 2015 **Result:** Increase

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

47534 **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**

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 **2022 Medicare Utilization:** 3,944

2024 Work RVU: 7.60
2024 NF PE RVU: 29.25
2024 Fac PE RVU: 2.32

RUC Recommendation: 7.85 **Referred to CPT** February 2015 **Result:** Increase

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

47535 **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**

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 **2022 Medicare Utilization:** 383

2024 Work RVU: 3.95
2024 NF PE RVU: 21.73
2024 Fac PE RVU: 1.33

RUC Recommendation: 4.20 **Referred to CPT** February 2015 **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

47536 **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**

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 **2022 Medicare Utilization:** 13,161

2024 Work RVU: 2.61
2024 NF PE RVU: 15.8
2024 Fac PE RVU: 0.95

RUC Recommendation: 2.86 **Referred to CPT** February 2015 **Result:** Increase

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

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: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2022 Medicare Utilization:** 1,952

2024 Work RVU: 1.84
2024 NF PE RVU: 12.43
2024 Fac PE RVU: 0.78

RUC Recommendation: 1.85 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **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: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2022 Medicare Utilization:** 781

2024 Work RVU: 4.75
2024 NF PE RVU: 104.71
2024 Fac PE RVU: 1.56

RUC Recommendation: 5.00 **Referred to CPT** February 2015 **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

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: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2022 Medicare Utilization:** 120

2024 Work RVU: 8.75
2024 NF PE RVU: 113.95
2024 Fac PE RVU: 2.66

RUC Recommendation: 9.00 **Referred to CPT** February 2015 **Result:** Increase

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

47540 **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

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2022 Medicare Utilization:** 151

2024 Work RVU: 9.03
2024 NF PE RVU: 113.39
2024 Fac PE RVU: 2.73

RUC Recommendation: 9.28 **Referred to CPT** February 2015 **Result:** Increase

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

47541 **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

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2022 Medicare Utilization:** 135

2024 Work RVU: 6.75
2024 NF PE RVU: 26.81
2024 Fac PE RVU: 2.27

RUC Recommendation: 7.00 **Referred to CPT** February 2015 **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

47542 **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

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2022 Medicare Utilization:** 1,031

2024 Work RVU: 2.85
2024 NF PE RVU: 11.5
2024 Fac PE RVU: 0.78

RUC Recommendation: 2.85 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2022 Medicare Utilization:** 615

2024 Work RVU: 3.00
2024 NF PE RVU: 8.24
2024 Fac PE RVU: 0.84

RUC Recommendation: 3.00 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2022 Medicare Utilization:** 281

2024 Work RVU: 3.28
2024 NF PE RVU: 20.93
2024 Fac PE RVU: 0.90

RUC Recommendation: 3.28 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT

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

Result: Maintain

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 RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** ACS

First Identified: September 2011 **2022 Medicare Utilization:** 75,951

2024 Work RVU: 10.47

2024 NF PE RVU:

2024 Fac PE RVU: 6.81

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:**

Result: Maintain

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

First Identified: September 2011 **2022 Medicare Utilization:** 31,109

2024 Work RVU: 11.47

2024 NF PE RVU:

2024 Fac PE RVU: 7.29

RUC Recommendation: No further action. 12.11

Referred to CPT

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

47600 **Cholecystectomy;**

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 **2022 Medicare Utilization:** 5,266

2024 Work RVU: 17.48
2024 NF PE RVU:
2024 Fac PE RVU: 10.36

RUC Recommendation: 20.00

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

Result: Increase

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 **2022 Medicare Utilization:** 719

2024 Work RVU: 18.48
2024 NF PE RVU:
2024 Fac PE RVU: 10.75

RUC Recommendation: 21.00

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

Result: Increase

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 **2022 Medicare Utilization:** 583

2024 Work RVU: 4.70
2024 NF PE RVU: 10.02
2024 Fac PE RVU: 1.74

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

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

49021 **Drainage of peritoneal abscess or localized peritonitis, exclusive 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:** ACR, SIR **First Identified:** January 2012 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

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

49041 **Drainage of subdiaphragmatic or subphrenic 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:** ACR, SIR **First Identified:** January 2012 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

49061 **Drainage of retroperitoneal 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:** ACR, SIR **First Identified:** January 2012 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

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

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2010 **Result:** Deleted from CPT

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2010 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 9,041

2024 Work RVU: 1.24
2024 NF PE RVU: 4.92
2024 Fac PE RVU: 0.75

RUC Recommendation: 1.35 **Referred to CPT** June 2010 **Result:** Decrease

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

49083 **Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance** **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2022 Medicare Utilization:** 242,716

2024 Work RVU: 2.00
2024 NF PE RVU: 6.51
2024 Fac PE RVU: 0.92

RUC Recommendation: 2.00 **Referred to CPT** June 2010 **Result:** Decrease

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

49084 **Peritoneal lavage, including imaging guidance, when performed** **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2022 Medicare Utilization:** 1,495

2024 Work RVU: 2.00
2024 NF PE RVU:
2024 Fac PE RVU: 0.72

RUC Recommendation: 2.50 **Referred to CPT** June 2010 **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

49405 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous**

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

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2022 Medicare Utilization:** 4,897

2024 Work RVU: 4.00
2024 NF PE RVU: 21.7
2024 Fac PE RVU: 1.27

RUC Recommendation: 4.25 **Referred to CPT** October 2012 **Result:** Decrease

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

49406 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous**

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

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2022 Medicare Utilization:** 28,883

2024 Work RVU: 4.00
2024 NF PE RVU: 21.71
2024 Fac PE RVU: 1.27

RUC Recommendation: 4.25 **Referred to CPT** October 2012 **Result:** Decrease

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

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 **2022 Medicare Utilization:** 149

2024 Work RVU: 4.25
2024 NF PE RVU: 17.55
2024 Fac PE RVU: 1.28

RUC Recommendation: 4.50 **Referred to CPT** October 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

49418 **Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous**

Global: 000 **Issue:** Intraperitoneal Catheter Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 11 **Specialty Developing Recommendation:** ACS, ACR, SIR **First Identified:** February 2010 **2022 Medicare Utilization:** 6,786

2024 Work RVU: 3.96
2024 NF PE RVU: 24.53
2024 Fac PE RVU: 1.46

RUC Recommendation: 4.21 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

49421 **Insertion of tunneled intraperitoneal catheter for dialysis, open**

Global: 000 **Issue:** Intraperitoneal Catheter Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 11 **Specialty Developing Recommendation:** ACS, ACR, SIR **First Identified:** September 2007 **2022 Medicare Utilization:** 1,077

2024 Work RVU: 4.21
2024 NF PE RVU:
2024 Fac PE RVU: 1.51

RUC Recommendation: 4.21 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

49422 **Removal of tunneled intraperitoneal catheter**

Global: 000 **Issue:** Removal of Intraperitoneal Catheter **Screen:** Site of Service Anomaly - 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 14 **Specialty Developing Recommendation:** ACS, SVS

First Identified: October 2016 **2022 Medicare Utilization:** 10,313

2024 Work RVU: 4.00
2024 NF PE RVU:
2024 Fac PE RVU: 1.63

RUC Recommendation: 4.00

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

Result: Decrease

49436 **Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter**

Global: 010 **Issue:** Delayed Creation of Exit Site from Embedded Catheter **Screen:** CMS Request - Final Rule for 2022 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 16 **Specialty Developing Recommendation:** ACS

First Identified: November 2021 **2022 Medicare Utilization:** 246

2024 Work RVU: 2.72
2024 NF PE RVU: 12.67
2024 Fac PE RVU: 2.20

RUC Recommendation: PE Inputs

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

Result: PE Only

49505 **Repair initial inguinal hernia, age 5 years or older; reducible**

Global: 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:** ACS

First Identified: September 2011 **2022 Medicare Utilization:** 37,728

2024 Work RVU: 7.96
2024 NF PE RVU:
2024 Fac PE RVU: 5.85

RUC Recommendation: Reaffirmed

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

Result: Maintain

49507 **Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated**

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

Most Recent RUC Meeting: February 2011 **Tab:** 29 **Specialty Developing Recommendation:** ACS

First Identified: September 2007 **2022 Medicare Utilization:** 8,147

2024 Work RVU: 9.09
2024 NF PE RVU:
2024 Fac PE RVU: 6.40

RUC Recommendation: 10.05

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

Result: Maintain

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 **2022 Medicare Utilization:** 1,465
2024 Work RVU: 11.48
2024 NF PE RVU:
2024 Fac PE RVU: 7.26
RUC Recommendation: 12.44 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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49560 **Repair initial incisional or ventral hernia; reducible**
Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:** 14,923
2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:
RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

49561 **Repair initial incisional or ventral hernia; incarcerated or strangulated**
Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:** 9,579
2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:
RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

49565 **Repair recurrent incisional or ventral hernia; reducible**
Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** October 2019 **2022 Medicare Utilization:** 3,102
2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:
RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

49566 **Repair recurrent incisional or ventral hernia; incarcerated or strangulated**

Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:** 2,432

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

49568 **Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (list separately in addition to code for the incisional or ventral hernia repair)**

Global: ZZZ **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:** 18,598

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

49570 **Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)**

Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:** 452

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

49572 **Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated**
Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:** 389
2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

49580 **Repair umbilical hernia, younger than age 5 years; reducible**
Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:** 2
2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

49582 **Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated**
Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:** 0
2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

49585 **Repair umbilical hernia, age 5 years or older; reducible**
Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:** 14,177
2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

49587 **Repair umbilical hernia, age 5 years or older; incarcerated or strangulated**

Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** September 2007 **2022 Medicare Utilization:** 6,075

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

49590 **Repair spigelian hernia**

Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:** 506

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

49591 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:**

2024 Work RVU: 5.96
2024 NF PE RVU:
2024 Fac PE RVU: 2.80

RUC Recommendation: 6.27 **Referred to CPT** February 2021 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

49592 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:**

2024 Work RVU: 8.46
2024 NF PE RVU:
2024 Fac PE RVU: 3.65

RUC Recommendation: 9.00 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49593 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:**

2024 Work RVU: 10.26
2024 NF PE RVU:
2024 Fac PE RVU: 4.33

RUC Recommendation: 10.80 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49594 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:**

2024 Work RVU: 13.46
2024 NF PE RVU:
2024 Fac PE RVU: 5.48

RUC Recommendation: 14.00 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49595 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:**

2024 Work RVU: 13.94
2024 NF PE RVU:
2024 Fac PE RVU: 5.68

RUC Recommendation: 14.88 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49596 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:**

2024 Work RVU: 18.67
2024 NF PE RVU:
2024 Fac PE RVU: 7.38

RUC Recommendation: 20.00 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49613 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:**

2024 Work RVU: 7.42
2024 NF PE RVU:
2024 Fac PE RVU: 3.39

RUC Recommendation: 7.75 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49614 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:**

2024 Work RVU: 10.25
2024 NF PE RVU:
2024 Fac PE RVU: 4.31

RUC Recommendation: 10.79 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49615 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:**

2024 Work RVU: 11.46
2024 NF PE RVU:
2024 Fac PE RVU: 4.83

RUC Recommendation: 12.00 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49616 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:**

2024 Work RVU: 15.55
2024 NF PE RVU:
2024 Fac PE RVU: 6.26

RUC Recommendation: 16.50 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49617 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:**

2024 Work RVU: 16.03
2024 NF PE RVU:
2024 Fac PE RVU: 6.55

RUC Recommendation: 16.97 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49618 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:**

2024 Work RVU: 22.67
2024 NF PE RVU:
2024 Fac PE RVU: 8.87

RUC Recommendation: 24.00 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49621 **Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; reducible**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:**

2024 Work RVU: 13.70
2024 NF PE RVU:
2024 Fac PE RVU: 5.45

RUC Recommendation: 14.24 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49622 **Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; incarcerated or strangulated**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:**

2024 Work RVU: 17.06
2024 NF PE RVU:
2024 Fac PE RVU: 6.58

RUC Recommendation: 18.00 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

49623 **Removal of total or near total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (ie, open, laparoscopic, robotic) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:**

2024 Work RVU: 3.75
2024 NF PE RVU:
2024 Fac PE RVU: 1.34

RUC Recommendation: 5.00 **Referred to CPT** February 2021 **Result:** Decrease
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:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** June 2010 **2022 Medicare Utilization:** 9,196

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from 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:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** June 2010 **2022 Medicare Utilization:** 6,826

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

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

49654 **Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible**

Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** June 2010 **2022 Medicare Utilization:** 6,939

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from 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:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** June 2010 **2022 Medicare Utilization:** 4,967

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

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

49656 **Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible**

Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:** 1,392

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

49657 **Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated**

Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2022 Medicare Utilization:** 1,546

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

50080 **Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; simple (eg, stone[s] up to 2 cm in single location of kidney or renal pelvis, nonbranching stones)**

Global: 090 **Issue:** Percutaneous Nephrostolithotomy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 08 **Specialty Developing Recommendation:** AUA **First Identified:** October 2019 **2022 Medicare Utilization:** 2,029

2024 Work RVU: 12.41
2024 NF PE RVU:
2024 Fac PE RVU: 6.86

RUC Recommendation: 13.50 **Referred to CPT** September 2021 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

50081 **Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; complex (eg, stone[s] > 2 cm, branching stones, stones in multiple locations, ureter stones, complicated anatomy)**

Global: 090 **Issue:** Percutaneous Nephrostolithotomy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 08 **Specialty Developing Recommendation:** AUA **First Identified:** October 2019 **2022 Medicare Utilization:** 5,760

2024 Work RVU: 20.91
2024 NF PE RVU:
2024 Fac PE RVU: 9.98

RUC Recommendation: 22.00 **Referred to CPT** September 2021 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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50200 **Renal biopsy; percutaneous, by trocar or needle**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2022 Medicare Utilization:** 31,892

2024 Work RVU: 2.38
2024 NF PE RVU: 12.58
2024 Fac PE RVU: 1.10

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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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 **2022 Medicare Utilization:** 10,485

2024 Work RVU: 39.88
2024 NF PE RVU:
2024 Fac PE RVU: 23.36

RUC Recommendation: 40.90 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 7,656

2024 Work RVU: 1.75
2024 NF PE RVU: 14.32
2024 Fac PE RVU: 0.49

RUC Recommendation: 2.00 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

50393 **Introduction of ureteral catheter or stent into ureter through 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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

50394 **Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter**

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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 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

50395 **Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous**

Global:

Issue: Dilation of Urinary Tract

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: January 2018

Tab: 12

Specialty Developing Recommendation: ACR, SIR

First Identified: October 2014

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2017

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

Result: Deleted from CPT

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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 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

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 **2022 Medicare Utilization:** 810

2024 Work RVU: 2.90
2024 NF PE RVU: 15.52
2024 Fac PE RVU: 1.29

RUC Recommendation: 3.15 **Referred to CPT** October 2014 **Result:** Increase

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 **2022 Medicare Utilization:** 7,040

2024 Work RVU: 1.10
2024 NF PE RVU: 8.31
2024 Fac PE RVU: 0.73

RUC Recommendation: 1.42 **Referred to CPT** October 2014 **Result:** Increase

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

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**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2022 Medicare Utilization:** 28,826

2024 Work RVU: 4.00
2024 NF PE RVU: 22.33
2024 Fac PE RVU: 1.56

RUC Recommendation: 4.00 **Referred to CPT** October 2014 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 12 **Specialty Developing Recommendation:**

First Identified: September 2017 **2022 Medicare Utilization:** 5,403

2024 Work RVU: 5.05
2024 NF PE RVU: 27.71
2024 Fac PE RVU: 1.83

RUC Recommendation: 5.05

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

Result: Maintain

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**

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 **2022 Medicare Utilization:** 2,094

2024 Work RVU: 3.75
2024 NF PE RVU: 22.57
2024 Fac PE RVU: 1.41

RUC Recommendation: 4.20

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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**

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 **2022 Medicare Utilization:** 48,218

2024 Work RVU: 1.82
2024 NF PE RVU: 15.59
2024 Fac PE RVU: 0.91

RUC Recommendation: 2.00

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

50436 **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;**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2022 Medicare Utilization:** 395

2024 Work RVU: 2.78
2024 NF PE RVU:
2024 Fac PE RVU: 1.31

RUC Recommendation: 3.37 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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50437 **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**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2022 Medicare Utilization:** 528

2024 Work RVU: 4.85
2024 NF PE RVU:
2024 Fac PE RVU: 1.93

RUC Recommendation: 5.44 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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50542 **Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** AUA **First Identified:** October 2008 **2022 Medicare Utilization:** 99

2024 Work RVU: 21.36
2024 NF PE RVU:
2024 Fac PE RVU: 10.53

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

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Status Report: CMS Requests and Relativity Assessment Issues

50548 **Laparoscopy, surgical; nephrectomy with total ureterectomy**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** AUA

First Identified: October 2008 **2022 Medicare Utilization:** 2,106

2024 Work RVU: 25.36
2024 NF PE RVU:
2024 Fac PE RVU: 11.31

RUC Recommendation: Remove from screen

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

Result: Remove from Screen

50590 **Lithotripsy, extracorporeal shock wave**

Global: 090 **Issue:** Lithotripsy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 42 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2022 Medicare Utilization:** 41,182

2024 Work RVU: 9.77
2024 NF PE RVU: 11.28
2024 Fac PE RVU: 6.17

RUC Recommendation: 9.77

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

Result: Maintain

50605 **Ureterotomy for insertion of indwelling stent, all types**

Global: 090 **Issue:** Ureterotomy **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** AUA, SIR

First Identified: October 2008 **2022 Medicare Utilization:** 2,207

2024 Work RVU: 16.79
2024 NF PE RVU:
2024 Fac PE RVU: 9.56

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

Result: Maintain

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 **2022 Medicare Utilization:** 56

2024 Work RVU: 3.16
2024 NF PE RVU: 10.72
2024 Fac PE RVU: 0.51

RUC Recommendation: 3.16 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **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 **2022 Medicare Utilization:** 3,391

2024 Work RVU: 3.96
2024 NF PE RVU: 24.91
2024 Fac PE RVU: 1.57

RUC Recommendation: 4.60 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **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 **2022 Medicare Utilization:** 695

2024 Work RVU: 5.25
2024 NF PE RVU: 27.05
2024 Fac PE RVU: 1.97

RUC Recommendation: 6.00 **Referred to CPT** October 2014 **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

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**

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 **2022 Medicare Utilization:** 940

2024 Work RVU: 6.80
2024 NF PE RVU: 31.93
2024 Fac PE RVU: 2.44

RUC Recommendation: 7.55 **Referred to CPT** October 2014 **Result:** Increase

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

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)**

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 **2022 Medicare Utilization:** 58

2024 Work RVU: 4.03
2024 NF PE RVU: 49.19
2024 Fac PE RVU: 0.65

RUC Recommendation: 4.03 **Referred to CPT** October 2014 **Result:** Increase

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

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)**

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 **2022 Medicare Utilization:** 1,097

2024 Work RVU: 3.80
2024 NF PE RVU: 20.45
2024 Fac PE RVU: 1.05

RUC Recommendation: 3.80 **Referred to CPT** October 2014 **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

51040 **Cystostomy, cystotomy with drainage**

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

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

First Identified: September 2007 **2022 Medicare Utilization:** 4,128

2024 Work RVU: 4.49
2024 NF PE RVU:
2024 Fac PE RVU: 3.76

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

51102 **Aspiration of bladder; with insertion of suprapubic catheter**

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

Most Recent RUC Meeting: April 2008 **Tab:** 45 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2022 Medicare Utilization:** 12,977

2024 Work RVU: 2.70
2024 NF PE RVU: 4.15
2024 Fac PE RVU: 1.21

RUC Recommendation: 2.70

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

Result: Decrease

51700 **Bladder irrigation, simple, lavage and/or instillation**

Global: 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 32 **Specialty Developing Recommendation:** AUA

First Identified: July 2015 **2022 Medicare Utilization:** 172,260

2024 Work RVU: 0.60
2024 NF PE RVU: 1.62
2024 Fac PE RVU: 0.21

RUC Recommendation: 0.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 RUC Meeting: January 2016 **Tab:** 32 **Specialty Developing Recommendation:** AUA

First Identified: July 2015 **2022 Medicare Utilization:** 139,810

2024 Work RVU: 0.50
2024 NF PE RVU: 0.77
2024 Fac PE RVU: 0.19

RUC Recommendation: 0.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

51702 **Insertion of temporary indwelling bladder catheter; simple (eg, Foley)**

Global: 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 32 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2022 Medicare Utilization:** 218,125

2024 Work RVU: 0.50
2024 NF PE RVU: 1.31
2024 Fac PE RVU: 0.19

RUC Recommendation: 0.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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51703 **Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)**

Global: 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 32 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2022 Medicare Utilization:** 50,484

2024 Work RVU: 1.47
2024 NF PE RVU: 2.84
2024 Fac PE RVU: 0.61

RUC Recommendation: 1.47 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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51720 **Bladder instillation of anticarcinogenic agent (including retention time)**

Global: 000 **Issue:** Treatment of Bladder Lesion **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 33 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2022 Medicare Utilization:** 157,422

2024 Work RVU: 0.87
2024 NF PE RVU: 1.68
2024 Fac PE RVU: 0.31

RUC Recommendation: 0.87 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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51726 **Complex cystometrogram (ie, calibrated electronic equipment);**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2008 **2022 Medicare Utilization:** 2,860

2024 Work RVU: 1.71
2024 NF PE RVU: 7.13
2024 Fac PE RVU: NA

RUC Recommendation: 1.71 **Referred to CPT** February 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 1,764

2024 Work RVU: 2.11
2024 NF PE RVU: 8.62
2024 Fac PE RVU: NA

RUC Recommendation: 2.11 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 / Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2009 **2022 Medicare Utilization:** 80,110

2024 Work RVU: 2.11
2024 NF PE RVU: 8.59
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant. 2.11 **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** **Result:** Decrease

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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 / Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2009 **2022 Medicare Utilization:** 49,749

2024 Work RVU: 2.51
2024 NF PE RVU: 8.71
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant. 2.51 **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 9,095

2024 Work RVU: 0.17
2024 NF PE RVU: 0.22
2024 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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51741 **Complex uroflowmetry (eg, calibrated electronic equipment)** **Global:** XXX **Issue:** Uroflowmetry **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2022 Medicare Utilization:** 329,247

2024 Work RVU: 0.17
2024 NF PE RVU: 0.23
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant. 0.17 **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

51784 **Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique**

Global: XXX **Issue:** Electromyography Studies (EMG) **Screen:** Codes Reported Together 75% or More-Part2 / CMS High Expenditure Procedural Codes2 / CPT Assistant Analysis 2018 / Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AUA **First Identified:** October 2012 **2022 Medicare Utilization:** 119,552

2024 Work RVU: 0.75
2024 NF PE RVU: 1.1
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant. 0.75.

Referred to CPT February 2014
Referred to CPT Asst ☑ **Published in CPT Asst:**

Result: Decrease

51792 **Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)**

Global: 000 **Issue:** Urinary Reflex Studies with EMG **Screen:** Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** AUA **First Identified:** October 2012 **2022 Medicare Utilization:** 4,062

2024 Work RVU: 1.10
2024 NF PE RVU: 6.95
2024 Fac PE RVU: NA

RUC Recommendation: CPT edits and CPT Assistant article complete.

Referred to CPT February 2014
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2014

Result: Maintain

51795 **Deleted from CPT**

Global: **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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

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 **2022 Medicare Utilization:** 93,588

2024 Work RVU: 0.80
2024 NF PE RVU: 4.79
2024 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** February 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 1,883,773

2024 Work RVU: 0.00
2024 NF PE RVU: 0.33
2024 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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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 **2022 Medicare Utilization:** 770,017

2024 Work RVU: 1.53
2024 NF PE RVU: 5.47
2024 Fac PE RVU: 0.66

RUC Recommendation: 1.75 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

52214 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands**

Global: 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth1 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AUA **First Identified:** June 2008 **2022 Medicare Utilization:** 15,192

2024 Work RVU: 3.50
2024 NF PE RVU: 18.39
2024 Fac PE RVU: 1.23

RUC Recommendation: 3.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2009 and May 2016

52224 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy**

Global: 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth1 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AUA **First Identified:** February 2008 **2022 Medicare Utilization:** 27,619

2024 Work RVU: 4.05
2024 NF PE RVU: 18.77
2024 Fac PE RVU: 1.42

RUC Recommendation: 4.05 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2009 and May 2016

52234 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2022 Medicare Utilization:** 23,602

2024 Work RVU: 4.62
2024 NF PE RVU:
2024 Fac PE RVU: 2.07

RUC Recommendation: 4.62 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2016

Status Report: CMS Requests and Relativity Assessment Issues

52235 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AUA **First Identified:** April 2011 **2022 Medicare Utilization:** 30,890

2024 Work RVU: 5.44
2024 NF PE RVU:
2024 Fac PE RVU: 2.40

RUC Recommendation: 5.44 **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** May 2016 **Result:** Maintain

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52240 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2022 Medicare Utilization:** 19,470

2024 Work RVU: 7.50
2024 NF PE RVU:
2024 Fac PE RVU: 3.13

RUC Recommendation: 8.75 **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** May 2016 **Result:** Decrease

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52281 **Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 38 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2022 Medicare Utilization:** 49,376

2024 Work RVU: 2.75
2024 NF PE RVU: 6.7
2024 Fac PE RVU: 1.41

RUC Recommendation: 2.80 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

52287 **Cystourethroscopy, with injection(s) for chemodenervation of the bladder**

Global: 000 **Issue:** **Screen:** High Volume Growth6 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:**

First Identified: October 2019 **2022 Medicare Utilization:** 60,498

2024 Work RVU: 3.20
2024 NF PE RVU: 8.01
2024 Fac PE RVU: 1.38

RUC Recommendation: Remove from Screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

52332 **Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 13 **Specialty Developing Recommendation:** AUA

First Identified: October 2009 **2022 Medicare Utilization:** 135,354

2024 Work RVU: 2.82
2024 NF PE RVU: 8.82
2024 Fac PE RVU: 1.43

RUC Recommendation: 2.82

Referred to CPT February 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

52334 **Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 12 **Specialty Developing Recommendation:**

First Identified: September 2017 **2022 Medicare Utilization:** 234

2024 Work RVU: 3.37
2024 NF PE RVU:
2024 Fac PE RVU: 1.62

RUC Recommendation: 3.37

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2022 Medicare Utilization:** 1,850

2024 Work RVU: 5.35
2024 NF PE RVU:
2024 Fac PE RVU: 2.37

RUC Recommendation: 5.35 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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52342 **Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2022 Medicare Utilization:** 143

2024 Work RVU: 5.85
2024 NF PE RVU:
2024 Fac PE RVU: 2.55

RUC Recommendation: 5.85 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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52343 **Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2022 Medicare Utilization:** 24

2024 Work RVU: 6.55
2024 NF PE RVU:
2024 Fac PE RVU: 2.79

RUC Recommendation: 6.55 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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52344 **Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2022 Medicare Utilization:** 3,092

2024 Work RVU: 7.05
2024 NF PE RVU:
2024 Fac PE RVU: 2.97

RUC Recommendation: 7.05 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

52345 **Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2022 Medicare Utilization:** 403

2024 Work RVU: 7.55
2024 NF PE RVU:
2024 Fac PE RVU: 3.14

RUC Recommendation: 7.55 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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52346 **Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2022 Medicare Utilization:** 415

2024 Work RVU: 8.58
2024 NF PE RVU:
2024 Fac PE RVU: 3.50

RUC Recommendation: 8.58 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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52351 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2022 Medicare Utilization:** 21,054

2024 Work RVU: 5.75
2024 NF PE RVU:
2024 Fac PE RVU: 2.47

RUC Recommendation: 5.75 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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52352 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2022 Medicare Utilization:** 19,659

2024 Work RVU: 6.75
2024 NF PE RVU:
2024 Fac PE RVU: 2.86

RUC Recommendation: 6.75 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

52353 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 13 **Specialty Developing Recommendation:** AUA **First Identified:** April 2011 **2022 Medicare Utilization:** 10,320

2024 Work RVU: 7.50
2024 NF PE RVU:
2024 Fac PE RVU: 3.12

RUC Recommendation: 7.50 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

52354 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2022 Medicare Utilization:** 8,347

2024 Work RVU: 8.00
2024 NF PE RVU:
2024 Fac PE RVU: 3.30

RUC Recommendation: 8.58 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

52355 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2022 Medicare Utilization:** 733

2024 Work RVU: 9.00
2024 NF PE RVU:
2024 Fac PE RVU: 3.65

RUC Recommendation: 10.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 82,797

2024 Work RVU: 8.00
2024 NF PE RVU:
2024 Fac PE RVU: 3.26

RUC Recommendation: 8.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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52400 **Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2022 Medicare Utilization:** 64

2024 Work RVU: 8.69
2024 NF PE RVU:
2024 Fac PE RVU: 4.46

RUC Recommendation: 8.69 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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52442 **Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** PE Subcommittee **Screen:** PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AUA, AACU **First Identified:** April 2020 **2022 Medicare Utilization:** 90,771

2024 Work RVU: 1.01
2024 NF PE RVU: 24.51
2024 Fac PE RVU: 0.36

RUC Recommendation: Maintain **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 2,334

2024 Work RVU: 8.14
2024 NF PE RVU:
2024 Fac PE RVU: 5.67

RUC Recommendation: 8.14

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

52601 **Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)**

Global: 090 **Issue:** Transurethral Electrosurgical Resection of Prostate (TURP) **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 26 **Specialty Developing Recommendation:** AUA

First Identified: October 2015 **2022 Medicare Utilization:** 39,607

2024 Work RVU: 13.16
2024 NF PE RVU:
2024 Fac PE RVU: 6.96

RUC Recommendation: 13.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

52640 **Transurethral resection; of postoperative bladder neck contracture**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 45 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2022 Medicare Utilization:** 1,129

2024 Work RVU: 4.79
2024 NF PE RVU:
2024 Fac PE RVU: 4.37

RUC Recommendation: 4.79

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

52648 **Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)**

Global: 090 **Issue:** Laser Surgery of Prostate **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** AUA

First Identified: February 2008 **2022 Medicare Utilization:** 14,767

2024 Work RVU: 12.15
2024 NF PE RVU: 34.57
2024 Fac PE RVU: 7.08

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

53445 **Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 31 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2022 Medicare Utilization:** 1,959

2024 Work RVU: 13.00
2024 NF PE RVU:
2024 Fac PE RVU: 8.07

RUC Recommendation: 13.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

53850 **Transurethral destruction of prostate tissue; by microwave thermotherapy**

Global: 090 **Issue:** Transurethral Destruction of Prostate Tissue **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 43 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2022 Medicare Utilization:** 950

2024 Work RVU: 5.42
2024 NF PE RVU: 36.11
2024 Fac PE RVU: 4.64

RUC Recommendation: 10.08

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

54405 **Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 45 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2022 Medicare Utilization:** 4,474

2024 Work RVU: 14.52
2024 NF PE RVU:
2024 Fac PE RVU: 7.84

RUC Recommendation: 14.39

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

54410 **Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 31 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2022 Medicare Utilization:** 1,130

2024 Work RVU: 15.18
2024 NF PE RVU:
2024 Fac PE RVU: 8.78

RUC Recommendation: 15.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2022 Medicare Utilization:** 1,941

2024 Work RVU: 5.30
2024 NF PE RVU:
2024 Fac PE RVU: 3.87

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

54530 **Orchiectomy, radical, for tumor; inguinal approach**

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 **2022 Medicare Utilization:** 1,012

2024 Work RVU: 8.46
2024 NF PE RVU:
2024 Fac PE RVU: 5.76

RUC Recommendation: 8.46

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

55700 **Biopsy, prostate; needle or punch, single or multiple, any approach**

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, AUA

First Identified: July 2015 **2022 Medicare Utilization:** 139,388

2024 Work RVU: 2.50
2024 NF PE RVU: 4.42
2024 Fac PE RVU: 1.05

RUC Recommendation: Refer to CPT. 2.50

Referred to CPT May 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 RUC Meeting: April 2014 **Tab:** 52 **Specialty Developing Recommendation:**

First Identified: January 2014 **2022 Medicare Utilization:** 3,387

2024 Work RVU: 6.28
2024 NF PE RVU:
2024 Fac PE RVU: 4.23

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

55840 **Prostatectomy, retropubic radical, with or without nerve sparing;**

Global: 090 **Issue:** **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 31 **Specialty Developing Recommendation:** AUA

First Identified: October 2013 **2022 Medicare Utilization:** 1,119

2024 Work RVU: 21.36
2024 NF PE RVU:
2024 Fac PE RVU: 10.82

RUC Recommendation: 21.36

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

55842 **Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)**

Global: 090 **Issue:** **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 31 **Specialty Developing Recommendation:** AUA **First Identified:** October 2013 **2022 Medicare Utilization:** 78

2024 Work RVU: 21.36
2024 NF PE RVU:
2024 Fac PE RVU: 10.81

RUC Recommendation: 24.16 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

55845 **Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes**

Global: 090 **Issue:** RAW **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 31 **Specialty Developing Recommendation:** AUA **First Identified:** July 2013 **2022 Medicare Utilization:** 497

2024 Work RVU: 25.18
2024 NF PE RVU:
2024 Fac PE RVU: 12.17

RUC Recommendation: 29.07 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

55866 **Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed**

Global: 090 **Issue:** Laparoscopic Radical Prostatectomy **Screen:** New Technology / CMS Fastest Growing / CMS Request - Final Rule for 2014 / Codes Reported Together 75% or More-Part6 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2022 Medicare Utilization:** 19,034

2024 Work RVU: 22.46
2024 NF PE RVU:
2024 Fac PE RVU: 10.33

RUC Recommendation: Refer to CPT to bundle. 26.80 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

55873 **Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)**

Global: 090 **Issue:** Cryoablation of Prostate **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 25 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2022 Medicare Utilization:** 1,134

2024 Work RVU: 13.60
2024 NF PE RVU: 154.94
2024 Fac PE RVU: 7.59

RUC Recommendation: 13.45

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

55875 **Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy**

Global: 090 **Issue:** RAW **Screen:** RUC request **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:**

First Identified: April 2015 **2022 Medicare Utilization:** 4,859

2024 Work RVU: 13.46
2024 NF PE RVU:
2024 Fac PE RVU: 8.41

RUC Recommendation: Review data at RAW

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Not Part of RAW

56515 **Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)**

Global: 010 **Issue:** Destruction of Lesions **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ACOG

First Identified: September 2007 **2022 Medicare Utilization:** 2,361

2024 Work RVU: 3.08
2024 NF PE RVU: 4.81
2024 Fac PE RVU: 2.85

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

56620 **Vulvectomy simple; partial**

Global: 090 **Issue:** Partial Removal of Vulva **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** D **Specialty Developing Recommendation:** ACOG

First Identified: September 2007 **2022 Medicare Utilization:** 2,801

2024 Work RVU: 7.53
2024 NF PE RVU:
2024 Fac PE RVU: 9.01

RUC Recommendation: 7.35

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 RUC Meeting: April 2017 **Tab:** 15 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2016 **2022 Medicare Utilization:** 18,396

2024 Work RVU: 0.50
2024 NF PE RVU: 1.16
2024 Fac PE RVU: 0.19

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 2,436

2024 Work RVU: 5.15
2024 NF PE RVU: 6.37
2024 Fac PE RVU: 2.88

RUC Recommendation: 5.40 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 15,742

2024 Work RVU: 2.69
2024 NF PE RVU: 3.98
2024 Fac PE RVU: 1.61

RUC Recommendation: 2.69 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 74,056

2024 Work RVU: 0.89
2024 NF PE RVU: 1.21
2024 Fac PE RVU: 0.34

RUC Recommendation: 0.89 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 6,757

2024 Work RVU: 10.08
2024 NF PE RVU:
2024 Fac PE RVU: 6.86

RUC Recommendation: 10.08 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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 **2022 Medicare Utilization:** 8,365

2024 Work RVU: 10.08
2024 NF PE RVU:
2024 Fac PE RVU: 6.88

RUC Recommendation: 10.08 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 8,276

2024 Work RVU: 13.25
2024 NF PE RVU:
2024 Fac PE RVU: 8.07

RUC Recommendation: 13.25 **Referred to CPT** September 2016 **Result:** Decrease

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 **2022 Medicare Utilization:** 3,521

2024 Work RVU: 15.00
2024 NF PE RVU:
2024 Fac PE RVU: 8.79

RUC Recommendation: 15.00 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 6,291

2024 Work RVU: 11.63
2024 NF PE RVU:
2024 Fac PE RVU: 7.46

RUC Recommendation: 13.48 **Referred to CPT** **Result:** Increase

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 **2022 Medicare Utilization:** 4,959

2024 Work RVU: 11.66
2024 NF PE RVU:
2024 Fac PE RVU: 7.51

RUC Recommendation: 13.51 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 1,342

2024 Work RVU: 11.15
2024 NF PE RVU:
2024 Fac PE RVU: 9.58

RUC Recommendation: 10.97 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 19,924

2024 Work RVU: 12.13
2024 NF PE RVU:
2024 Fac PE RVU: 8.44

RUC Recommendation: 12.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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57425 **Laparoscopy, surgical, colpopexy (suspension of vaginal apex)** **Global:** 090 **Issue:** Laparoscopic Colopexy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 27 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2022 Medicare Utilization:** 10,619

2024 Work RVU: 17.03
2024 NF PE RVU:
2024 Fac PE RVU: 9.56

RUC Recommendation: 18.02 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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58100 **Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)** **Global:** 000 **Issue:** Biopsy of Uterus Lining **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 16 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2016 **2022 Medicare Utilization:** 59,384

2024 Work RVU: 1.21
2024 NF PE RVU: 1.65
2024 Fac PE RVU: 0.48

RUC Recommendation: 1.21 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

58110 **Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Biopsy of Uterus Lining **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 16 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2017 **2022 Medicare Utilization:** 663

2024 Work RVU: 0.77
2024 NF PE RVU: 0.61
2024 Fac PE RVU: 0.30

RUC Recommendation: 0.77 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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58555 **Hysteroscopy, diagnostic (separate procedure)**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2022 Medicare Utilization:** 1,212

2024 Work RVU: 2.65
2024 NF PE RVU: 7.75
2024 Fac PE RVU: 1.44

RUC Recommendation: 3.07 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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58558 **Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2022 Medicare Utilization:** 42,979

2024 Work RVU: 4.17
2024 NF PE RVU: 34.67
2024 Fac PE RVU: 2.04

RUC Recommendation: 4.37 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

58559 **Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2015 **2022 Medicare Utilization:** 75

2024 Work RVU: 5.20
2024 NF PE RVU:
2024 Fac PE RVU: 2.41

RUC Recommendation: 5.54 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

58560 **Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2015 **2022 Medicare Utilization:** 21

2024 Work RVU: 5.75
2024 NF PE RVU:
2024 Fac PE RVU: 2.62

RUC Recommendation: 6.15 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

58561 **Hysteroscopy, surgical; with removal of leiomyomata**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2015 **2022 Medicare Utilization:** 2,058

2024 Work RVU: 6.60
2024 NF PE RVU:
2024 Fac PE RVU: 2.97

RUC Recommendation: 7.00 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

58562 **Hysteroscopy, surgical; with removal of impacted foreign body**

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 **2022 Medicare Utilization:** 175

2024 Work RVU: 4.00
2024 NF PE RVU: 8.28
2024 Fac PE RVU: 1.95

RUC Recommendation: 4.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 1,475

2024 Work RVU: 4.47
2024 NF PE RVU: 57.45
2024 Fac PE RVU: 2.13

RUC Recommendation: 4.62 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

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 **2022 Medicare Utilization:** 610

2024 Work RVU: 11.59
2024 NF PE RVU:
2024 Fac PE RVU: 6.81

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 11,612

2024 Work RVU: 11.35
2024 NF PE RVU:
2024 Fac PE RVU: 6.38

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

59200 **Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)**

Global: 000 **Issue:** Insertion of Cervical Dilator **Screen:** CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 13 **Specialty Developing Recommendation:** ACOG **First Identified:** November 2023 **2022 Medicare Utilization:** 185

2024 Work RVU: 0.79
2024 NF PE RVU: 2.14
2024 Fac PE RVU: 0.31

RUC Recommendation: 1.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 1,827

2024 Work RVU: 37.00
2024 NF PE RVU:
2024 Fac PE RVU: 25.80

RUC Recommendation: 32.69 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2022 Medicare Utilization:** 985

2024 Work RVU: 14.37
2024 NF PE RVU:
2024 Fac PE RVU: 5.73

RUC Recommendation: 14.37 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

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 **2022 Medicare Utilization:** 517

2024 Work RVU: 18.76
2024 NF PE RVU:
2024 Fac PE RVU: 8.60

RUC Recommendation: 18.54 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2022 Medicare Utilization:** 28

2024 Work RVU: 1.71
2024 NF PE RVU:
2024 Fac PE RVU: 0.86

RUC Recommendation: 1.71 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 50

2024 Work RVU: 1.61
2024 NF PE RVU:
2024 Fac PE RVU: 0.62

RUC Recommendation: 1.61 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

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 **2022 Medicare Utilization:** 538

2024 Work RVU: 7.80
2024 NF PE RVU: 7.05
2024 Fac PE RVU: 3.07

RUC Recommendation: 6.31 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

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 **2022 Medicare Utilization:** 430

2024 Work RVU: 14.30
2024 NF PE RVU: 12.82
2024 Fac PE RVU: 5.63

RUC Recommendation: 11.16 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

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 **2022 Medicare Utilization:** 609

2024 Work RVU: 3.22
2024 NF PE RVU: 3.87
2024 Fac PE RVU: 1.27

RUC Recommendation: 2.47 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

59510 **Routine obstetric care including antepartum care, cesarean delivery, and postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2022 Medicare Utilization:** 1,497

2024 Work RVU: 41.05
2024 NF PE RVU:
2024 Fac PE RVU: 27.63

RUC Recommendation: 36.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2022 Medicare Utilization:** 798

2024 Work RVU: 16.13
2024 NF PE RVU:
2024 Fac PE RVU: 6.32

RUC Recommendation: 16.13 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2022 Medicare Utilization:** 462

2024 Work RVU: 22.79
2024 NF PE RVU:
2024 Fac PE RVU: 10.69

RUC Recommendation: 22.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2022 Medicare Utilization:** 45

2024 Work RVU: 38.71
2024 NF PE RVU:
2024 Fac PE RVU: 25.92

RUC Recommendation: 34.40 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

59612 **Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2022 Medicare Utilization:** 35

2024 Work RVU: 16.09
2024 NF PE RVU:
2024 Fac PE RVU: 6.20

RUC Recommendation: 16.09 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2022 Medicare Utilization:** 27

2024 Work RVU: 20.48
2024 NF PE RVU:
2024 Fac PE RVU: 8.40

RUC Recommendation: 20.26 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

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 **2022 Medicare Utilization:** 17

2024 Work RVU: 41.57
2024 NF PE RVU:
2024 Fac PE RVU: 27.69

RUC Recommendation: 36.69 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2022 Medicare Utilization:** 8

2024 Work RVU: 16.66
2024 NF PE RVU:
2024 Fac PE RVU: 6.42

RUC Recommendation: 16.66 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

59622 **Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2022 Medicare Utilization:** 16

2024 Work RVU: 23.32
2024 NF PE RVU:
2024 Fac PE RVU: 11.36

RUC Recommendation: 22.53 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2022 Medicare Utilization:** 6,529

2024 Work RVU: 11.19
2024 NF PE RVU:
2024 Fac PE RVU: 7.98

RUC Recommendation: 12.29 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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60225 **Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy**

Global: 090 **Issue:** Total Thyroid Lobectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 46 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2022 Medicare Utilization:** 194

2024 Work RVU: 14.79
2024 NF PE RVU:
2024 Fac PE RVU: 10.63

RUC Recommendation: 14.67 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

60520 **Thymectomy, partial or total; transcervical approach (separate procedure)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:**

First Identified: November 2011 **2022 Medicare Utilization:** 340

2024 Work RVU: 17.16

2024 NF PE RVU:

2024 Fac PE RVU: 10.23

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

60521 **Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:**

First Identified: November 2011 **2022 Medicare Utilization:** 216

2024 Work RVU: 19.18

2024 NF PE RVU:

2024 Fac PE RVU: 9.64

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

60522 **Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** **First Identified:** November 2011 **2022 Medicare Utilization:** 96

2024 Work RVU: 23.48
2024 NF PE RVU:
2024 Fac PE RVU: 11.24

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

61055 **Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment**

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:** **First Identified:** January 2014 **2022 Medicare Utilization:** 87

2024 Work RVU: 2.10
2024 NF PE RVU:
2024 Fac PE RVU: 1.04

RUC Recommendation: Editorial change

Referred to CPT October 2013

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

61624 **Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)**

Global: 000 **Issue:** Endovascular Therapy with Imaging **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 04 **Specialty Developing Recommendation:** AANS, ACR, ASNR, CNS, OEIS, SIR **First Identified:** April 2022 **2022 Medicare Utilization:** 10,270

2024 Work RVU: 20.12
2024 NF PE RVU:
2024 Fac PE RVU: 8.36

RUC Recommendation: 20.00

Referred to CPT February 2024

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

61626 **Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)**

Global: 000 **Issue:** Endovascular Therapy with Imaging **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 04 **Specialty Developing Recommendation:** AANS, ACR, ASNR, CNS, OEIS, SIR **First Identified:** February 2024 **2022 Medicare Utilization:** 1,347

2024 Work RVU: 16.60
2024 NF PE RVU: NA
2024 Fac PE RVU: 6.29

RUC Recommendation: 15.31 **Referred to CPT** February 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

61781 **Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** October 2009 **2022 Medicare Utilization:** 15,392

2024 Work RVU: 3.75
2024 NF PE RVU:
2024 Fac PE RVU: 1.79

RUC Recommendation: 3.75 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

61782 **Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAO-HNS **First Identified:** October 2009 **2022 Medicare Utilization:** 17,763

2024 Work RVU: 3.18
2024 NF PE RVU:
2024 Fac PE RVU: 1.48

RUC Recommendation: 3.18 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

61783 **Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing / High Volume Growth10 **Complete?** No

Most Recent RUC Meeting: February 2010 **Tab:** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** October 2009 **2022 Medicare Utilization:** 26,207

2024 Work RVU: 3.75
2024 NF PE RVU:
2024 Fac PE RVU: 1.83

RUC Recommendation: 3.75 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

Status Report: CMS Requests and Relativity Assessment Issues

61796 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion**

Global: 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2022 Medicare Utilization:** 5,843

2024 Work RVU: 13.93
2024 NF PE RVU:
2024 Fac PE RVU: 11.48

RUC Recommendation: 15.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 7,831

2024 Work RVU: 3.48
2024 NF PE RVU:
2024 Fac PE RVU: 1.67

RUC Recommendation: 3.48 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 2,820

2024 Work RVU: 19.85
2024 NF PE RVU:
2024 Fac PE RVU: 14.19

RUC Recommendation: 19.75 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

Status Report: CMS Requests and Relativity Assessment Issues

61799 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2022 Medicare Utilization:** 633

2024 Work RVU: 4.81
2024 NF PE RVU:
2024 Fac PE RVU: 2.31

RUC Recommendation: 4.81 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 3,856

2024 Work RVU: 2.25
2024 NF PE RVU:
2024 Fac PE RVU: 1.36

RUC Recommendation: 2.25 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 4,146

2024 Work RVU: 6.05
2024 NF PE RVU:
2024 Fac PE RVU: 7.76

RUC Recommendation: 6.44 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

62263 **Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days**

Global: 010 **Issue:** Epidual Lysis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 66 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, NASS **First Identified:** September 2007 **2022 Medicare Utilization:** 199

2024 Work RVU: 5.00
2024 NF PE RVU: 13.92
2024 Fac PE RVU: 4.22

RUC Recommendation: 6.54 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

62270 **Spinal puncture, lumbar, diagnostic;**

Global: 000 **Issue:** Lumbar Puncture **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ASNR, SIR **First Identified:** October 2017 **2022 Medicare Utilization:** 22,631

2024 Work RVU: 1.22
2024 NF PE RVU: 2.9
2024 Fac PE RVU: 0.41

RUC Recommendation: 1.44 **Referred to CPT** September 2018 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

62272 **Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);**

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 **2022 Medicare Utilization:** 3,156

2024 Work RVU: 1.58
2024 NF PE RVU: 3.52
2024 Fac PE RVU: 0.71

RUC Recommendation: 1.80 **Referred to CPT** September 2018 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62281 **Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic**

Global: 010 **Issue:** Injection of Neurolytic Agent **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ASA **First Identified:** September 2007 **2022 Medicare Utilization:** 96

2024 Work RVU: 2.66
2024 NF PE RVU: 4.32
2024 Fac PE RVU: 1.75

RUC Recommendation: Remove 99238 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Q&A May 2010

62284 **Injection procedure for myelography and/or computed tomography, lumbar**

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 **2022 Medicare Utilization:** 14,175

2024 Work RVU: 1.54
2024 NF PE RVU: 3.89
2024 Fac PE RVU: 0.75

RUC Recommendation: 1.54 **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

62287 **Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar**

Global: 090 **Issue:** Percutaneous Diskectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ASA **First Identified:** September 2007 **2022 Medicare Utilization:** 103

2024 Work RVU: 9.03
2024 NF PE RVU:
2024 Fac PE RVU: 8.10

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

62290 **Injection procedure for discography, each level; lumbar**

Global: 000 **Issue:** Injection for discography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, AUR, NASS, ACR, ASNR, ISIS, AANS **First Identified:** October 2009 **2022 Medicare Utilization:** 4,934

2024 Work RVU: 3.00
2024 NF PE RVU: 7.01
2024 Fac PE RVU: 1.36

RUC Recommendation: 3.00, CPT Assistant article published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2011

Result: Maintain

62302 **Myelography via lumbar injection, including radiological supervision and interpretation; 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 **2022 Medicare Utilization:** 2,064

2024 Work RVU: 2.29
2024 NF PE RVU: 5.08
2024 Fac PE RVU: 1.00

RUC Recommendation: 2.29

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

62303 **Myelography via lumbar injection, including radiological supervision and interpretation; thoracic**

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 **2022 Medicare Utilization:** 307

2024 Work RVU: 2.29
2024 NF PE RVU: 5.22
2024 Fac PE RVU: 1.01

RUC Recommendation: 2.29

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2022 Medicare Utilization:** 9,215

2024 Work RVU: 2.25
2024 NF PE RVU: 5.08
2024 Fac PE RVU: 1.00

RUC Recommendation: 2.25 **Referred to CPT** October 2013 **Result:** Decrease

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 **2022 Medicare Utilization:** 4,331

2024 Work RVU: 2.35
2024 NF PE RVU: 5.65
2024 Fac PE RVU: 1.03

RUC Recommendation: 2.35 **Referred to CPT** October 2013 **Result:** Decrease

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

62311 **Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)**

Global: **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:** September 2011 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

62318 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic**

Global: **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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

62319 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)**

Global: **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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

62320 **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**

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 **2022 Medicare Utilization:** 1,661

2024 Work RVU: 1.80
2024 NF PE RVU: 2.87
2024 Fac PE RVU: 0.93

RUC Recommendation: 1.80 **Referred to CPT** May 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 175,954

2024 Work RVU: 1.95
2024 NF PE RVU: 5.75
2024 Fac PE RVU: 1.06

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 **2022 Medicare Utilization:** 21,604

2024 Work RVU: 1.55
2024 NF PE RVU: 2.34
2024 Fac PE RVU: 0.64

RUC Recommendation: 1.55 **Referred to CPT** May 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 548,699

2024 Work RVU: 1.80
2024 NF PE RVU: 5.78
2024 Fac PE RVU: 0.98

RUC Recommendation: 1.80 **Referred to CPT** May 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 10,995

2024 Work RVU: 1.89
2024 NF PE RVU: 2.06
2024 Fac PE RVU: 0.59

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 **2022 Medicare Utilization:** 731

2024 Work RVU: 2.20
2024 NF PE RVU: 5.1
2024 Fac PE RVU: 0.88

RUC Recommendation: 2.20 **Referred to CPT** May 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 1,641

2024 Work RVU: 1.78
2024 NF PE RVU: 2.18
2024 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 **2022 Medicare Utilization:** 1,126

2024 Work RVU: 1.90
2024 NF PE RVU: 6.09
2024 Fac PE RVU: 1.10

RUC Recommendation: 1.90 **Referred to CPT** May 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 40,475

2024 Work RVU: 1.73
2024 NF PE RVU: 4.74
2024 Fac PE RVU: 0.62

RUC Recommendation: 1.95 **Referred to CPT** September 2018 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2022 Medicare Utilization:** 2,067

2024 Work RVU: 2.03
2024 NF PE RVU: 5.5
2024 Fac PE RVU: 0.76

RUC Recommendation: 2.25 **Referred to CPT** September 2018 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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 **2022 Medicare Utilization:** 3,825

2024 Work RVU: 6.05
2024 NF PE RVU:
2024 Fac PE RVU: 4.78

RUC Recommendation: 6.05 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 741

2024 Work RVU: 3.55
2024 NF PE RVU:
2024 Fac PE RVU: 3.98

RUC Recommendation: 4.35 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 211

2024 Work RVU: 4.33
2024 NF PE RVU:
2024 Fac PE RVU: 4.10

RUC Recommendation: 4.33 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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62361 **Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** April 2008 **2022 Medicare Utilization:** 28

2024 Work RVU: 5.00
2024 NF PE RVU:
2024 Fac PE RVU: 6.28

RUC Recommendation: 5.65 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

62362 **Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2022 Medicare Utilization:** 5,790

2024 Work RVU: 5.60
2024 NF PE RVU:
2024 Fac PE RVU: 4.76

RUC Recommendation: 6.10 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62365 **Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 67 **Specialty Developing Recommendation:** AAPMR, ASA, NASS, AAPM, AANS/CNS **First Identified:** September 2007 **2022 Medicare Utilization:** 904

2024 Work RVU: 3.93
2024 NF PE RVU:
2024 Fac PE RVU: 4.12

RUC Recommendation: 4.65 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 6,627

2024 Work RVU: 0.48
2024 NF PE RVU: 0.42
2024 Fac PE RVU: 0.20

RUC Recommendation: New PE inputs. 0.48 **Referred to CPT** October 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 29,798

2024 Work RVU: 0.67
2024 NF PE RVU: 0.58
2024 Fac PE RVU: 0.27

RUC Recommendation: New PE inputs. 0.67 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 20,819

2024 Work RVU: 0.67
2024 NF PE RVU: 2.02
2024 Fac PE RVU: 0.29

RUC Recommendation: New PE inputs. 0.67 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62370 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)**

Global: XXX **Issue:** Electronic Analysis Implanted Pump (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 **2022 Medicare Utilization:** 86,854

2024 Work RVU: 0.90
2024 NF PE RVU: 1.77
2024 Fac PE RVU: 0.36

RUC Recommendation: New PE inputs. 1.10 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63020 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical**

Global: 090 **Issue:** Lumbar Laminotomy with Decompression **Screen:** Site of Service Anomaly - 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 17 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** January 2022 **2022 Medicare Utilization:** 851

2024 Work RVU: 14.91
2024 NF PE RVU:
2024 Fac PE RVU: 13.60

RUC Recommendation: 15.95 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

63030 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar**

Global: 090 **Issue:** Lumbar Laminotomy with Decompression **Screen:** Pre-Time Analysis / Site of Service Anomaly - 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 17 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** January 2014 **2022 Medicare Utilization:** 19,263

2024 Work RVU: 12.00
2024 NF PE RVU:
2024 Fac PE RVU: 11.95

RUC Recommendation: 13.18 **Referred to CPT** September 2021 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

63035 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Laminotomy with Decompression **Screen:** Site of Service Anomaly - 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 17 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** January 2022 **2022 Medicare Utilization:** 3,991

2024 Work RVU: 3.86
2024 NF PE RVU:
2024 Fac PE RVU: 1.91

RUC Recommendation: 4.00 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63042 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AANS, AAOS, NASS **First Identified:** January 2014 **2022 Medicare Utilization:** 7,182

2024 Work RVU: 18.76
2024 NF PE RVU:
2024 Fac PE RVU: 14.90

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:**

Result: Maintain

63045 **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**

Global: 090 **Issue:** Laminectomy **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 16 **Specialty Developing Recommendation:** **First Identified:** November 2013 **2022 Medicare Utilization:** 10,185

2024 Work RVU: 17.95
2024 NF PE RVU:
2024 Fac PE RVU: 14.84

RUC Recommendation: 17.95

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

63046 **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**

Global: 090 **Issue:** Laminectomy **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 16 **Specialty Developing Recommendation:** **First Identified:** November 2013 **2022 Medicare Utilization:** 4,093

2024 Work RVU: 17.25
2024 NF PE RVU:
2024 Fac PE RVU: 14.35

RUC Recommendation: 17.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

63047 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar**

Global: 090 **Issue:** Laminectomy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 24 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** September 2011 **2022 Medicare Utilization:** 81,538

2024 Work RVU: 15.37
2024 NF PE RVU:
2024 Fac PE RVU: 13.32

RUC Recommendation: 15.37 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

63048 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Laminectomy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 24 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** January 2012 **2022 Medicare Utilization:** 103,832

2024 Work RVU: 3.47
2024 NF PE RVU:
2024 Fac PE RVU: 1.72

RUC Recommendation: 3.47 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

63056 **Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** October 2008 **2022 Medicare Utilization:** 4,385

2024 Work RVU: 21.86
2024 NF PE RVU:
2024 Fac PE RVU: 16.05

RUC Recommendation: Review action plan at RAW Oct 2015. Maintain **Referred to CPT** February 2010 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

Status Report: CMS Requests and Relativity Assessment Issues

63075 **Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace**

Global: 090 **Issue:** Arthrodesis Including Discectomy **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** February 2008 **2022 Medicare Utilization:** 207

2024 Work RVU: 19.60
2024 NF PE RVU:
2024 Fac PE RVU: 15.09

RUC Recommendation: 19.60 **Referred to CPT** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

63076 **Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Arthrodesis Including Discectomy **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** **2022 Medicare Utilization:** 156

2024 Work RVU: 4.04
2024 NF PE RVU:
2024 Fac PE RVU: 2.00

RUC Recommendation: 4.04 **Referred to CPT** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

63081 **Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment**

Global: 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** April 2022 **2022 Medicare Utilization:** 3,436

2024 Work RVU: 26.10
2024 NF PE RVU:
2024 Fac PE RVU: 18.56

RUC Recommendation: Refer to CPT Assistant **Referred to CPT** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2023

Status Report: CMS Requests and Relativity Assessment Issues

63090 **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**

Global: 090 **Issue:** Vertebral Corpectomy with Arthrodesis **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAOS, AANS **First Identified:** January 2015 **2022 Medicare Utilization:** 564

2024 Work RVU: 30.93
2024 NF PE RVU:
2024 Fac PE RVU: 19.29

RUC Recommendation: Maintain **Referred to CPT** September 2016 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

63620 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion**

Global: 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2022 Medicare Utilization:** 527

2024 Work RVU: 15.60
2024 NF PE RVU:
2024 Fac PE RVU: 12.33

RUC Recommendation: 15.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

63621 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2022 Medicare Utilization:** 183

2024 Work RVU: 4.00
2024 NF PE RVU:
2024 Fac PE RVU: 1.92

RUC Recommendation: 4.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2022 Medicare Utilization:** 79,512

2024 Work RVU: 7.15
2024 NF PE RVU: 60.33
2024 Fac PE RVU: 4.45

RUC Recommendation: 7.20. New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 6,501

2024 Work RVU: 10.92
2024 NF PE RVU:
2024 Fac PE RVU: 10.86

RUC Recommendation: 11.43 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

63661 **Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed**

Global: 010 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** April 2008 **2022 Medicare Utilization:** 3,706

2024 Work RVU: 5.08
2024 NF PE RVU: 14.52
2024 Fac PE RVU: 3.85

RUC Recommendation: 5.03 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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:** April 2008 **2022 Medicare Utilization:** 1,893

2024 Work RVU: 11.00
2024 NF PE RVU:
2024 Fac PE RVU: 11.06

RUC Recommendation: 10.87 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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:** April 2008 **2022 Medicare Utilization:** 1,445

2024 Work RVU: 7.75
2024 NF PE RVU: 18.26
2024 Fac PE RVU: 4.67

RUC Recommendation: 70 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

63664 **Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** April 2008 **2022 Medicare Utilization:** 545

2024 Work RVU: 11.52
2024 NF PE RVU:
2024 Fac PE RVU: 11.40

RUC Recommendation: 11.39 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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63685 **Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver**

Global: 010 **Issue:** Spinal Neurostimulator **Screen:** Site of Service Anomaly / CMS Fastest Growing/ High Volume Growth7 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 04 **Specialty Developing Recommendation:** AANS, AAPM, AAPM&R, ASA, ASIPP, CNS, NANS, NASS, SIS **First Identified:** September 2007 **2022 Medicare Utilization:** 25,687

2024 Work RVU: 5.19
2024 NF PE RVU:
2024 Fac PE RVU: 3.98

RUC Recommendation: 5.19 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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63688 **Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array**

Global: 010 **Issue:** Spinal Neurostimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 04 **Specialty Developing Recommendation:** AANS, AAPM, AAPM&R, ASA, ASIPP, CNS, NANS, NASS, SIS **First Identified:** September 2007 **2022 Medicare Utilization:** 7,096

2024 Work RVU: 4.35
2024 NF PE RVU:
2024 Fac PE RVU: 3.73

RUC Recommendation: 4.35 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

64400 **Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAN, AAPM&R, AAPM, NANS, SIS **First Identified:** October 2021 **2022 Medicare Utilization:** 37,413

2024 Work RVU: 0.75
2024 NF PE RVU: 2.46
2024 Fac PE RVU: 0.59

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64405 **Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAN, AAPM, AAPM&R, NANS, SIS **First Identified:** July 2016 **2022 Medicare Utilization:** 120,882

2024 Work RVU: 0.94
2024 NF PE RVU: 1.11
2024 Fac PE RVU: 0.42

RUC Recommendation: 0.94 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

64408 **Injection(s), anesthetic agent(s) and/or steroid; vagus nerve**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, NANS, SIS **First Identified:** October 2021 **2022 Medicare Utilization:** 1,567

2024 Work RVU: 0.75
2024 NF PE RVU: 1.59
2024 Fac PE RVU: 0.48

RUC Recommendation: 0.90 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** FAQ Sept 2015

Status Report: CMS Requests and Relativity Assessment Issues

64415 **Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including imaging guidance, when performed**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA

First Identified: October 2008 **2022 Medicare Utilization:** 192,508

2024 Work RVU: 1.50
2024 NF PE RVU: 2.39
2024 Fac PE RVU: 0.43

RUC Recommendation: 1.50 **Referred to CPT** May 2021 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 2012

64416 **Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** Site of Service Anomaly / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA

First Identified: September 2007 **2022 Medicare Utilization:** 13,485

2024 Work RVU: 1.80
2024 NF PE RVU:
2024 Fac PE RVU: 0.33

RUC Recommendation: 1.80 **Referred to CPT** May 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64417 **Injection(s), anesthetic agent(s) and/or steroid; axillary nerve, including imaging guidance, when performed**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** part of New/Revised Review **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA

First Identified: October 2018 **2022 Medicare Utilization:** 15,886

2024 Work RVU: 1.31
2024 NF PE RVU: 3.37
2024 Fac PE RVU: 0.46

RUC Recommendation: 1.31 **Referred to CPT** May 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64418 **Injection(s), anesthetic agent(s) and/or steroid; suprascapular nerve** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, SIS **First Identified:** October 2015 **2022 Medicare Utilization:** 28,406

2024 Work RVU: 1.10
2024 NF PE RVU: 1.37
2024 Fac PE RVU: 0.43

RUC Recommendation: 1.10 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64420 **Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, NANS, SIS **First Identified:** October 2021 **2022 Medicare Utilization:** 22,533

2024 Work RVU: 1.08
2024 NF PE RVU: 1.76
2024 Fac PE RVU: 0.55

RUC Recommendation: 1.18 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

64421 **Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, each additional level (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, NANS, SIS **First Identified:** October 2021 **2022 Medicare Utilization:** 17,399

2024 Work RVU: 0.50
2024 NF PE RVU: 0.45
2024 Fac PE RVU: 0.19

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64425 **Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, NANS, SIS **First Identified:** October 2021 **2022 Medicare Utilization:** 6,972

2024 Work RVU: 1.00
2024 NF PE RVU: 2.22
2024 Fac PE RVU: 0.52

RUC Recommendation: 1.19 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64430 **Injection(s), anesthetic agent(s) and/or steroid; pudendal nerve** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ACOG, NANS, SIS **First Identified:** October 2021 **2022 Medicare Utilization:** 4,492

2024 Work RVU: 1.00
2024 NF PE RVU: 1.83
2024 Fac PE RVU: 0.51

RUC Recommendation: 1.15 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64435 **Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ACOG, NANS, SIS **First Identified:** October 2021 **2022 Medicare Utilization:** 37

2024 Work RVU: 0.75
2024 NF PE RVU: 1.54
2024 Fac PE RVU: 0.43

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64445 **Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, including imaging guidance, when performed** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, ASA **First Identified:** October 2008 **2022 Medicare Utilization:** 131,118

2024 Work RVU: 1.39
2024 NF PE RVU: 3.23
2024 Fac PE RVU: 0.61

RUC Recommendation: 1.39 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 2012

64446 **Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Site of Service Anomaly / High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** February 2008 **2022 Medicare Utilization:** 4,622

2024 Work RVU: 1.75
2024 NF PE RVU:
2024 Fac PE RVU: 0.33

RUC Recommendation: 1.75 **Referred to CPT** May 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64447 **Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, including imaging guidance, when performed**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** October 2008 **2022 Medicare Utilization:** 340,001

2024 Work RVU: 1.34
2024 NF PE RVU: 2.03
2024 Fac PE RVU: 0.42

RUC Recommendation: 1.34 **Referred to CPT** May 2021 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 2012

64448 **Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** Site of Service Anomaly / High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** February 2008 **2022 Medicare Utilization:** 28,796

2024 Work RVU: 1.68
2024 NF PE RVU:
2024 Fac PE RVU: 0.31

RUC Recommendation: 1.68 **Referred to CPT** May 2021 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

64449 **Injection(s), anesthetic agent(s) and/or steroid; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, NANS, SIS **First Identified:** September 2007 **2022 Medicare Utilization:** 914

2024 Work RVU: 1.27
2024 NF PE RVU:
2024 Fac PE RVU: 0.48

RUC Recommendation: 1.55 **Referred to CPT** February 2008 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64450 **Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Harvard Valued - Utilization over 100,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million / High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, APMA, NANS, SIS **First Identified:** October 2009 **2022 Medicare Utilization:** 362,024

2024 Work RVU: 0.75
2024 NF PE RVU: 1.42
2024 Fac PE RVU: 0.41

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2013

64451 **Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, NANS, SIS **First Identified:** October 2021 **2022 Medicare Utilization:** 22,213

2024 Work RVU: 1.52
2024 NF PE RVU: 5.18
2024 Fac PE RVU: 0.77

RUC Recommendation: 1.52 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

64454 **Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, NANS, SIS **First Identified:** October 2021 **2022 Medicare Utilization:** 45,000

2024 Work RVU: 1.52
2024 NF PE RVU: 5
2024 Fac PE RVU: 0.79

RUC Recommendation: 1.52 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64455 **Injection(s), anesthetic agent(s) and/or steroid; plantar common digital nerve(s) (eg, Morton's neuroma)**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** High Volume Growth4 / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, APMA, NANS, SIS **First Identified:** October 2016 **2022 Medicare Utilization:** 65,814

2024 Work RVU: 0.75
2024 NF PE RVU: 0.69
2024 Fac PE RVU: 0.18

RUC Recommendation: 0.75 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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64461 **Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)**

Global: 000 **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 10 **Specialty Developing Recommendation:** ASA **First Identified:** April 2015 **2022 Medicare Utilization:** 7,227

2024 Work RVU: 1.75
2024 NF PE RVU: 2.11
2024 Fac PE RVU: 0.40

RUC Recommendation: CPT Assistant article published Jan 2016 **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Jan 2016 **Result:** Not Part of RAW

64462 **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)**

Global: ZZZ **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 10 **Specialty Developing Recommendation:** ASA **First Identified:** April 2015 **2022 Medicare Utilization:** 1,947

2024 Work RVU: 1.10
2024 NF PE RVU: 0.94
2024 Fac PE RVU: 0.24

RUC Recommendation: CPT Assistant article published Jan 2016 **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Jan 2016 **Result:** Not Part of RAW

Status Report: CMS Requests and Relativity Assessment Issues

64463 **Paravertebral block (PVB) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)**

Global: 000 **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 10 **Specialty Developing Recommendation:** ASA **First Identified:** April 2015 **2022 Medicare Utilization:** 1,042

2024 Work RVU: 1.90
2024 NF PE RVU: 4.77
2024 Fac PE RVU: 0.35

RUC Recommendation: CPT Assistant article published Jan 2016 **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Jan 2016 **Result:** Not Part of RAW

64470 **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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

64472 **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:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

64475 **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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

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 **2022 Medicare Utilization:**
2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64479 **Injection(s), anesthetic agent(s) 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 **2022 Medicare Utilization:** 35,983
2024 Work RVU: 2.29
2024 NF PE RVU: 5.48
2024 Fac PE RVU: 1.39

RUC Recommendation: 2.29 **Referred to CPT** June 2009 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

64480 **Injection(s), anesthetic agent(s) 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 **2022 Medicare Utilization:** 13,294
2024 Work RVU: 1.20
2024 NF PE RVU: 2.73
2024 Fac PE RVU: 0.50

RUC Recommendation: 1.20 **Referred to CPT** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64483 **Injection(s), anesthetic agent(s) 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 **2022 Medicare Utilization:** 880,177
2024 Work RVU: 1.90
2024 NF PE RVU: 5.32
2024 Fac PE RVU: 1.24

RUC Recommendation: 1.90 **Referred to CPT** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64484 **Injection(s), anesthetic agent(s) 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 **2022 Medicare Utilization:** 325,687

2024 Work RVU: 1.00
2024 NF PE RVU: 2.24
2024 Fac PE RVU: 0.43

RUC Recommendation: 1.00 **Referred to CPT** June 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64488 **Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed)**

Global: 000 **Issue:** RAW **Screen:** High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ANA, ASA **First Identified:** April 2022 **2022 Medicare Utilization:** 62,861

2024 Work RVU: 1.60
2024 NF PE RVU: 2.39
2024 Fac PE RVU: 0.30

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

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:** **2022 Medicare Utilization:** 228,012

2024 Work RVU: 1.82
2024 NF PE RVU: 3.79
2024 Fac PE RVU: 1.14

RUC Recommendation: 1.82 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2022 Medicare Utilization:** 203,743

2024 Work RVU: 1.16
2024 NF PE RVU: 1.64
2024 Fac PE RVU: 0.48

RUC Recommendation: 1.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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64492 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2022 Medicare Utilization:** 960

2024 Work RVU: 1.16
2024 NF PE RVU: 1.65
2024 Fac PE RVU: 0.51

RUC Recommendation: 1.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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64493 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level**

Global: 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2022 Medicare Utilization:** 767,913

2024 Work RVU: 1.52
2024 NF PE RVU: 3.66
2024 Fac PE RVU: 1.03

RUC Recommendation: 1.52 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

64494 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2022 Medicare Utilization:** 689,688

2024 Work RVU: 1.00
2024 NF PE RVU: 1.63
2024 Fac PE RVU: 0.41

RUC Recommendation: 1.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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64495 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2022 Medicare Utilization:** 2,562

2024 Work RVU: 1.00
2024 NF PE RVU: 1.63
2024 Fac PE RVU: 0.44

RUC Recommendation: 1.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 5,787

2024 Work RVU: 1.22
2024 NF PE RVU: 3.06
2024 Fac PE RVU: 0.96

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 12,518

2024 Work RVU: 1.35
2024 NF PE RVU: 5.44
2024 Fac PE RVU: 1.06

RUC Recommendation: PE Review - no change
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: PE Only

64550 **Application of surface (transcutaneous) neurostimulator (eg, TENS unit)**
Global: **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** AANS, CNS, AOTA **First Identified:** January 2017 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT
Referred to CPT June 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Deleted from CPT

64553 **Percutaneous implantation of neurostimulator electrode array; cranial nerve**
Global: 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 15 **Specialty Developing Recommendation:** AANS, CNS, ASA **First Identified:** July 2014 **2022 Medicare Utilization:** 42

2024 Work RVU: 6.13
2024 NF PE RVU: 107.38
2024 Fac PE RVU: 5.06

RUC Recommendation: 6.13
Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

64555 **Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)**

Global: 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** High Volume Growth1 / CMS Fastest Growing / Final Rule for 2015 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** AANS, CNS, ASA **First Identified:** February 2008 **2022 Medicare Utilization:** 9,610

2024 Work RVU: 5.76
2024 NF PE RVU: 57.29
2024 Fac PE RVU: 3.30

RUC Recommendation: 5.76. Article published Jan2016 and addressed issues.

Referred to CPT September 2016

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

Result: Increase

64561 **Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed**

Global: 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** CMS Fastest Growing / High Volume Growth2 / High Level E/M in Global Period / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AANS, CNS **First Identified:** October 2008 **2022 Medicare Utilization:** 26,286

2024 Work RVU: 5.44
2024 NF PE RVU: 15.82
2024 Fac PE RVU: 2.88

RUC Recommendation: 5.44. 99214 visit appropriate. Remove from screen.

Referred to CPT September 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

64565 **Percutaneous implantation of neurostimulator electrode array; neuromuscular**

Global: **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 15 **Specialty Developing Recommendation:** AANS, CNS **First Identified:** January 2017 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

64566 **Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming**

Global: 000 **Issue:** Posterior Tibial Neurostimulation **Screen:** CMS Request - Final Rule for 2014 / High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** July 2013 **2022 Medicare Utilization:** 159,314

2024 Work RVU: 0.60
2024 NF PE RVU: 2.82
2024 Fac PE RVU: 0.22

RUC Recommendation: 0.60 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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64568 **Open 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:** February 2009 **2022 Medicare Utilization:** 251

2024 Work RVU: 9.00
2024 NF PE RVU:
2024 Fac PE RVU: 7.31

RUC Recommendation: 11.19 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

Status Report: CMS Requests and Relativity Assessment Issues

64581 **Open 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 **2022 Medicare Utilization:** 6,897

2024 Work RVU: 12.20
2024 NF PE RVU:
2024 Fac PE RVU: 5.74

RUC Recommendation: 12.20. 99214 visit appropriate. Remove from screen.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

64590 **Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver**

Global: 010 **Issue:** Skin Adhesives (PE Only) **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million / Different Performing Specialty from Survey/ RUC recommendation process, not part of RAW screens / PE Skin Adhesives / Different Performing Specialty from Survey5 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 07 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** April 2022 **2022 Medicare Utilization:** 15,943

2024 Work RVU: 5.10
2024 NF PE RVU: 7.44
2024 Fac PE RVU: 3.00

RUC Recommendation: New PE Inputs. CPT Assistant Article

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2024

Result: Increase

64595 **Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array**

Global: 010 **Issue:** Skin Adhesives (PE Only) **Screen:** RUC recommendation process, not part of RAW screens / PE Skin Adhesives **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 07 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** April 2022 **2022 Medicare Utilization:** 3,024

2024 Work RVU: 3.79
2024 NF PE RVU: 6.59
2024 Fac PE RVU: 2.54

RUC Recommendation: New PE Inputs. CPT Assistant Article

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2024

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

64596 **Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array**

Global: 010 **Issue:** Spinal Neurostimulator **Screen:** Contractor Price-Survey below 30 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 04 **Specialty Developing Recommendation:** AAPM, ASA, ASIPP, NANS **First Identified:** September 2022 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: Review action plan. Contractor Price.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Contractor Price

64597 **Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Spinal Neurostimulator **Screen:** Contractor Price-Survey below 30 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 04 **Specialty Developing Recommendation:** AAPM, ASA, ASIPP, NANS **First Identified:** September 2022 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: Review action plan. Contractor Price.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Contractor Price

64598 **Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator**

Global: 010 **Issue:** Spinal Neurostimulator **Screen:** Contractor Price-Survey below 30 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 04 **Specialty Developing Recommendation:** AAPM, ASA, ASIPP, NANS **First Identified:** September 2022 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: Review action plan. Contractor Price.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Contractor Price

Status Report: CMS Requests and Relativity Assessment Issues

64615 **Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)**

Global: 010 **Issue:** **Screen:** High Volume Growth6 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 23 **Specialty Developing Recommendation:** AAN, AANEM, AAPM&R, NANS **First Identified:** October 2019 **2022 Medicare Utilization:** 161,627

2024 Work RVU: 1.85
2024 NF PE RVU: 2.16
2024 Fac PE RVU: 1.22

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

64622 **Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level**

Global: **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review, High Volume Growth1 / CMS Fastest Growing, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: PE Review - no change **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64623 **Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)**

Global: **Issue:** Destruction by Neurolytic Agent **Screen:** High Volume Growth1, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64626 **Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level**

Global: **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review, High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: PE Review - no change **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

64627 **Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)**

Global: **Issue:** Destruction by Neurolytic Agent **Screen:** High Volume Growth1/ CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **2022 Medicare Utilization:** 86,733

2024 Work RVU: 3.32
2024 NF PE RVU: 9.51
2024 Fac PE RVU: 2.10

RUC Recommendation: 3.42 **Referred to CPT** May 2015 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2015

Status Report: CMS Requests and Relativity Assessment Issues

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?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **2022 Medicare Utilization:** 95,086

2024 Work RVU: 1.32
2024 NF PE RVU: 6.22
2024 Fac PE RVU: 0.54

RUC Recommendation: 1.32 **Referred to CPT** May 2015 **Referred to CPT Asst** ☑ **Published in CPT Asst:** Feb 2015 **Result:** Maintain

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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?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **2022 Medicare Utilization:** 352,439

2024 Work RVU: 3.32
2024 NF PE RVU: 9.62
2024 Fac PE RVU: 2.11

RUC Recommendation: 3.42 **Referred to CPT** May 2015 **Referred to CPT Asst** ☑ **Published in CPT Asst:** Feb 2015 **Result:** Decrease

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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?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **2022 Medicare Utilization:** 381,076

2024 Work RVU: 1.16
2024 NF PE RVU: 5.93
2024 Fac PE RVU: 0.47

RUC Recommendation: 1.16 **Referred to CPT** May 2015 **Referred to CPT Asst** ☑ **Published in CPT Asst:** Feb 2015 **Result:** Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 72,404

2024 Work RVU: 1.98
2024 NF PE RVU: 5.27
2024 Fac PE RVU: 1.37

RUC Recommendation: 1.23. Remove 99238.
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

64708 **Neuroplasty, major peripheral nerve, arm or leg, open; other than specified**
Global: 090 **Issue:** Neuroplasty – Leg or Arm **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 69 **Specialty Developing Recommendation:** AOFAS, ASSH, AAOS, ASPS **First Identified:** September 2007 **2022 Medicare Utilization:** 8,567

2024 Work RVU: 6.36
2024 NF PE RVU:
2024 Fac PE RVU: 8.08

RUC Recommendation: 6.36
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

64712 **Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve**
Global: 090 **Issue:** Neuroplasty – Leg or Arm **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 40 **Specialty Developing Recommendation:** AOFAS, ASSH, AAOS, ASPS **First Identified:** September 2007 **2022 Medicare Utilization:** 628

2024 Work RVU: 8.07
2024 NF PE RVU:
2024 Fac PE RVU: 8.28

RUC Recommendation: Remove from screen
Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Remove from Screen

64831 **Suture of digital nerve, hand or foot; 1 nerve**
Global: 090 **Issue:** Neurorrhaphy – Finger **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 70 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2007 **2022 Medicare Utilization:** 728

2024 Work RVU: 9.16
2024 NF PE RVU:
2024 Fac PE RVU: 10.18

RUC Recommendation: 9.16
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 565

2024 Work RVU: 9.93
2024 NF PE RVU:
2024 Fac PE RVU: 17.85

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

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 **2022 Medicare Utilization:** 22,562

2024 Work RVU: 0.49
2024 NF PE RVU: 0.33
2024 Fac PE RVU: 0.34

RUC Recommendation: 0.49

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

65210 **Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating**

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 **2022 Medicare Utilization:** 17,304

2024 Work RVU: 0.61
2024 NF PE RVU: 0.5
2024 Fac PE RVU: 0.42

RUC Recommendation: 0.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

65222 **Removal of foreign body, external eye; corneal, with slit lamp**

Global: 000 **Issue:** Removal of Foreign Body **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 26 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2011 **2022 Medicare Utilization:** 19,828

2024 Work RVU: 0.84
2024 NF PE RVU: 1.14
2024 Fac PE RVU: 0.60

RUC Recommendation: 0.93 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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65285 **Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue**

Global: 090 **Issue:** Repair of Eye Wound **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 8 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2022 Medicare Utilization:** 612

2024 Work RVU: 15.36
2024 NF PE RVU:
2024 Fac PE RVU: 16.20

RUC Recommendation: 16.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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65778 **Placement of amniotic membrane on the ocular surface; without sutures**

Global: 000 **Issue:** Ocular Surface Amniotic Membrane Placement/Reconstruction **Screen:** High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** April 2022 **2022 Medicare Utilization:** 54,190

2024 Work RVU: 0.84
2024 NF PE RVU: 31.76
2024 Fac PE RVU: 0.42

RUC Recommendation: 0.84 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

65779 **Placement of amniotic membrane on the ocular surface; single layer, sutured**

Global: 000 **Issue:** Ocular Surface Amniotic Membrane Placement/Reconstruction **Screen:** High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AOA

First Identified: September 2022 **2022 Medicare Utilization:** 526

2024 Work RVU: 1.75
2024 NF PE RVU: 32.78
2024 Fac PE RVU: 1.60

RUC Recommendation: 1.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

65780 **Ocular surface reconstruction; amniotic membrane transplantation, multiple layers**

Global: 090 **Issue:** Ocular Surface Amniotic Membrane Placement/Reconstruction **Screen:** CMS Fastest Growing / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AOA

First Identified: October 2008 **2022 Medicare Utilization:** 1,548

2024 Work RVU: 7.03
2024 NF PE RVU:
2024 Fac PE RVU: 10.04

RUC Recommendation: 7.03

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 **2022 Medicare Utilization:** 14,671

2024 Work RVU: 1.53
2024 NF PE RVU: 1.91
2024 Fac PE RVU: 0.98

RUC Recommendation: 1.53

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

65820 **Goniotomy**

Global: 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAO **First Identified:** April 2023 **2022 Medicare Utilization:** 33,233

2024 Work RVU: 8.91
2024 NF PE RVU:
2024 Fac PE RVU: 14.93

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 129,556

2024 Work RVU: 3.00
2024 NF PE RVU: 4.07
2024 Fac PE RVU: 2.85

RUC Recommendation: 3.00 **Referred to CPT** February 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 4,824

2024 Work RVU: 13.94
2024 NF PE RVU:
2024 Fac PE RVU: 17.49

RUC Recommendation: 13.94 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 1,836

2024 Work RVU: 14.84
2024 NF PE RVU:
2024 Fac PE RVU: 19.52

RUC Recommendation: 14.81 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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66174 **Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent**

Global: 090 **Issue:** Dilation of Aqueous Outflow Canal **Screen:** New Technology/ New Service **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAO **First Identified:** April 2010 **2022 Medicare Utilization:** 19,414

2024 Work RVU: 7.62
2024 NF PE RVU:
2024 Fac PE RVU: 10.36

RUC Recommendation: Remove from screen. 8.53 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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66175 **Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention of device or stent**

Global: 090 **Issue:** Dilation of Aqueous Outflow Cana **Screen:** New Technology/ New Service **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAO **First Identified:** October 2020 **2022 Medicare Utilization:** 418

2024 Work RVU: 9.34
2024 NF PE RVU:
2024 Fac PE RVU: 11.48

RUC Recommendation: Remove from screen. 10.25 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 709

2024 Work RVU: 14.00
2024 NF PE RVU:
2024 Fac PE RVU: 17.01

RUC Recommendation: 14.00 **Referred to CPT** October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

66180 **Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million / 090-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2022 Medicare Utilization:** 9,127

2024 Work RVU: 15.00
2024 NF PE RVU:
2024 Fac PE RVU: 17.65

RUC Recommendation: Maintain. 15.00 **Referred to CPT** October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

66183 **Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million / 090-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2022 Medicare Utilization:** 6,916

2024 Work RVU: 13.20
2024 NF PE RVU:
2024 Fac PE RVU: 16.37

RUC Recommendation: Maintain. 13.20 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

66184 **Revision of aqueous shunt to extraocular equatorial plate reservoir; 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 **2022 Medicare Utilization:** 521

2024 Work RVU: 9.58
2024 NF PE RVU:
2024 Fac PE RVU: 13.25

RUC Recommendation: 9.58 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

66185 **Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft** **Global:** 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million / 090-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2022 Medicare Utilization:** 1,520

2024 Work RVU: 10.58
2024 NF PE RVU:
2024 Fac PE RVU: 13.90

RUC Recommendation: Maintain. 10.58 **Referred to CPT** October 2013 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

66711 **Ciliary body destruction; cyclophotocoagulation, endoscopic, without concomitant removal of crystalline lens** **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:** AAO **First Identified:** October 2017 **2022 Medicare Utilization:** 676

2024 Work RVU: 5.62
2024 NF PE RVU:
2024 Fac PE RVU: 9.05

RUC Recommendation: 6.36 **Referred to CPT** May 2018 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

66761 **Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)**

Global: 010 **Issue:** Iridotomy **Screen:** High IWPUT / 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2022 Medicare Utilization:** 48,797

2024 Work RVU: 3.00
2024 NF PE RVU: 5.69
2024 Fac PE RVU: 3.79

RUC Recommendation: Maintain. 3.00 **Referred to CPT** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66821 **Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)**

Global: 090 **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 41 **Specialty Developing Recommendation:** AAO **First Identified:** October 2010 **2022 Medicare Utilization:** 625,427

2024 Work RVU: 3.42
2024 NF PE RVU: 6.31
2024 Fac PE RVU: 5.62

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

66982 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation**

Global: 090 **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** High IWPUT / CMS Fastest Growing, Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2022 Medicare Utilization:** 140,997

2024 Work RVU: 10.25
2024 NF PE RVU:
2024 Fac PE RVU: 11.07

RUC Recommendation: Remove from screen. 10.25 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2009

Status Report: CMS Requests and Relativity Assessment Issues

66983 **Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)**

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 **2022 Medicare Utilization:** 38

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: Contractor Price **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Contractor Price

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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:** Cataract Removal with Drainage Device Insertion **Screen:** High IWPUT / MPC List / Codes Reported Together 75%or More-Part4 / Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2022 Medicare Utilization:** 1,485,103

2024 Work RVU: 7.35
2024 NF PE RVU:
2024 Fac PE RVU: 8.24

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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:** Cataract Removal with Drainage Device Insertion **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 16 **Specialty Developing Recommendation:** AAO **First Identified:** January 2019 **2022 Medicare Utilization:** 542

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: 13.15 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 3,028

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: 10.25 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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66989 **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 insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more**

Global: 090 **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** High Volume Category III Codes 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 16 **Specialty Developing Recommendation:** AAO **First Identified:** January 2021 **2022 Medicare Utilization:** 5,185

2024 Work RVU: 12.13
2024 NF PE RVU:
2024 Fac PE RVU: 12.29

RUC Recommendation: 12.13 **Referred to CPT** October 2020 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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66991 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more**

Global: 090 **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** High Volume Category III Codes 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 16 **Specialty Developing Recommendation:** AAO **First Identified:** January 2021 **2022 Medicare Utilization:** 41,677

2024 Work RVU: 9.23
2024 NF PE RVU:
2024 Fac PE RVU: 10.35

RUC Recommendation: 9.23 **Referred to CPT** October 2020 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

67028 **Intravitreal injection of a pharmacologic agent (separate procedure)**

Global: 000 **Issue:** Treatment of Retinal Lesion **Screen:** High Volume Growth1 / CMS Fastest Growing, Harvard Valued - Utilization over 100,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: February 2008 **2022 Medicare Utilization:** 3,989,677

2024 Work RVU: 1.44
2024 NF PE RVU: 1.82
2024 Fac PE RVU: 1.16

RUC Recommendation: 1.44

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

67036 **Vitrectomy, mechanical, pars plana approach;**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 11 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2022 Medicare Utilization:** 17,654

2024 Work RVU: 12.13
2024 NF PE RVU:
2024 Fac PE RVU: 13.50

RUC Recommendation: 12.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67038 **Deleted from CPT**

Global: **Issue:** Ophthalmological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2007
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

67039 **Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 11 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2022 Medicare Utilization:** 3,693

2024 Work RVU: 13.20
2024 NF PE RVU:
2024 Fac PE RVU: 14.19

RUC Recommendation: 13.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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67040 **Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 11 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2022 Medicare Utilization:** 5,876

2024 Work RVU: 14.50
2024 NF PE RVU:
2024 Fac PE RVU: 15.02

RUC Recommendation: 14.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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67041 **Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2022 Medicare Utilization:** 10,569

2024 Work RVU: 16.33
2024 NF PE RVU:
2024 Fac PE RVU: 16.20

RUC Recommendation: 16.33 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

67042 **Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2022 Medicare Utilization:** 22,448

2024 Work RVU: 16.33
2024 NF PE RVU:
2024 Fac PE RVU: 16.20

RUC Recommendation: 16.33 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67043 **Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2022 Medicare Utilization:** 245

2024 Work RVU: 17.40
2024 NF PE RVU:
2024 Fac PE RVU: 16.89

RUC Recommendation: 17.40 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67101 **Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy**

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 **2022 Medicare Utilization:** 316

2024 Work RVU: 3.50
2024 NF PE RVU: 6.23
2024 Fac PE RVU: 4.70

RUC Recommendation: 3.50 **Referred to CPT** May 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 3,557

2024 Work RVU: 3.39
2024 NF PE RVU: 5.19
2024 Fac PE RVU: 4.52

RUC Recommendation: 3.84 **Referred to CPT** May 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 409

2024 Work RVU: 16.00
2024 NF PE RVU:
2024 Fac PE RVU: 15.99

RUC Recommendation: 16.00. Reduce 99238 to 0.5 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 15,275

2024 Work RVU: 17.13
2024 NF PE RVU:
2024 Fac PE RVU: 16.71

RUC Recommendation: 17.13 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 RUC Meeting: April 2015 **Tab:** 12 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2022 Medicare Utilization:** 2,304

2024 Work RVU: 10.25
2024 NF PE RVU: 15.46
2024 Fac PE RVU: 13.12

RUC Recommendation: 10.25. Remove 99238

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 RUC Meeting: April 2015 **Tab:** 12 **Specialty Developing Recommendation:** AAO

First Identified: April 2014 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

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 RUC Meeting: April 2015 **Tab:** 12 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2022 Medicare Utilization:** 10,182

2024 Work RVU: 19.00
2024 NF PE RVU:
2024 Fac PE RVU: 18.83

RUC Recommendation: 19.00

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67141 **Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; cryotherapy, diathermy**

Global: 010 **Issue:** Retinal Detachment Prophylaxis **Screen:** Harvard Valued - Utilization over 30,000-Part4 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 08 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** January 2020 **2022 Medicare Utilization:** 1,171

2024 Work RVU: 2.53
2024 NF PE RVU: 5.34
2024 Fac PE RVU: 3.72

RUC Recommendation: 2.53 **Referred to CPT** May 2020 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67145 **Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; photocoagulation**

Global: 010 **Issue:** Retinal Detachment Prophylaxis **Screen:** Harvard Valued - Utilization over 30,000-Part4 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 08 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** October 2019 **2022 Medicare Utilization:** 29,855

2024 Work RVU: 2.53
2024 NF PE RVU: 4.54
2024 Fac PE RVU: 3.72

RUC Recommendation: 2.53 **Referred to CPT** May 2020 **Result:** Decrease

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 **2022 Medicare Utilization:** 38,623

2024 Work RVU: 6.36
2024 NF PE RVU: 8.48
2024 Fac PE RVU: 7.95

RUC Recommendation: 6.36 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67220 **Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions**

Global: 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 13 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2022 Medicare Utilization:** 1,885

2024 Work RVU: 6.36
2024 NF PE RVU: 8.94
2024 Fac PE RVU: 7.96

RUC Recommendation: 6.36 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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67225 **Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)**

Global: ZZZ **Issue:** Photodynamic Therapy of the Eye **Screen:** New Technology **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** P **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2022 Medicare Utilization:** 75

2024 Work RVU: 0.47
2024 NF PE RVU: 0.35
2024 Fac PE RVU: 0.30

RUC Recommendation: 0.47 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

67228 **Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation**

Global: 010 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 40 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2022 Medicare Utilization:** 40,257

2024 Work RVU: 4.39
2024 NF PE RVU: 5.37
2024 Fac PE RVU: 4.24

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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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 **2022 Medicare Utilization:** 638

2024 Work RVU: 8.38
2024 NF PE RVU:
2024 Fac PE RVU: 11.47

RUC Recommendation: 10.17 **Referred to CPT** October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

67311 **Strabismus surgery, recession or resection procedure; 1 horizontal muscle**

Global: 090 **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** April 2020 **2022 Medicare Utilization:** 4,714

2024 Work RVU: 5.93
2024 NF PE RVU:
2024 Fac PE RVU: 7.16

RUC Recommendation: 5.93 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

67312 **Strabismus surgery, recession or resection procedure; 2 horizontal muscles**

Global: 090 **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** April 2020 **2022 Medicare Utilization:** 1,244

2024 Work RVU: 9.50
2024 NF PE RVU:
2024 Fac PE RVU: 9.47

RUC Recommendation: 9.50 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

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?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** April 2020 **2022 Medicare Utilization:** 2,320

2024 Work RVU: 5.93
2024 NF PE RVU:
2024 Fac PE RVU: 7.16

RUC Recommendation: 5.93 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** April 2020 **2022 Medicare Utilization:** 107

2024 Work RVU: 10.31
2024 NF PE RVU:
2024 Fac PE RVU: 10.02

RUC Recommendation: 10.31 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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67318 **Strabismus surgery, any procedure, superior oblique muscle**

Global: 090 **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** April 2020 **2022 Medicare Utilization:** 134

2024 Work RVU: 9.80
2024 NF PE RVU:
2024 Fac PE RVU: 9.88

RUC Recommendation: 9.80 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** October 2019 **2022 Medicare Utilization:** 308

2024 Work RVU: 3.00
2024 NF PE RVU:
2024 Fac PE RVU: 1.90

RUC Recommendation: 3.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

67331 **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)**

Global: ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** October 2019 **2022 Medicare Utilization:** 944

2024 Work RVU: 2.00
2024 NF PE RVU:
2024 Fac PE RVU: 2.45

RUC Recommendation: 2.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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67332 **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)**

Global: ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** October 2019 **2022 Medicare Utilization:** 1,400

2024 Work RVU: 3.50
2024 NF PE RVU:
2024 Fac PE RVU: 2.22

RUC Recommendation: 3.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

67334 **Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** October 2019 **2022 Medicare Utilization:** 92

2024 Work RVU: 2.06
2024 NF PE RVU:
2024 Fac PE RVU: 2.32

RUC Recommendation: 2.06 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67335 **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)**

Global: ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** October 2019 **2022 Medicare Utilization:** 1,398

2024 Work RVU: 3.23
2024 NF PE RVU:
2024 Fac PE RVU: 2.03

RUC Recommendation: 3.23 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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67340 **Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** October 2019 **2022 Medicare Utilization:** 59

2024 Work RVU: 5.00
2024 NF PE RVU:
2024 Fac PE RVU: 3.21

RUC Recommendation: 5.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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67500 **Retrobulbar injection; medication (separate procedure, does not include supply of medication)**

Global: 000 **Issue:** Injection – Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 11 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** October 2017 **2022 Medicare Utilization:** 5,723

2024 Work RVU: 1.18
2024 NF PE RVU: 1.03
2024 Fac PE RVU: 0.63

RUC Recommendation: 1.18 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

67505 **Retrobulbar injection; alcohol**

Global: 000 **Issue:** Injection – Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 11 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: October 2017 **2022 Medicare Utilization:** 71

2024 Work RVU: 1.18
2024 NF PE RVU: 1.29
2024 Fac PE RVU: 0.86

RUC Recommendation: 1.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67515 **Injection of medication or other substance into Tenon's capsule**

Global: 000 **Issue:** Injection – Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 11 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: July 2016 **2022 Medicare Utilization:** 19,697

2024 Work RVU: 0.75
2024 NF PE RVU: 0.72
2024 Fac PE RVU: 0.58

RUC Recommendation: 0.84

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67820 **Correction of trichiasis; epilation, by forceps only**

Global: 000 **Issue:** Correction of Trichiasis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 29 **Specialty Developing Recommendation:** AOA, AOA (optometry)

First Identified: July 2015 **2022 Medicare Utilization:** 173,837

2024 Work RVU: 0.32
2024 NF PE RVU: 0.22
2024 Fac PE RVU: 0.32

RUC Recommendation: 0.32

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2022 Medicare Utilization:** 1,353

2024 Work RVU: 3.75
2024 NF PE RVU: 10.54
2024 Fac PE RVU: 5.74

RUC Recommendation: 3.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2022 Medicare Utilization:** 181

2024 Work RVU: 2.03
2024 NF PE RVU: 7.28
2024 Fac PE RVU: 3.79

RUC Recommendation: 2.03

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2022 Medicare Utilization:** 1,028

2024 Work RVU: 5.48
2024 NF PE RVU: 12.29
2024 Fac PE RVU: 6.85

RUC Recommendation: 5.48

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2022 Medicare Utilization:** 19,453

2024 Work RVU: 5.93
2024 NF PE RVU: 12.22
2024 Fac PE RVU: 7.14

RUC Recommendation: 5.93

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2022 Medicare Utilization:** 2,698

2024 Work RVU: 3.47
2024 NF PE RVU: 10.56
2024 Fac PE RVU: 5.59

RUC Recommendation: 3.47

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2022 Medicare Utilization:** 75

2024 Work RVU: 2.03
2024 NF PE RVU: 7.01
2024 Fac PE RVU: 3.79

RUC Recommendation: 2.03

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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

2022 Medicare Utilization: 690

2024 Work RVU: 5.48
2024 NF PE RVU: 12.31
2024 Fac PE RVU: 6.87

RUC Recommendation: 5.48

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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

2022 Medicare Utilization: 9,060

2024 Work RVU: 5.93
2024 NF PE RVU: 12.99
2024 Fac PE RVU: 7.15

RUC Recommendation: 5.93

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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

2022 Medicare Utilization: 6,534

2024 Work RVU: 0.85
2024 NF PE RVU: 0.97
2024 Fac PE RVU: 0.52

RUC Recommendation: Revised parenthetical

Referred to CPT February 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

68200 **Subconjunctival injection**

Global: 000 **Issue:** Subconjunctival Injection **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAO

First Identified: April 2011 **2022 Medicare Utilization:** 5,018

2024 Work RVU: 0.49
2024 NF PE RVU: 0.71
2024 Fac PE RVU: 0.48

RUC Recommendation: 0.49

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

68801 **Dilation of lacrimal punctum, with or without irrigation**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: January 2014 **2022 Medicare Utilization:** 22,991

2024 Work RVU: 0.82
2024 NF PE RVU: 2.02
2024 Fac PE RVU: 1.51

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

68810 **Probing of nasolacrimal duct, with or without irrigation;**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** Site of Service Anomaly / 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: September 2007 **2022 Medicare Utilization:** 22,242

2024 Work RVU: 1.54
2024 NF PE RVU: 3.16
2024 Fac PE RVU: 2.15

RUC Recommendation: 1.54

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

68811 **Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia**

Global: 010 **Issue:** **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** September 2014 **2022 Medicare Utilization:** 331

2024 Work RVU: 1.74
2024 NF PE RVU:
2024 Fac PE RVU: 2.13

RUC Recommendation: 2.03 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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68815 **Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** January 2014 **2022 Medicare Utilization:** 6,655

2024 Work RVU: 2.70
2024 NF PE RVU: 8.29
2024 Fac PE RVU: 3.70

RUC Recommendation: 3.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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68816 **Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation**

Global: 010 **Issue:** **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** September 2014 **2022 Medicare Utilization:** 153

2024 Work RVU: 2.10
2024 NF PE RVU: 23.03
2024 Fac PE RVU: 2.40

RUC Recommendation: 2.35 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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69100 **Biopsy external ear**

Global: 000 **Issue:** Biopsy of Ear **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 28 **Specialty Developing Recommendation:** AAD **First Identified:** October 2008 **2022 Medicare Utilization:** 162,021

2024 Work RVU: 0.81
2024 NF PE RVU: 1.97
2024 Fac PE RVU: 0.48

RUC Recommendation: 0.81 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

69200 **Removal foreign body from external auditory canal; without general anesthesia**

Global: 000 **Issue:** Removal of Foreign Body **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 29 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2011 **2022 Medicare Utilization:** 47,747

2024 Work RVU: 0.77
2024 NF PE RVU: 1.54
2024 Fac PE RVU: 0.54

RUC Recommendation: 0.77 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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69210 **Removal impacted cerumen requiring instrumentation, unilateral**

Global: 000 **Issue:** Removal of Cerumen **Screen:** CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 29 **Specialty Developing Recommendation:** AAFP, AAO-HNS **First Identified:** September 2011 **2022 Medicare Utilization:** 1,439,777

2024 Work RVU: 0.61
2024 NF PE RVU: 0.75
2024 Fac PE RVU: 0.28

RUC Recommendation: Review action plan. 0.58. **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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69400 **Eustachian tube inflation, transnasal; with catheterization**

Global: **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2013 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

69401 **Eustachian tube inflation, transnasal; without catheterization**

Global: **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAO-HNS

First Identified: April 2013 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

69405 **Eustachian tube catheterization, transtympanic**

Global: **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2013 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 RUC Meeting: September 2011 **Tab:** 30 **Specialty Developing Recommendation:** AAO-HNS

First Identified: April 2011 **2022 Medicare Utilization:** 37,608

2024 Work RVU: 1.57
2024 NF PE RVU: 4.31
2024 Fac PE RVU: 2.22

RUC Recommendation: 1.57

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

69801 **Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal**

Global: 000 **Issue:** Labyrinthotomy **Screen:** CMS Fastest Growing / Site of Service Anomaly (99238-Only) / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2022 Medicare Utilization:** 23,868

2024 Work RVU: 2.06
2024 NF PE RVU: 4.51
2024 Fac PE RVU: 1.37

RUC Recommendation: Review action plan at RAW Oct 2015. 2.06 **Referred to CPT** Feb 2010 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2011

69802 **Labyrinthotomy, with perfusion of vestibuloactive drug(s); with mastoidectomy**

Global: **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:** **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** Feburary 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

69930 **Cochlear device implantation, with or without mastoidectomy**

Global: 090 **Issue:** Cochlear Device Implantation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** M **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2022 Medicare Utilization:** 4,193

2024 Work RVU: 17.73
2024 NF PE RVU:
2024 Fac PE RVU: 16.24

RUC Recommendation: 17.60 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70030 **Radiologic examination, eye, for detection of foreign body**

Global: XXX **Issue:** X-Ray of Eye **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 28 **Specialty Developing Recommendation:**

First Identified: January 2019 **2022 Medicare Utilization:** 19,427

2024 Work RVU: 0.18
2024 NF PE RVU: 0.78
2024 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2022 Medicare Utilization:** 17,784

2024 Work RVU: 0.18
2024 NF PE RVU: 0.97
2024 Fac PE RVU: NA

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:**

Result: Maintain

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 **2022 Medicare Utilization:** 14,374

2024 Work RVU: 0.17
2024 NF PE RVU: 0.78
2024 Fac PE RVU: NA

RUC Recommendation: 0.20

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 32,703

2024 Work RVU: 0.22
2024 NF PE RVU: 0.89
2024 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 39,351

2024 Work RVU: 0.18
2024 NF PE RVU: 0.89
2024 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 7,741

2024 Work RVU: 0.28
2024 NF PE RVU: 1.04
2024 Fac PE RVU: NA

RUC Recommendation: 0.29 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 648

2024 Work RVU: 0.16
2024 NF PE RVU: 1.04
2024 Fac PE RVU: NA

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:**

Result: Maintain

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 **2022 Medicare Utilization:** 37,844

2024 Work RVU: 0.18
2024 NF PE RVU: 0.74
2024 Fac PE RVU: NA

RUC Recommendation: 0.20

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2022 Medicare Utilization:** 754

2024 Work RVU: 0.84
2024 NF PE RVU: 2.39
2024 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published, addressed issues identified.

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: CPT Assistant article published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

Result: Deleted from CPT

70450 **Computed tomography, head or brain; without contrast material**

Global: XXX **Issue:** CT Head/Brain **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 15 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2011 **2022 Medicare Utilization:** 5,054,448

2024 Work RVU: 0.85
2024 NF PE RVU: 2.36
2024 Fac PE RVU: NA

RUC Recommendation: 0.85

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

70460 **Computed tomography, head or brain; with contrast material(s)**

Global: XXX **Issue:** CT Head/Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 15 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2013 **2022 Medicare Utilization:** 18,899

2024 Work RVU: 1.13
2024 NF PE RVU: 3.36
2024 Fac PE RVU: NA

RUC Recommendation: 1.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

70470 **Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Head/Brain **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 15 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2009 **2022 Medicare Utilization:** 61,447

2024 Work RVU: 1.27
2024 NF PE RVU: 3.98
2024 Fac PE RVU: NA

RUC Recommendation: 1.27 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 50,681

2024 Work RVU: 1.28
2024 NF PE RVU: 3.52
2024 Fac PE RVU: NA

RUC Recommendation: 1.28 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 9,497

2024 Work RVU: 1.13
2024 NF PE RVU: 4.35
2024 Fac PE RVU: NA

RUC Recommendation: 1.13 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 4,103

2024 Work RVU: 1.27
2024 NF PE RVU: 5.13
2024 Fac PE RVU: NA

RUC Recommendation: 1.27

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2022 Medicare Utilization:** 478,315

2024 Work RVU: 0.85
2024 NF PE RVU: 3.04
2024 Fac PE RVU: NA

RUC Recommendation: 0.85

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2022 Medicare Utilization:** 27,343

2024 Work RVU: 1.13
2024 NF PE RVU: 3.47
2024 Fac PE RVU: NA

RUC Recommendation: 1.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 3,206

2024 Work RVU: 1.27
2024 NF PE RVU: 4.31
2024 Fac PE RVU: NA

RUC Recommendation: 1.30 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 61,888

2024 Work RVU: 1.28
2024 NF PE RVU: 3.25
2024 Fac PE RVU: NA

RUC Recommendation: 1.28 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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70491 **Computed tomography, soft tissue neck; with contrast material(s)**

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 **2022 Medicare Utilization:** 254,652

2024 Work RVU: 1.38
2024 NF PE RVU: 4.2
2024 Fac PE RVU: NA

RUC Recommendation: 1.38 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

70492 **Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections**

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 **2022 Medicare Utilization:** 21,596

2024 Work RVU: 1.62
2024 NF PE RVU: 5.08
2024 Fac PE RVU: NA

RUC Recommendation: 1.62 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

70496 **Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** Computed Tomographic Arteriography - Head and Neck **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / High Volume Growth5 / Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2008 **2022 Medicare Utilization:** 630,855

2024 Work RVU: 1.75
2024 NF PE RVU: 6.62
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT for code bundling solution. 1.75 **Referred to CPT** May 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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70498 **Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** Computed Tomographic Arteriography - Head and Neck **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth5 / Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2008 **2022 Medicare Utilization:** 655,679

2024 Work RVU: 1.75
2024 NF PE RVU: 6.61
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT for code bundling solution. 1.75 **Referred to CPT** May 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 9,027

2024 Work RVU: 1.35
2024 NF PE RVU: 5.54
2024 Fac PE RVU: NA

RUC Recommendation: 1.35 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 738

2024 Work RVU: 1.62
2024 NF PE RVU: 6.55
2024 Fac PE RVU: NA

RUC Recommendation: 1.62 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 64,328

2024 Work RVU: 2.15
2024 NF PE RVU: 8.16
2024 Fac PE RVU: NA

RUC Recommendation: 2.15 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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70544 **Magnetic resonance angiography, head; without contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ASNR, SIR **First Identified:** July 2015 **2022 Medicare Utilization:** 187,401

2024 Work RVU: 1.20
2024 NF PE RVU: 5.36
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT for code bundle solution. 1.20 **Referred to CPT** Feb 2025 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 3,106

2024 Work RVU: 1.20
2024 NF PE RVU: 5.72
2024 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70546 **Magnetic resonance angiography, head; 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:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2022 Medicare Utilization:** 19,586

2024 Work RVU: 1.48
2024 NF PE RVU: 8.59
2024 Fac PE RVU: NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

70547 **Magnetic resonance angiography, neck; without contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ASNR, SIR **First Identified:** July 2015 **2022 Medicare Utilization:** 64,182

2024 Work RVU: 1.20
2024 NF PE RVU: 5.37
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT for code bundle solution. 1.20 **Referred to CPT** Feb 2025 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70548 **Magnetic resonance angiography, neck; 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:** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2022 Medicare Utilization:** 13,081

2024 Work RVU: 1.50
2024 NF PE RVU: 5.99
2024 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2022 Medicare Utilization:** 42,918

2024 Work RVU: 1.80
2024 NF PE RVU: 8.73
2024 Fac PE RVU: NA

RUC Recommendation: 1.80 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 1,072,270

2024 Work RVU: 1.48
2024 NF PE RVU: 4.47
2024 Fac PE RVU: NA

RUC Recommendation: 1.48 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 17,490

2024 Work RVU: 1.78
2024 NF PE RVU: 6.44
2024 Fac PE RVU: NA

RUC Recommendation: 1.78 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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70553 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2011 **2022 Medicare Utilization:** 943,751

2024 Work RVU: 2.29
2024 NF PE RVU: 7.38
2024 Fac PE RVU: NA

RUC Recommendation: 2.36 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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71010 **Radiologic examination, chest; single view, frontal**

Global: **Issue:** Chest X-Rays **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

Status Report: CMS Requests and Relativity Assessment Issues

71015 **Radiologic examination, chest; stereo, frontal**

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 Recommendation:** ACR **First Identified:** October 2010 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

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 Recommendation:** ACR **First Identified:** July 2015 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Recommendation:** ACR **First Identified:** July 2015 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

71045 **Radiologic examination, chest; single view**

Global: XXX **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: February 2016 **2022 Medicare Utilization:** 13,857,156

2024 Work RVU: 0.18
2024 NF PE RVU: 0.57
2024 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

71046 **Radiologic examination, chest; 2 views**

Global: XXX **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: February 2016 **2022 Medicare Utilization:** 6,158,080

2024 Work RVU: 0.22
2024 NF PE RVU: 0.77
2024 Fac PE RVU: NA

RUC Recommendation: 0.22

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

71047 **Radiologic examination, chest; 3 views**

Global: XXX **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: February 2016 **2022 Medicare Utilization:** 12,579

2024 Work RVU: 0.27
2024 NF PE RVU: 0.98
2024 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

71048 **Radiologic examination, chest; 4 or more views**

Global: XXX **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: February 2016 **2022 Medicare Utilization:** 7,817

2024 Work RVU: 0.31
2024 NF PE RVU: 1.04
2024 Fac PE RVU: NA

RUC Recommendation: 0.31

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

71090 **Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation**

Global: **Issue:** Insertion/Removal of Pacemeaker or Pacing Cardioverter-Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

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 RUC Meeting: April 2016 **Tab:** 30 **Specialty Developing Recommendation:** ACR

First Identified: April 2013 **2022 Medicare Utilization:** 126,789

2024 Work RVU: 0.22
2024 NF PE RVU: 0.86
2024 Fac PE RVU: NA

RUC Recommendation: 0.22

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 RUC Meeting: April 2016 **Tab:** 30 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2022 Medicare Utilization:** 247,342

2024 Work RVU: 0.27
2024 NF PE RVU: 0.98
2024 Fac PE RVU: NA

RUC Recommendation: 0.27 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 20,431

2024 Work RVU: 0.29
2024 NF PE RVU: 1.01
2024 Fac PE RVU: NA

RUC Recommendation: 0.29 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 27,294

2024 Work RVU: 0.32
2024 NF PE RVU: 1.23
2024 Fac PE RVU: NA

RUC Recommendation: 0.32 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

71250 **Computed tomography, thorax, diagnostic; 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

2022 Medicare Utilization: 2,268,146

2024 Work RVU: 1.08

2024 NF PE RVU: 2.94

2024 Fac PE RVU: NA

RUC Recommendation: 1.16

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

71260 **Computed tomography, thorax, diagnostic; with contrast material(s)**

Global: XXX **Issue:** Screening CT of Thorax **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 07 **Specialty Developing Recommendation:** ACR

First Identified: July 2015

2022 Medicare Utilization: 1,641,425

2024 Work RVU: 1.16

2024 NF PE RVU: 3.9

2024 Fac PE RVU: NA

RUC Recommendation: 1.38

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

71270 **Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** Screening CT of Thorax **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 07 **Specialty Developing Recommendation:** ACR

First Identified: July 2015

2022 Medicare Utilization: 52,341

2024 Work RVU: 1.25

2024 NF PE RVU: 4.71

2024 Fac PE RVU: NA

RUC Recommendation: 1.24

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

71271 **Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)**

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:** May 2019 **2022 Medicare Utilization:** 358,112

2024 Work RVU: 1.08
2024 NF PE RVU: 3.07
2024 Fac PE RVU: NA

RUC Recommendation: 1.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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71275 **Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography-Chest **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 27 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2008 **2022 Medicare Utilization:** 1,426,486

2024 Work RVU: 1.82
2024 NF PE RVU: 6.71
2024 Fac PE RVU: NA

RUC Recommendation: 1.82 **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Jun 2009 **Result:** Decrease

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72020 **Radiologic examination, spine, single view, specify level**

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 **2022 Medicare Utilization:** 94,308

2024 Work RVU: 0.16
2024 NF PE RVU: 0.55
2024 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

Status Report: CMS Requests and Relativity Assessment Issues

72040 **Radiologic examination, spine, cervical; 2 or 3 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 **2022 Medicare Utilization:** 552,527

2024 Work RVU: 0.22
2024 NF PE RVU: 0.95
2024 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 319,562

2024 Work RVU: 0.27
2024 NF PE RVU: 1.32
2024 Fac PE RVU: NA

RUC Recommendation: 0.27 **Referred to CPT** October 2011 **Result:** Decrease

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 **2022 Medicare Utilization:** 59,046

2024 Work RVU: 0.30
2024 NF PE RVU: 1.55
2024 Fac PE RVU: NA

RUC Recommendation: 0.30 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 266,493

2024 Work RVU: 0.20
2024 NF PE RVU: 0.77
2024 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 142,321

2024 Work RVU: 0.23
2024 NF PE RVU: 0.94
2024 Fac PE RVU: NA

RUC Recommendation: 0.23 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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 **2022 Medicare Utilization:** 11,215

2024 Work RVU: 0.25
2024 NF PE RVU: 1.07
2024 Fac PE RVU: NA

RUC Recommendation: 0.25 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 42,662

2024 Work RVU: 0.21
2024 NF PE RVU: 0.81
2024 Fac PE RVU: NA

RUC Recommendation: 0.21 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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72100 **Radiologic examination, spine, lumbosacral; 2 or 3 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / 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:** February 2010 **2022 Medicare Utilization:** 1,537,302

2024 Work RVU: 0.22
2024 NF PE RVU: 0.96
2024 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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72110 **Radiologic examination, spine, lumbosacral; minimum of 4 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2009 **2022 Medicare Utilization:** 726,844

2024 Work RVU: 0.26
2024 NF PE RVU: 1.28
2024 Fac PE RVU: NA

RUC Recommendation: 0.26 **Referred to CPT** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

72114 **Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** February 2010 **2022 Medicare Utilization:** 84,552

2024 Work RVU: 0.30
2024 NF PE RVU: 1.51
2024 Fac PE RVU: NA

RUC Recommendation: 0.30 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

72120 **Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** February 2010 **2022 Medicare Utilization:** 44,877

2024 Work RVU: 0.22
2024 NF PE RVU: 0.98
2024 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72125 **Computed tomography, cervical 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 **2022 Medicare Utilization:** 1,400,600

2024 Work RVU: 1.00
2024 NF PE RVU: 2.94
2024 Fac PE RVU: NA

RUC Recommendation: 1.07 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72126 **Computed tomography, cervical 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 **2022 Medicare Utilization:** 16,849

2024 Work RVU: 1.22
2024 NF PE RVU: 3.89
2024 Fac PE RVU: NA

RUC Recommendation: 1.22 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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72127 **Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2022 Medicare Utilization:** 1,757

2024 Work RVU: 1.27
2024 NF PE RVU: 4.72
2024 Fac PE RVU: NA

RUC Recommendation: 1.27 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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72128 **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 **2022 Medicare Utilization:** 216,061

2024 Work RVU: 1.00
2024 NF PE RVU: 2.93
2024 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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72129 **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 **2022 Medicare Utilization:** 35,078

2024 Work RVU: 1.22
2024 NF PE RVU: 3.92
2024 Fac PE RVU: NA

RUC Recommendation: 1.22 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

72130 **Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: February 2009 **2022 Medicare Utilization:** 1,277

2024 Work RVU: 1.27
2024 NF PE RVU: 4.76
2024 Fac PE RVU: NA

RUC Recommendation: 1.27

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72131 **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 **2022 Medicare Utilization:** 507,769

2024 Work RVU: 1.00
2024 NF PE RVU: 2.91
2024 Fac PE RVU: NA

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72132 **Computed tomography, lumbar spine; with 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 **2022 Medicare Utilization:** 59,350

2024 Work RVU: 1.22
2024 NF PE RVU: 3.9
2024 Fac PE RVU: NA

RUC Recommendation: 1.22

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

72133 **Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing / 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 **2022 Medicare Utilization:** 3,516

2024 Work RVU: 1.27
2024 NF PE RVU: 4.73
2024 Fac PE RVU: NA

RUC Recommendation: 1.27 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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72141 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material**

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:** ACR **First Identified:** September 2011 **2022 Medicare Utilization:** 539,537

2024 Work RVU: 1.48
2024 NF PE RVU: 4.3
2024 Fac PE RVU: NA

RUC Recommendation: 1.48 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

72142 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)**

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:** ACR **First Identified:** April 2013 **2022 Medicare Utilization:** 2,550

2024 Work RVU: 1.78
2024 NF PE RVU: 6.59
2024 Fac PE RVU: NA

RUC Recommendation: 1.78 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

Status Report: CMS Requests and Relativity Assessment Issues

72146 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material**

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:** ACR **First Identified:** April 2013 **2022 Medicare Utilization:** 213,221

2024 Work RVU: 1.48
2024 NF PE RVU: 4.29
2024 Fac PE RVU: NA

RUC Recommendation: 1.48 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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72147 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)**

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:** ACR **First Identified:** April 2013 **2022 Medicare Utilization:** 2,352

2024 Work RVU: 1.78
2024 NF PE RVU: 6.52
2024 Fac PE RVU: NA

RUC Recommendation: 1.78 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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72148 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:** AAOS, AUR, ACR, NASS, ASNR **First Identified:** April 2011 **2022 Medicare Utilization:** 1,236,516

2024 Work RVU: 1.48
2024 NF PE RVU: 4.32
2024 Fac PE RVU: NA

RUC Recommendation: 1.48 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

72149 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)**

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 **2022 Medicare Utilization:** 4,470

2024 Work RVU: 1.78
2024 NF PE RVU: 6.44
2024 Fac PE RVU: NA

RUC Recommendation: 1.78 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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72156 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical**

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 **2022 Medicare Utilization:** 110,978

2024 Work RVU: 2.29
2024 NF PE RVU: 7.43
2024 Fac PE RVU: NA

RUC Recommendation: 2.29 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 97,740

2024 Work RVU: 2.29
2024 NF PE RVU: 7.45
2024 Fac PE RVU: NA

RUC Recommendation: 2.29 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 208,724

2024 Work RVU: 2.29
2024 NF PE RVU: 7.41
2024 Fac PE RVU: NA

RUC Recommendation: 2.29

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2022 Medicare Utilization:** 714,774

2024 Work RVU: 0.17
2024 NF PE RVU: 0.65
2024 Fac PE RVU: NA

RUC Recommendation: 0.17

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72190 **Radiologic examination, pelvis; complete, minimum of 3 views**

Global: XXX **Issue:** X-Ray Exam – Pelvis **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 28 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2017 **2022 Medicare Utilization:** 57,488

2024 Work RVU: 0.25
2024 NF PE RVU: 1
2024 Fac PE RVU: NA

RUC Recommendation: 0.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

72191 **Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** High Volume 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 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2008 **2022 Medicare Utilization:** 2,706

2024 Work RVU: 1.81
2024 NF PE RVU: 7.43
2024 Fac PE RVU: NA

RUC Recommendation: 1.81 **Referred to CPT** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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72192 **Computed tomography, pelvis; without contrast material**

Global: XXX **Issue:** CT Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2022 Medicare Utilization:** 181,245

2024 Work RVU: 1.09
2024 NF PE RVU: 2.93
2024 Fac PE RVU: NA

RUC Recommendation: 1.09 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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72193 **Computed tomography, pelvis; with contrast material(s)**

Global: XXX **Issue:** CT Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2022 Medicare Utilization:** 31,631

2024 Work RVU: 1.16
2024 NF PE RVU: 5.81
2024 Fac PE RVU: NA

RUC Recommendation: 1.16 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

72194 **Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Abdomen and Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 44 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2022 Medicare Utilization:** 4,787

2024 Work RVU: 1.22
2024 NF PE RVU: 6.48
2024 Fac PE RVU: NA

RUC Recommendation: 1.22 **Referred to CPT** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72195 **Magnetic resonance (eg, proton) imaging, pelvis; without 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 **2022 Medicare Utilization:** 80,188

2024 Work RVU: 1.46
2024 NF PE RVU: 5.51
2024 Fac PE RVU: NA

RUC Recommendation: 1.46 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72196 **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 **2022 Medicare Utilization:** 2,468

2024 Work RVU: 1.73
2024 NF PE RVU: 6.43
2024 Fac PE RVU: NA

RUC Recommendation: 1.73 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72197 **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 **2022 Medicare Utilization:** 282,485

2024 Work RVU: 2.20
2024 NF PE RVU: 8.05
2024 Fac PE RVU: NA

RUC Recommendation: 2.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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72200 **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 **2022 Medicare Utilization:** 13,432

2024 Work RVU: 0.17
2024 NF PE RVU: 0.81
2024 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

72202 **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 **2022 Medicare Utilization:** 38,895

2024 Work RVU: 0.23
2024 NF PE RVU: 0.93
2024 Fac PE RVU: NA

RUC Recommendation: 0.26 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

72220 **Radiologic examination, sacrum and coccyx, minimum of 2 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:** April 2016 **2022 Medicare Utilization:** 100,542

2024 Work RVU: 0.17
2024 NF PE RVU: 0.79
2024 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

72240 **Myelography, cervical, radiological supervision and interpretation**

Global: XXX **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 **2022 Medicare Utilization:** 308

2024 Work RVU: 0.91
2024 NF PE RVU: 2.38
2024 Fac PE RVU: NA

RUC Recommendation: 0.91

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72255 **Myelography, thoracic, radiological supervision and interpretation**

Global: XXX **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 2013 **2022 Medicare Utilization:** 75

2024 Work RVU: 0.91
2024 NF PE RVU: 2.26
2024 Fac PE RVU: NA

RUC Recommendation: 0.91

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72265 **Myelography, lumbosacral, radiological supervision and interpretation**

Global: XXX **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 **2022 Medicare Utilization:** 1,897

2024 Work RVU: 0.83
2024 NF PE RVU: 2.39
2024 Fac PE RVU: NA

RUC Recommendation: 0.83

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

72270 **Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation**

Global: XXX **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 **2022 Medicare Utilization:** 406

2024 Work RVU: 1.33
2024 NF PE RVU: 3.16
2024 Fac PE RVU: NA

RUC Recommendation: 1.33 **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72275 **Epidurography, radiological supervision and interpretation**

Global: XXX **Issue:** Epidurography **Screen:** Different Performing Specialty from Survey3 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS **First Identified:** October 2009 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2020 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009 and Q&A - May 2010

72291 **Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance**

Global: **Issue:** Percutaneous Vertebroplasty with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72292 **Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under CT guidance**

Global: **Issue:** Percutaneous Vertebroplasty with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:**

First Identified: October 2012 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

73000 **Radiologic examination; clavicle, 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 **2022 Medicare Utilization:** 90,561

2024 Work RVU: 0.16
2024 NF PE RVU: 0.8
2024 Fac PE RVU: NA

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2022 Medicare Utilization:** 43,139

2024 Work RVU: 0.17
2024 NF PE RVU: 0.53
2024 Fac PE RVU: NA

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 99,075

2024 Work RVU: 0.15
2024 NF PE RVU: 0.48
2024 Fac PE RVU: NA

RUC Recommendation: 0.15

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2022 Medicare Utilization:** 2,553,512

2024 Work RVU: 0.18
2024 NF PE RVU: 0.85
2024 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2022 Medicare Utilization:** 6,025

2024 Work RVU: 0.18
2024 NF PE RVU: 0.67
2024 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 302,091

2024 Work RVU: 0.16
2024 NF PE RVU: 0.78
2024 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 188,018

2024 Work RVU: 0.16
2024 NF PE RVU: 0.7
2024 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

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 **2022 Medicare Utilization:** 379,493

2024 Work RVU: 0.17
2024 NF PE RVU: 0.8
2024 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 207,500

2024 Work RVU: 0.16
2024 NF PE RVU: 0.7
2024 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 215,304

2024 Work RVU: 0.16
2024 NF PE RVU: 0.84
2024 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 RUC Meeting: April 2016 **Tab:** 32 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2022 Medicare Utilization:** 979,641

2024 Work RVU: 0.17
2024 NF PE RVU: 1.05
2024 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

73120 **Radiologic examination, hand; 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 **2022 Medicare Utilization:** 230,852

2024 Work RVU: 0.16
2024 NF PE RVU: 0.77
2024 Fac PE RVU: NA

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 RUC Meeting: April 2016 **Tab:** 33 **Specialty Developing Recommendation:** ACR

First Identified: October 2010 **2022 Medicare Utilization:** 1,222,532

2024 Work RVU: 0.17
2024 NF PE RVU: 0.93
2024 Fac PE RVU: NA

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2022 Medicare Utilization:** 335,611

2024 Work RVU: 0.13
2024 NF PE RVU: 1
2024 Fac PE RVU: NA

RUC Recommendation: 0.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2022 Medicare Utilization:** 136,051

2024 Work RVU: 1.00
2024 NF PE RVU: 3.9
2024 Fac PE RVU: NA

RUC Recommendation: 1.09

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 19,399

2024 Work RVU: 1.16
2024 NF PE RVU: 4.94
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Remove from Screen

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 **2022 Medicare Utilization:** 1,735

2024 Work RVU: 1.22
2024 NF PE RVU: 6.36
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Remove from Screen

73206 **Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** May 2013 **2022 Medicare Utilization:** 6,967

2024 Work RVU: 1.81
2024 NF PE RVU: 7.2
2024 Fac PE RVU: NA

RUC Recommendation: Survey with all CTA codes for October 2013. **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Remove from Screen

73218 **Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)**

Global: XXX **Issue:** MRI **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2022 Medicare Utilization:** 31,726

2024 Work RVU: 1.35
2024 NF PE RVU: 7.92
2024 Fac PE RVU: NA

RUC Recommendation: CPT Assistant published. **Referred to CPT**
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2011
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

73221 **Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)**

Global: XXX **Issue:** MRI **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2022 Medicare Utilization:** 427,765

2024 Work RVU: 1.35
2024 NF PE RVU: 4.82
2024 Fac PE RVU: NA

RUC Recommendation: 1.35 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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73500 **Radiologic examination, hip, unilateral; 1 view**

Global: **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 500,000 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

73501 **Radiologic examination, hip, unilateral, with pelvis when performed; 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 **2022 Medicare Utilization:** 211,832

2024 Work RVU: 0.18
2024 NF PE RVU: 0.79
2024 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

73502 **Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 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 **2022 Medicare Utilization:** 2,413,547

2024 Work RVU: 0.22
2024 NF PE RVU: 1.19
2024 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 47,886

2024 Work RVU: 0.27
2024 NF PE RVU: 1.51
2024 Fac PE RVU: NA

RUC Recommendation: 0.27 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

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 **2022 Medicare Utilization:** 139,203

2024 Work RVU: 0.22
2024 NF PE RVU: 1
2024 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 170,217

2024 Work RVU: 0.29
2024 NF PE RVU: 1.31
2024 Fac PE RVU: NA

RUC Recommendation: 0.29 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 101,443

2024 Work RVU: 0.31
2024 NF PE RVU: 1.52
2024 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73540 **Radiologic examination, pelvis and hips, infant or child, minimum of 2 views**

Global: **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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

73542 **Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation**

Global: **Issue:** Sacroiliac Joint Arthrography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS, ACR, AUR, ISIS, ASNR **First Identified:** October 2009 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

73550 **Radiologic examination, femur, 2 views**

Global: **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: April 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

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 **2022 Medicare Utilization:** 30,051

2024 Work RVU: 0.16
2024 NF PE RVU: 0.7
2024 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 **2022 Medicare Utilization:** 505,953

2024 Work RVU: 0.18
2024 NF PE RVU: 0.87
2024 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 1,401,750

2024 Work RVU: 0.16
2024 NF PE RVU: 0.85
2024 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 **2022 Medicare Utilization:** 2,245,081

2024 Work RVU: 0.18
2024 NF PE RVU: 1.03
2024 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2022 Medicare Utilization:** 1,692,467

2024 Work RVU: 0.22
2024 NF PE RVU: 1.18
2024 Fac PE RVU: NA

RUC Recommendation: 0.22

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2022 Medicare Utilization:** 107,072

2024 Work RVU: 0.16
2024 NF PE RVU: 1.02
2024 Fac PE RVU: NA

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 2021 **Tab:** 16 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2022 Medicare Utilization:** 14,951

2024 Work RVU: 0.59
2024 NF PE RVU: 2.66
2024 Fac PE RVU: NA

RUC Recommendation: 0.59 **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Jun 2012 **Result:** Increase

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73590 **Radiologic examination; tibia and fibula, 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 **2022 Medicare Utilization:** 436,482

2024 Work RVU: 0.16
2024 NF PE RVU: 0.77
2024 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

73600 **Radiologic examination, ankle; 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, APMA **First Identified:** April 2013 **2022 Medicare Utilization:** 194,585

2024 Work RVU: 0.16
2024 NF PE RVU: 0.79
2024 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

73610 **Radiologic examination, ankle; 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 **2022 Medicare Utilization:** 1,119,294

2024 Work RVU: 0.17
2024 NF PE RVU: 0.91
2024 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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73620 **Radiologic examination, foot; 2 views**

Global: XXX **Issue:** X-Ray Exam of Foot **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 27 **Specialty Developing Recommendation:** ACR, AAOS, APMA **First Identified:** October 2010 **2022 Medicare Utilization:** 418,010

2024 Work RVU: 0.16
2024 NF PE RVU: 0.68
2024 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 2,541,907

2024 Work RVU: 0.17
2024 NF PE RVU: 0.84
2024 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 61,267

2024 Work RVU: 0.16
2024 NF PE RVU: 0.68
2024 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 96,920

2024 Work RVU: 0.13
2024 NF PE RVU: 0.73
2024 Fac PE RVU: NA

RUC Recommendation: 0.13 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 359,925

2024 Work RVU: 1.00
2024 NF PE RVU: 2.92
2024 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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73701 **Computed tomography, lower extremity; with contrast material(s)**

Global: XXX **Issue:** CT Lower Extremity **Screen:** High Volume Growth1 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2022 Medicare Utilization:** 48,594

2024 Work RVU: 1.16
2024 NF PE RVU: 3.89
2024 Fac PE RVU: NA

RUC Recommendation: 1.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

73702 **Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Lower Extremity **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2022 Medicare Utilization:** 4,870

2024 Work RVU: 1.22
2024 NF PE RVU: 4.71
2024 Fac PE RVU: NA

RUC Recommendation: 1.22 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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73706 **Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2008 **2022 Medicare Utilization:** 18,907

2024 Work RVU: 1.90
2024 NF PE RVU: 7.9
2024 Fac PE RVU: NA

RUC Recommendation: Survey for October 2013. Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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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 **2022 Medicare Utilization:** 130,912

2024 Work RVU: 1.35
2024 NF PE RVU: 5.45
2024 Fac PE RVU: NA

RUC Recommendation: 1.35 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 976

2024 Work RVU: 1.62
2024 NF PE RVU: 6.39
2024 Fac PE RVU: NA

RUC Recommendation: 1.62 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 60,134

2024 Work RVU: 2.15
2024 NF PE RVU: 8.11
2024 Fac PE RVU: NA

RUC Recommendation: 2.15 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 RUC Meeting: January 2012 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2022 Medicare Utilization:** 598,710

2024 Work RVU: 1.35
2024 NF PE RVU: 4.81
2024 Fac PE RVU: NA

RUC Recommendation: 1.35 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 RUC Meeting: April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

Status Report: CMS Requests and Relativity Assessment Issues

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 RUC Meeting: April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

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 **2022 Medicare Utilization:** 1,874,682

2024 Work RVU: 0.18
2024 NF PE RVU: 0.71
2024 Fac PE RVU: NA

RUC Recommendation: 0.18 **Referred to CPT** February 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 275,467

2024 Work RVU: 0.23
2024 NF PE RVU: 0.85
2024 Fac PE RVU: NA

RUC Recommendation: 0.23 **Referred to CPT** February 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 36,927

2024 Work RVU: 0.27
2024 NF PE RVU: 1
2024 Fac PE RVU: NA

RUC Recommendation: 0.27

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

74022 **Radiologic examination, complete acute abdomen series, including 2 or more views of the abdomen (eg, supine, erect, decubitus), and a single view chest**

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: July 2015 **2022 Medicare Utilization:** 124,177

2024 Work RVU: 0.32
2024 NF PE RVU: 1.15
2024 Fac PE RVU: NA

RUC Recommendation: 0.32

Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

74150 **Computed tomography, abdomen; without contrast material**

Global: XXX **Issue:** CT Abdomen **Screen:** Codes Reported Together 95% or More / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2022 Medicare Utilization:** 59,980

2024 Work RVU: 1.19
2024 NF PE RVU: 2.94
2024 Fac PE RVU: NA

RUC Recommendation: Review PE. 0.35

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

74160 **Computed tomography, abdomen; with contrast material(s)**

Global: XXX **Issue:** CT Abdomen and Pelvis **Screen:** Codes Reported Together 95% or More / MPC List / CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 44 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2022 Medicare Utilization:** 76,112

2024 Work RVU: 1.27
2024 NF PE RVU: 5.82
2024 Fac PE RVU: NA

RUC Recommendation: 0.42 **Referred to CPT** October 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 93,507

2024 Work RVU: 1.40
2024 NF PE RVU: 6.58
2024 Fac PE RVU: NA

RUC Recommendation: 1.40 **Referred to CPT** October 2009 **Result:** Maintain

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:** **2022 Medicare Utilization:** 342,167

2024 Work RVU: 2.20
2024 NF PE RVU: 9.35
2024 Fac PE RVU: NA

RUC Recommendation: 2.20 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 28,396

2024 Work RVU: 1.82
2024 NF PE RVU: 7.46
2024 Fac PE RVU: NA

RUC Recommendation: 1.82 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74176 **Computed tomography, abdomen and pelvis; without contrast material**

Global: XXX **Issue:** CT Abdomen/CT Pelvis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 16 **Specialty Developing Recommendation:** ACR **First Identified:** October 2009 **2022 Medicare Utilization:** 2,190,688

2024 Work RVU: 1.74
2024 NF PE RVU: 3.78
2024 Fac PE RVU: NA

RUC Recommendation: 1.74 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Most Recent RUC Meeting: April 2014 **Tab:** 44 **Specialty Developing Recommendation:** ACR **First Identified:** October 2009 **2022 Medicare Utilization:** 3,110,250

2024 Work RVU: 1.82
2024 NF PE RVU: 7.41
2024 Fac PE RVU: NA

RUC Recommendation: 1.82 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74178 **Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions**

Global: XXX **Issue:** CT Abdomen/CT Pelvis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 16 **Specialty Developing Recommendation:** ACR **First Identified:** October 2009 **2022 Medicare Utilization:** 461,097

2024 Work RVU: 2.01
2024 NF PE RVU: 8.34
2024 Fac PE RVU: NA

RUC Recommendation: 2.01 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Result: Decrease

74181 **Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)**

Global: XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2022 Medicare Utilization:** 101,709

2024 Work RVU: 1.46
2024 NF PE RVU: 4.48
2024 Fac PE RVU: NA

RUC Recommendation: 1.46 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Result: Maintain

74182 **Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)**

Global: XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2022 Medicare Utilization:** 3,838

2024 Work RVU: 1.73
2024 NF PE RVU: 7.48
2024 Fac PE RVU: NA

RUC Recommendation: 1.73 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

74183 **Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences**

Global: XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2022 Medicare Utilization:** 415,444

2024 Work RVU: 2.20
2024 NF PE RVU: 8.09
2024 Fac PE RVU: NA

RUC Recommendation: 2.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 991

2024 Work RVU: 0.59
2024 NF PE RVU: 2.21
2024 Fac PE RVU: NA

RUC Recommendation: 0.59 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 93,312

2024 Work RVU: 0.60
2024 NF PE RVU: 2.28
2024 Fac PE RVU: NA

RUC Recommendation: 0.60 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 65,558

2024 Work RVU: 0.70
2024 NF PE RVU: 2.54
2024 Fac PE RVU: NA

RUC Recommendation: 0.70

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2022 Medicare Utilization:** 297,036

2024 Work RVU: 0.53
2024 NF PE RVU: 3.17
2024 Fac PE RVU: NA

RUC Recommendation: 0.53

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2022 Medicare Utilization:** 64,318

2024 Work RVU: 0.80
2024 NF PE RVU: 2.83
2024 Fac PE RVU: NA

RUC Recommendation: 0.80

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

74245 **Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial images**

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

74246 **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**

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 **2022 Medicare Utilization:** 46,283

2024 Work RVU: 0.90
2024 NF PE RVU: 3.21
2024 Fac PE RVU: NA

RUC Recommendation: 0.90 **Referred to CPT** May 2018 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

74247 **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**

Global: **Issue:** X-Ray Exam – Upper GI **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74248 **Radiologic small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure for upper GI radiologic examination)**

Global: ZZZ **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 **2022 Medicare Utilization:** 13,994

2024 Work RVU: 0.70
2024 NF PE RVU: 1.72
2024 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** February 2019-EC **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

74249 **Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through**

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74250 **Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; single-contrast (eg, barium) study**

Global: XXX **Issue:** Lower Gastroinetstinal Tract Imaging **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2022 Medicare Utilization:** 43,530

2024 Work RVU: 0.81
2024 NF PE RVU: 2.79
2024 Fac PE RVU: NA

RUC Recommendation: 0.81 **Referred to CPT** May 2018 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

74251 **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**

Global: XXX **Issue:** Lower Gastroinetstinal Tract Imaging **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2022 Medicare Utilization:** 267

2024 Work RVU: 1.17
2024 NF PE RVU: 9.63
2024 Fac PE RVU: NA

RUC Recommendation: 1.17 **Referred to CPT** May 2018 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

74260 **Duodenography, hypotonic**

Global: **Issue:** X-Ray Exam – Small Intestine/Colon **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74270 **Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study**

Global: XXX **Issue:** Lower Gastroinetstinal Tract Imaging **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACR

First Identified: October 2017 **2022 Medicare Utilization:** 18,364

2024 Work RVU: 1.04
2024 NF PE RVU: 3.5
2024 Fac PE RVU: NA

RUC Recommendation: 1.04

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 Gastroinetstinal 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 **2022 Medicare Utilization:** 4,872

2024 Work RVU: 1.26
2024 NF PE RVU: 5.24
2024 Fac PE RVU: NA

RUC Recommendation: 1.26

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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:** 19 **Specialty Developing Recommendation:** ACR, SAGES

First Identified: October 2018 **2022 Medicare Utilization:** 18,854

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 0.32

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 19 **Specialty Developing Recommendation:** ACR, ACS, SAGES, SIR **First Identified:** October 2018 **2022 Medicare Utilization:** 84

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 0.21 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** 19 **Specialty Developing Recommendation:** ACR, SAGES **First Identified:** October 2018 **2022 Medicare Utilization:** 59,438

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 0.47 **Referred to CPT** **Result:** Decrease

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:** 19 **Specialty Developing Recommendation:** ACR, SAGES **First Identified:** October 2018 **2022 Medicare Utilization:** 2,412

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** 19 **Specialty Developing Recommendation:** ACR, SAGES **First Identified:** October 2018 **2022 Medicare Utilization:** 9,243

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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74400 **Urography (pyelography), intravenous, with or without KUB, with or without tomography**

Global: XXX **Issue:** Contrast X-Ray Exams **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 31 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2022 Medicare Utilization:** 2,816

2024 Work RVU: 0.49
2024 NF PE RVU: 3.51
2024 Fac PE RVU: NA

RUC Recommendation: 0.49 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 140,712

2024 Work RVU: 0.52
2024 NF PE RVU: 1.79
2024 Fac PE RVU: NA

RUC Recommendation: 0.52 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

74425 **Urography, antegrade, 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 **2022 Medicare Utilization:** 1,153

2024 Work RVU: 0.51
2024 NF PE RVU: 3.53
2024 Fac PE RVU: NA

RUC Recommendation: 0.51, editorially revised **Referred to CPT** September 2019 **Result:** Increase

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74480 **Introduction of ureteral catheter or stent into ureter through 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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74485 **Dilation of ureter(s) or urethra, radiological supervision and interpretation**

Global: XXX **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 12 **Specialty Developing Recommendation:**

First Identified: September 2017 **2022 Medicare Utilization:** 1,157

2024 Work RVU: 0.83
2024 NF PE RVU: 2.71
2024 Fac PE RVU: NA

RUC Recommendation: 0.83

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

75561 **Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;**

Global: XXX **Issue:** **Screen:** High Volume Growth7 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:**

First Identified: October 2020 **2022 Medicare Utilization:** 39,904

2024 Work RVU: 2.60
2024 NF PE RVU: 8.47
2024 Fac PE RVU: NA

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

75571 **Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, SCCT

First Identified: April 2022 **2022 Medicare Utilization:** 61,908

2024 Work RVU: 0.58
2024 NF PE RVU: 2.44
2024 Fac PE RVU: NA

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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)**

Global: XXX **Issue:** **Screen:** High Volume Growth7 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** October 2020 **2022 Medicare Utilization:** 43,954

2024 Work RVU: 1.75
2024 NF PE RVU: 5.14
2024 Fac PE RVU: NA

RUC Recommendation: Maintain **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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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)**

Global: XXX **Issue:** **Screen:** CMS Request - Final Rule for 2013 / High Volume Growth7 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:** ACR, SIR, ACC **First Identified:** May 2013 **2022 Medicare Utilization:** 128,542

2024 Work RVU: 2.40
2024 NF PE RVU: 7.35
2024 Fac PE RVU: NA

RUC Recommendation: Maintain **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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 Recommendation:** ACC, SCAI, SIR, SVS **First Identified:** October 2017 **2022 Medicare Utilization:** 70,808

2024 Work RVU: 1.44
2024 NF PE RVU: 2.13
2024 Fac PE RVU: NA

RUC Recommendation: 1.75 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

Status Report: CMS Requests and Relativity Assessment Issues

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 Recommendation:** ACC, SCAI, SIR, SVS **First Identified:** October 2017 **2022 Medicare Utilization:** 16,292

2024 Work RVU: 2.00
2024 NF PE RVU: 2.47
2024 Fac PE RVU: NA

RUC Recommendation: 2.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 Recommendation:** ACR **First Identified:** February 2008 **2022 Medicare Utilization:** 100,384

2024 Work RVU: 2.40
2024 NF PE RVU: 10.06
2024 Fac PE RVU: NA

RUC Recommendation: 2.40 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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: January 2021 **Tab:** 29 **Specialty Developing Recommendation:** ACR, ACC, RPA, SCAI, SIR, SVS **First Identified:** July 2015 **2022 Medicare Utilization:** 120,526

2024 Work RVU: 1.75
2024 NF PE RVU: 2.5
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant and review after 2 years of data after publication available. 1.75 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2021

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 50,511

2024 Work RVU: 1.97
2024 NF PE RVU: 2.68
2024 Fac PE RVU: NA

RUC Recommendation: 1.97 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

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 **2022 Medicare Utilization:** 35,816

2024 Work RVU: 2.05
2024 NF PE RVU: 2.87
2024 Fac PE RVU: NA

RUC Recommendation: 2.05 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 73,343

2024 Work RVU: 1.01
2024 NF PE RVU: 1.79
2024 Fac PE RVU: NA

RUC Recommendation: 1.01 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

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 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** January 2019 **2022 Medicare Utilization:** 19,807

2024 Work RVU: 1.05
2024 NF PE RVU: 2.09
2024 Fac PE RVU: NA

RUC Recommendation: 1.05 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

75822 **Venography, extremity, bilateral, radiological supervision and interpretation** **Global:** XXX **Issue:** Venography **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2022 Medicare Utilization:** 9,519

2024 Work RVU: 1.48
2024 NF PE RVU: 2.38
2024 Fac PE RVU: NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75885 **Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation**

Global: XXX **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2022 Medicare Utilization:** 236

2024 Work RVU: 1.44
2024 NF PE RVU: 2.53
2024 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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75887 **Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation**

Global: XXX **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2022 Medicare Utilization:** 565

2024 Work RVU: 1.44
2024 NF PE RVU: 2.56
2024 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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75894 **Transcatheter therapy, embolization, any method, radiological supervision and interpretation**

Global: XXX **Issue:** Endovascular Therapy with Imaging **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 04 **Specialty Developing Recommendation:** AANS, ACR, ASNR, CNS, OEIS, SIR **First Identified:** February 2010 **2022 Medicare Utilization:** 10,938

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 2.24 **Referred to CPT** February 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014 February 2015 May 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

75898 **Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis**

Global: XXX

Issue: Endovascular Therapy Bundling

Screen: Codes Reported Together 75% or More-Part1 / CPT Assistant Analysis / Code Reported Together 75% or More-Part5

Complete? Yes

Most Recent RUC Meeting: April 2024

Tab: 04

Specialty Developing Recommendation: AANS, ACR, ASNR, CNS, OEIS, SIR

First Identified: February 2010

2022 Medicare Utilization: 14,757

2024 Work RVU: 0.00

2024 NF PE RVU: 0

2024 Fac PE RVU: NA

RUC Recommendation: 1.85

Referred to CPT February 2024 February 2014 February 2015

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2019

Result: Increase

75940 **Percutaneous placement of IVC filter, radiological supervision and interpretation**

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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 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

75945 **Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel**

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75946 **Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional non-coronary 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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

75960 **Transcatheter introduction of intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity artery), percutaneous and/or open, radiological supervision and interpretation, each vessel**

Global:

Issue: RAW

Screen: High Volume Growth1 / Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: October 2012

Tab: 27

Specialty Developing Recommendation: ACC, ACR, SIR, SVS

First Identified:

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2013

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

75961 **Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological supervision and interpretation**

Global:

Issue: Transcatheter Procedures

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2010

Tab: 45

Specialty Developing Recommendation: ACC, ACR, SIR, SVS

First Identified: February 2010

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT June 2011

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

75962 **Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation**

Global:

Issue: Open and Percutaneous Transluminal Angioplasty

Screen: High Volume Growth1 / 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: April 2010

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

75964 **Transluminal balloon angioplasty, each additional peripheral artery other than renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global:

Issue: Open and Percutaneous Transluminal Angioplasty

Screen: High Volume Growth1

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab: 15

Specialty Developing Recommendation: ACR, SIR, SVS

First Identified:

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

75966 **Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation**

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: January 2015

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

75968 **Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

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: January 2015

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

75978 **Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation**

Global:

Issue: Open and Percutaneous Transluminal Angioplasty

Screen: CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 / CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab: 15

Specialty Developing Recommendation: ACR, SIR, SVS

First Identified: April 2013

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

75980 **Percutaneous transhepatic biliary drainage with contrast monitoring, 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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

75982 **Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation**

Global:

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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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

2022 Medicare Utilization: 19,940

2024 Work RVU: 0.83

2024 NF PE RVU: 1.96

2024 Fac PE RVU: NA

RUC Recommendation: 0.83

Referred to CPT RAW will assess Oct 2018

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

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 **2022 Medicare Utilization:** 95,065

2024 Work RVU: 0.30
2024 NF PE RVU: 0.94
2024 Fac PE RVU: NA

RUC Recommendation: 0.30 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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76001 **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)**

Global: **Issue:** Fluoroscopy **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 27 **Specialty Developing Recommendation:** ACR **First Identified:** October 2016 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

76098 **Radiological examination, surgical specimen**

Global: XXX **Issue:** X-Ray Exam Specimen **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2022 Medicare Utilization:** 70,486

2024 Work RVU: 0.31
2024 NF PE RVU: 0.94
2024 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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76100 **Radiologic examination, single plane body section (eg, tomography), other than with urography**

Global: XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2022 Medicare Utilization:** 6,731

2024 Work RVU: 0.58
2024 NF PE RVU: 2.06
2024 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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76101 **Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral**

Global: XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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76102 **Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral**

Global: XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

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**

Global: XXX **Issue:** 3D Rendering **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 23 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2017 **2022 Medicare Utilization:** 295,784

2024 Work RVU: 0.20
2024 NF PE RVU: 0.53
2024 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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**

Global: XXX **Issue:** 3D Rendering with Interpretation and Report **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2019 **2022 Medicare Utilization:** 181,386

2024 Work RVU: 0.79
2024 NF PE RVU: 1.48
2024 Fac PE RVU: NA

RUC Recommendation: 0.79 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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76510 **Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter**

Global: XXX **Issue:** Opthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** April 2016 **2022 Medicare Utilization:** 13,552

2024 Work RVU: 0.70
2024 NF PE RVU: 1.34
2024 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

Status Report: CMS Requests and Relativity Assessment Issues

76511 **Ophthalmic ultrasound, diagnostic; quantitative A-scan only**

Global: XXX **Issue:** Opthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** April 2016 **2022 Medicare Utilization:** 4,389

2024 Work RVU: 0.64
2024 NF PE RVU: 1.05
2024 Fac PE RVU: NA

RUC Recommendation: 0.64 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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76512 **Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)**

Global: XXX **Issue:** Opthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** July 2015 **2022 Medicare Utilization:** 212,142

2024 Work RVU: 0.56
2024 NF PE RVU: 0.86
2024 Fac PE RVU: NA

RUC Recommendation: 0.56 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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76513 **Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmic Ultrasound Anterior Segment **Screen:** High Volume Growth1 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 17 **Specialty Developing Recommendation:** AAO, AOA (optometric), ASCRS **First Identified:** February 2008 **2022 Medicare Utilization:** 15,437

2024 Work RVU: 0.60
2024 NF PE RVU: 1.63
2024 Fac PE RVU: NA

RUC Recommendation: 0.60 and CPT Assistant article published **Referred to CPT** September 2019 **Referred to CPT Asst** ☑ **Published in CPT Asst:** Apr 2013 **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

76514 **Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)**

Global: XXX **Issue:** Echo Exam of Eye Thickness **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 12 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2017 **2022 Medicare Utilization:** 427,839

2024 Work RVU: 0.14
2024 NF PE RVU: 0.18
2024 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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76516 **Ophthalmic biometry by ultrasound echography, A-scan;**

Global: XXX **Issue:** Opthalmic 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 **2022 Medicare Utilization:** 2,053

2024 Work RVU: 0.40
2024 NF PE RVU: 0.98
2024 Fac PE RVU: NA

RUC Recommendation: 0.40 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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76519 **Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation**

Global: XXX **Issue:** Opthalmic 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 **2022 Medicare Utilization:** 121,152

2024 Work RVU: 0.54
2024 NF PE RVU: 1.48
2024 Fac PE RVU: NA

RUC Recommendation: 0.54 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 877,129

2024 Work RVU: 0.56
2024 NF PE RVU: 2.71
2024 Fac PE RVU: NA

RUC Recommendation: 0.56 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 109,997

2024 Work RVU: 0.59
2024 NF PE RVU: 1.08
2024 Fac PE RVU: NA

RUC Recommendation: 0.59 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2022 Medicare Utilization:** 713,350

2024 Work RVU: 0.73
2024 NF PE RVU: 2.3
2024 Fac PE RVU: NA

RUC Recommendation: 0.73 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2022 Medicare Utilization:** 722,609

2024 Work RVU: 0.68
2024 NF PE RVU: 1.82
2024 Fac PE RVU: NA

RUC Recommendation: 0.68 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

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
2022 Medicare Utilization: 717,892
2024 Work RVU: 0.81
2024 NF PE RVU: 2.62
2024 Fac PE RVU: NA
RUC Recommendation: 0.81
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

76705 **Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)**
Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013
Tab: 13
Specialty Developing Recommendation: ACR, ASBS
First Identified: April 2011
2022 Medicare Utilization: 981,467
2024 Work RVU: 0.59
2024 NF PE RVU: 1.98
2024 Fac PE RVU: NA
RUC Recommendation: 0.59
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

76706 **Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)**
Global: XXX **Issue:** Abdominal Aorta Ultrasound Screening **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015
Tab: 12
Specialty Developing Recommendation: ACR, SIR, SVS
First Identified: May 2015
2022 Medicare Utilization: 140,144
2024 Work RVU: 0.55
2024 NF PE RVU: 2.61
2024 Fac PE RVU: NA
RUC Recommendation: 0.55
Referred to CPT May 2015
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2017
Result: Decrease

76770 **Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete**
Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013
Tab: 13
Specialty Developing Recommendation: ACR
First Identified: April 2011
2022 Medicare Utilization: 1,196,617
2024 Work RVU: 0.74
2024 NF PE RVU: 2.46
2024 Fac PE RVU: NA
RUC Recommendation: 0.74
Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

76775 **Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2022 Medicare Utilization:** 426,120

2024 Work RVU: 0.58
2024 NF PE RVU: 1.17
2024 Fac PE RVU: NA

RUC Recommendation: 0.58 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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76819 **Fetal biophysical profile; without non-stress testing**

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 **2022 Medicare Utilization:** 8,984

2024 Work RVU: 0.77
2024 NF PE RVU: 1.76
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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76830 **Ultrasound, transvaginal**

Global: XXX **Issue:** Transvaginal and Transrectal Ultrasound **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 44 **Specialty Developing Recommendation:** ACOG, ACR, AUA **First Identified:** September 2011 **2022 Medicare Utilization:** 378,661

2024 Work RVU: 0.69
2024 NF PE RVU: 2.84
2024 Fac PE RVU: NA

RUC Recommendation: 0.69 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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76856 **Ultrasound, pelvic (nonobstetric), real time with image documentation; complete**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2022 Medicare Utilization:** 359,324

2024 Work RVU: 0.69
2024 NF PE RVU: 2.43
2024 Fac PE RVU: NA

RUC Recommendation: 0.69 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

76857 **Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2022 Medicare Utilization:** 192,721

2024 Work RVU: 0.50
2024 NF PE RVU: 0.95
2024 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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76870 **Ultrasound, scrotum and contents**

Global: XXX **Issue:** Ultrasound Exam - Scrotum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 28 **Specialty Developing Recommendation:** ACR, AUA **First Identified:** April 2016 **2022 Medicare Utilization:** 127,554

2024 Work RVU: 0.64
2024 NF PE RVU: 2.32
2024 Fac PE RVU: NA

RUC Recommendation: 0.64 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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76872 **Ultrasound, transrectal;**

Global: XXX **Issue:** Transvaginal and Transrectal Ultrasound **Screen:** CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACOG, ACR, AUA **First Identified:** September 2011 **2022 Medicare Utilization:** 193,924

2024 Work RVU: 0.69
2024 NF PE RVU: 5.31
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT. 0.69 **Referred to CPT** May 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

76880 **Deleted from CPT**

Global: **Issue:** Lower Extremity Ultrasound **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 26 **Specialty Developing Recommendation:** APMA, ACR **First Identified:** October 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

76881 **Ultrasound, complete joint (ie, joint space and peri-articular soft-tissue structures), real-time with image documentation**

Global: XXX **Issue:** Neuromuscular Ultrasound (PE Only) **Screen:** CMS Fastest Growing / New Technology/New Services / CMS Request-Final Rule for 2023 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 19 **Specialty Developing Recommendation:** AAN, AANEM, AAPM&R, ACR, ACRh, APMA **First Identified:** April 2010 **2022 Medicare Utilization:** 180,090

2024 Work RVU: 0.90
2024 NF PE RVU: 0.66
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.90 **Referred to CPT** June 2017 **Referred to CPT Asst** ☑ **Published in CPT Asst:** Clinical Examples of Radiology Winter 2011; Apr 2016 **Result:** Decrease

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76882 **Ultrasound, limited, joint or focal evaluation of 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**

Global: XXX **Issue:** Neuromuscular Ultrasound (PE Only) **Screen:** CMS Fastest Growing / New Technology/New Services / CMS Request-Final Rule for 2023 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 19 **Specialty Developing Recommendation:** AAN, AANEM, AAPM&R, ACR, ACRh, APMA **First Identified:** April 2010 **2022 Medicare Utilization:** 290,107

2024 Work RVU: 0.69
2024 NF PE RVU: 1.16
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.69 **Referred to CPT** June 2017 **Referred to CPT Asst** ☑ **Published in CPT Asst:** Clinical Examples of Radiology Summer and Winter 2011; Apr 2016 **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

76883 **Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity**

Global: XXX **Issue:** Neuromuscular Ultrasound (PE Only) **Screen:** New Technology/New Services / CMS Request-Final Rule for 2023 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 19 **Specialty Developing Recommendation:** AAN, AANEM, AAPM&R, ACR, ACRh, APMA **First Identified:** October 2021 **2022 Medicare Utilization:**

2024 Work RVU: 1.21
2024 NF PE RVU: 0.86
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 1.21 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

76930 **Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation**

Global: **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 04 **Specialty Developing Recommendation:** ACC **First Identified:** July 2013 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

76932 **Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation**

Global: YYY **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 34 **Specialty Developing Recommendation:** ACC **First Identified:** July 2013 **2022 Medicare Utilization:** 1,009

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 0.67 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 630

2024 Work RVU: 1.99
2024 NF PE RVU: 5.58
2024 Fac PE RVU: NA

RUC Recommendation: Maintain **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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:** Ultrasound Guidance for Vascular Access **Screen:** Identified in RUC review of other services **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 07 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** January 2018 **2022 Medicare Utilization:** 619,323

2024 Work RVU: 0.30
2024 NF PE RVU: 0.81
2024 Fac PE RVU: NA

RUC Recommendation: 0.30 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 1,247

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 2.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

Status Report: CMS Requests and Relativity Assessment Issues

76942 **Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation**

Global: XXX **Issue:** Somatic Nerve Injections **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, ACR, SIR, SIS **First Identified:** April 2011 **2022 Medicare Utilization:** 1,150,470

2024 Work RVU: 0.67
2024 NF PE RVU: 1.03
2024 Fac PE RVU: NA

RUC Recommendation: 0.67 **Referred to CPT** May 2021 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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76948 **Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation**

Global: XXX **Issue:** Echo Guidance for Ova Aspiration **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 25 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2013 **2022 Medicare Utilization:** 6

2024 Work RVU: 0.67
2024 NF PE RVU: 1.73
2024 Fac PE RVU: NA

RUC Recommendation: 0.85 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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76950 **Ultrasonic guidance for placement of radiation therapy fields**

Global: **Issue:** Ultrasound Guidance **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 34 **Specialty Developing Recommendation:** **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

76965 **Ultrasonic guidance for interstitial radioelement application**

Global: XXX **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** NO INTERESET **First Identified:** July 2013 **2022 Medicare Utilization:** 4,938

2024 Work RVU: 1.34
2024 NF PE RVU: 1.43
2024 Fac PE RVU: NA

RUC Recommendation: Maintain **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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76970 **Ultrasound study follow-up (specify)**

Global: **Issue:** IMRT with Ultrasound Guidance **Screen:** High Volume Growth1 / CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 17 **Specialty Developing Recommendation:** ACS, ACR, AACE **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2020 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

76978 **Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion**

Global: XXX **Issue:** RAW **Screen:** New Technology/New Services List **Complete?** No

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** January 2018 **2022 Medicare Utilization:** 978

2024 Work RVU: 1.62
2024 NF PE RVU: 4.93
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Aug 2023 **Result:**

Status Report: CMS Requests and Relativity Assessment Issues

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)**

Global: ZZZ **Issue:** RAW **Screen:** New Technology/New Services List **Complete?** No

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** January 2018 **2022 Medicare Utilization:** 32

2024 Work RVU: 0.85
2024 NF PE RVU: 3.38
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Aug 2023 **Result:**

76984 **Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic**

Global: XXX **Issue:** Intraoperative Ultrasound Services **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 05 **Specialty Developing Recommendation:** AATS, ACC, STS **First Identified:** May 2022 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU:

RUC Recommendation: 0.60 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

76987 **Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; including placement and manipulation of transducer, image acquisition, interpretation and report**

Global: XXX **Issue:** Intraoperative Ultrasound Services **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 05 **Specialty Developing Recommendation:** AATS, ACC, STS **First Identified:** May 2022 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU:

RUC Recommendation: 1.90 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

76988 **Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; placement, manipulation of transducer, and image acquisition only**

Global: XXX **Issue:** Intraoperative Ultrasound Services **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 05 **Specialty Developing Recommendation:** AATS, ACC, STS **First Identified:** May 2022 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU:

RUC Recommendation: 1.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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76989 **Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; interpretation and report only**

Global: XXX **Issue:** Intraoperative Ultrasound Services **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 05 **Specialty Developing Recommendation:** AATS, ACC, STS **First Identified:** May 2022 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU:

RUC Recommendation: 1.55 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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76998 **Ultrasonic guidance, intraoperative**

Global: XXX **Issue:** Intraoperative Ultrasound Services **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 05 **Specialty Developing Recommendation:** AATS, ACC, ACS, ASBrS, STS **First Identified:** January 2019 **2022 Medicare Utilization:** 28,182

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** May 2022 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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 **2022 Medicare Utilization:** 247,811

2024 Work RVU: 0.38
2024 NF PE RVU: 2.53
2024 Fac PE RVU: NA

RUC Recommendation: 0.38 **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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77002 **Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Somatic Nerve Injections **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 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, ACR, SIR, SIS **First Identified:** January 2012 **2022 Medicare Utilization:** 558,622

2024 Work RVU: 0.54
2024 NF PE RVU: 2.9
2024 Fac PE RVU: NA

RUC Recommendation: 0.54 **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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77003 **Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Somatic Nerve Injections **Screen:** MPC List / CMS Request - Final Rule for 2013 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, ACR, SIR, SIS **First Identified:** October 2010 **2022 Medicare Utilization:** 24,918

2024 Work RVU: 0.60
2024 NF PE RVU: 2.51
2024 Fac PE RVU: NA

RUC Recommendation: 0.60 **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

77011 **Computed tomography guidance for stereotactic localization**

Global: XXX **Issue:** IMRT with CT Guidance **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 15 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** **2022 Medicare Utilization:** 4,084

2024 Work RVU: 1.21
2024 NF PE RVU: 5.34
2024 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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77012 **Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation**

Global: XXX **Issue:** CT Guidance Needle Placement **Screen:** CMS-Other - Utilization over 100,000 / Codes Reported Together 75% or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 14 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** April 2016 **2022 Medicare Utilization:** 134,199

2024 Work RVU: 1.50
2024 NF PE RVU: 2.57
2024 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** February 2019 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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77014 **Computed tomography guidance for placement of radiation therapy fields**

Global: XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ASTRO, ACR **First Identified:** October 2010 **2022 Medicare Utilization:** 2,520,778

2024 Work RVU: 0.85
2024 NF PE RVU: 2.69
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT. Remove from screen **Referred to CPT** Sep 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

77031 **Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation**

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:** **First Identified:** January 2012 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77032 **Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation**

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:** **First Identified:** January 2012 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 238

2024 Work RVU: 1.45

2024 NF PE RVU: 5.03

2024 Fac PE RVU: NA

RUC Recommendation: 1.45 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

2022 Medicare Utilization: 3,300

2024 Work RVU: 1.60
2024 NF PE RVU: 5.05
2024 Fac PE RVU: NA

RUC Recommendation: 1.60

Referred to CPT June 2017

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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

2022 Medicare Utilization: 928

2024 Work RVU: 2.10
2024 NF PE RVU: 8.12
2024 Fac PE RVU: NA

RUC Recommendation: 2.10

Referred to CPT June 2017

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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**

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

2022 Medicare Utilization: 107,171

2024 Work RVU: 2.30
2024 NF PE RVU: 8.12
2024 Fac PE RVU: NA

RUC Recommendation: 2.30

Referred to CPT June 2017

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

77051 **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)**

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 Recommendation: ACR

First Identified:

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

77052 **Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure)**

Global:

Issue: Mammography-Computer Aided Detection Bundling

Screen: Low Value-High Volume

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab: 20

Specialty Developing Recommendation: ACR

First Identified: October 2010

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 Recommendation: ACR

First Identified: January 2014

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 Recommendation:** ACR **First Identified:** January 2014 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 Recommendation:** ACR **First Identified:** January 2014 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 RUC Meeting: October 2017 **Tab:** 06 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

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

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 RUC Meeting: October 2017 **Tab:** 06 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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 RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2022 Medicare Utilization:** 699,591

2024 Work RVU: 0.81
2024 NF PE RVU: 2.9
2024 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 RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2022 Medicare Utilization:** 556,274

2024 Work RVU: 1.00
2024 NF PE RVU: 3.69
2024 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** October 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 5,666,028

2024 Work RVU: 0.76
2024 NF PE RVU: 3.03
2024 Fac PE RVU: NA

RUC Recommendation: 0.76 **Referred to CPT** October 2015 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 62,871

2024 Work RVU: 0.26
2024 NF PE RVU: 1.07
2024 Fac PE RVU: NA

RUC Recommendation: 0.26

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2022 Medicare Utilization:** 2,732

2024 Work RVU: 0.44
2024 NF PE RVU: 1.49
2024 Fac PE RVU: NA

RUC Recommendation: 0.44

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2022 Medicare Utilization:** 28,156

2024 Work RVU: 0.55
2024 NF PE RVU: 2.39
2024 Fac PE RVU: NA

RUC Recommendation: 0.55

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2022 Medicare Utilization:** 15

2024 Work RVU: 0.70
2024 NF PE RVU: 2.46
2024 Fac PE RVU: NA

RUC Recommendation: 0.70

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 34,387

2024 Work RVU: 0.33
2024 NF PE RVU: 1.05
2024 Fac PE RVU: NA

RUC Recommendation: 0.33 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

77080 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** CMS Request - Final Rule for 2012 / 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:** September 2011 **2022 Medicare Utilization:** 2,532,885

2024 Work RVU: 0.20
2024 NF PE RVU: 0.95
2024 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** May 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

77081 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)**

Global: XXX **Issue:** Dual-energy X-Ray Absorptiometry (DXA) **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 25 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2022 Medicare Utilization:** 84,437

2024 Work RVU: 0.20
2024 NF PE RVU: 0.73
2024 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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77082 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment**

Global: **Issue:** Dual Energy X-Ray **Screen:** CMS Request - Final Rule for 2012 / 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:** September 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

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:** **2022 Medicare Utilization:** 98,754

2024 Work RVU: 0.30
2024 NF PE RVU: 1.27
2024 Fac PE RVU: NA

RUC Recommendation: 0.30 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** **2022 Medicare Utilization:** 1,413

2024 Work RVU: 0.17
2024 NF PE RVU: 0.82
2024 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** May 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 9,653

2024 Work RVU: 1.30
2024 NF PE RVU: 0.73
2024 Fac PE RVU: 0.73

RUC Recommendation: 1.30 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

2022 Medicare Utilization: 2,999

2024 Work RVU: 2.00
2024 NF PE RVU: 1.1
2024 Fac PE RVU: 1.10

RUC Recommendation: 2.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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

2022 Medicare Utilization: 280,552

2024 Work RVU: 3.14
2024 NF PE RVU: 1.63
2024 Fac PE RVU: 1.63

RUC Recommendation: 3.14

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 / Different Performing Specialty from Survey6/ Codes Reported Together 75% or More-Part7 **Complete?** No

Most Recent RUC Meeting: January 2013 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO

First Identified: April 2011

2022 Medicare Utilization: 406,305

2024 Work RVU: 0.70
2024 NF PE RVU: 7.34
2024 Fac PE RVU: NA

RUC Recommendation: Review action plan. 0.70

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 5,544

2024 Work RVU: 1.05
2024 NF PE RVU: 12.12
2024 Fac PE RVU: NA

RUC Recommendation: 1.05 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 171,643

2024 Work RVU: 1.56
2024 NF PE RVU: 11.77
2024 Fac PE RVU: NA

RUC Recommendation: 1.56 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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:** **2022 Medicare Utilization:** 34,246

2024 Work RVU: 2.00
2024 NF PE RVU: 10.14
2024 Fac PE RVU: NA

RUC Recommendation: 2.00 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 112,013

2024 Work RVU: 4.29
2024 NF PE RVU: 9.88
2024 Fac PE RVU: NA

RUC Recommendation: 4.29

Referred to CPT October 2012, October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2010 **2022 Medicare Utilization:** 1,171,954

2024 Work RVU: 0.62
2024 NF PE RVU: 1.32
2024 Fac PE RVU: NA

RUC Recommendation: Review action plan. 0.62

Referred to CPT February 2014, October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

77301 **Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications**

Global: XXX **Issue:** IMRT - PE Only **Screen:** CMS Fastest Growing / CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes1 / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 28 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2008 **2022 Medicare Utilization:** 167,261

2024 Work RVU: 7.99
2024 NF PE RVU: 46.68
2024 Fac PE RVU: NA

RUC Recommendation: Review action plan. New PE Inputs. 7.99. CPT Assistant article published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2009

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

77305 **Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)**

Global:

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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

77306 **Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), 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

2022 Medicare Utilization: 964

2024 Work RVU: 1.40

2024 NF PE RVU: 2.97

2024 Fac PE RVU: NA

RUC Recommendation: 1.40

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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

2022 Medicare Utilization: 26,401

2024 Work RVU: 2.90

2024 NF PE RVU: 5.56

2024 Fac PE RVU: NA

RUC Recommendation: 2.90

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 **2022 Medicare Utilization:** 4,136

2024 Work RVU: 1.40
2024 NF PE RVU: 5.88
2024 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 2,079

2024 Work RVU: 1.83
2024 NF PE RVU: 7.75
2024 Fac PE RVU: NA

RUC Recommendation: 1.83 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 4,319

2024 Work RVU: 2.90
2024 NF PE RVU: 10.67
2024 Fac PE RVU: NA

RUC Recommendation: 2.90 **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77332 **Treatment devices, design and construction; simple (simple block, simple bolus)** **Global:** XXX **Issue:** RAW **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 40 **Specialty Developing Recommendation:** ASTRO **First Identified:** April 2015 **2022 Medicare Utilization:** 63,894

2024 Work RVU: 0.45

2024 NF PE RVU: 0.7

2024 Fac PE RVU: NA

RUC Recommendation: 0.54 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77333 **Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)**

Global: XXX **Issue:** RAW **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 40 **Specialty Developing Recommendation:** ASTRO **First Identified:** April 2015 **2022 Medicare Utilization:** 10,855

2024 Work RVU: 0.75
2024 NF PE RVU: 3.32
2024 Fac PE RVU: NA

RUC Recommendation: 0.84 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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77334 **Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)**

Global: XXX **Issue:** **Screen:** MPC List / RUC request / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 40 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2022 Medicare Utilization:** 698,395

2024 Work RVU: 1.15
2024 NF PE RVU: 2.56
2024 Fac PE RVU: NA

RUC Recommendation: 1.24 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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77336 **Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy**

Global: XXX **Issue:** Continuing Medical Physics Consultation-PE Only **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 31 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2012 **2022 Medicare Utilization:** 349,305

2024 Work RVU: 0.00
2024 NF PE RVU: 2.59
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

77338 **Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan**

Global: XXX **Issue:** IMRT - PE Only **Screen:** Services with Stand-Alone PE Procedure Time/ Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 28 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2022 Medicare Utilization:** 184,716

2024 Work RVU: 4.29
2024 NF PE RVU: 9.5
2024 Fac PE RVU: NA

RUC Recommendation: Review action plan. New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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77371 **Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based**

Global: XXX **Issue:** Radiation Treatment Delivery, Stereotactic Radiosurgery **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 30 **Specialty Developing Recommendation:** ASTRO **First Identified:** NA **2022 Medicare Utilization:** 97

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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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**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2022 Medicare Utilization:** 614

2024 Work RVU: 0.00
2024 NF PE RVU: 28.39
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

77373 **Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASTRO, ACRO **First Identified:** July 2012 **2022 Medicare Utilization:** 40,662

2024 Work RVU: 0.00
2024 NF PE RVU: 29.6
2024 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77385 **Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple**

Global: XXX **Issue:** Radiation Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: Refer to CPT. PE Only, revised introductory guidelines **Referred to CPT** Sep 2024 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77386 **Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex**

Global: XXX **Issue:** Radiation Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: Refer to CPT. PE Only, revised introductory guidelines **Referred to CPT** Sep 2024 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77387 **Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed**

Global: XXX **Issue:** Radiation Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: Refer to CPT. 0.58 **Referred to CPT** Sep 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77401 **Radiation treatment delivery, superficial and/or ortho voltage, per day**

Global: XXX **Issue:** Radiation Treatement Delivery (PE Only) **Screen:** High Volume Growth5 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 31 **Specialty Developing Recommendation:** **First Identified:** October 2018 **2022 Medicare Utilization:** 284,336

2024 Work RVU: 0.00
2024 NF PE RVU: 1.24
2024 Fac PE RVU: NA

RUC Recommendation: Review action plan. New PE Inputs **Referred to CPT** May 2019 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77402 **Radiation treatment delivery, >=1 MeV; simple**

Global: XXX **Issue:** Radiation Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: Refer to CPT. PE Only, revised introductory guidelines **Referred to CPT** Sep 2024 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77403 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV**

Global:

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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 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

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 RUC Meeting: January 2014

Tab: 14

Specialty Developing Recommendation: ACRO, ASTRO

First Identified: October 2012

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 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

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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 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

77407 **Radiation treatment delivery, >=1 MeV; intermediate**

Global: XXX **Issue:** Radiation Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: Refer to CPT. PE Only, revised introductory guidelines **Referred to CPT** Sep 2024 **Result:** PE Only

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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
2022 Medicare Utilization:

2024 Work RVU:
2024 NF PE RVU:
2024 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

77412 **Radiation treatment delivery, >=1 MeV; complex**

Global: XXX
Issue: Radiation Treatment Delivery
Screen: Services with Stand-Alone PE Procedure Time
Complete? No

Most Recent RUC Meeting: September 2023
Tab: 22
Specialty Developing Recommendation: ACRO, ASTRO
First Identified: October 2012
2022 Medicare Utilization:

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: Refer to CPT. PE Only, revised introductory guidelines
Referred to CPT Sep 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: PE Only

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
2022 Medicare Utilization:

2024 Work RVU:
2024 NF PE RVU:
2024 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

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

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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 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

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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 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

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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 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

Status Report: CMS Requests and Relativity Assessment Issues

77421 **Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy**

Global:

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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Contractor Price

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

77423 **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)**

Global: XXX

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

2022 Medicare Utilization:

2024 Work RVU: 0.00

2024 NF PE RVU: 0

2024 Fac PE RVU: 0.00

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

77427 **Radiation treatment management, 5 treatments**

Global: XXX **Issue:** Radiation Treatment Management **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:** ASTRO **First Identified:** September 2007 **2022 Medicare Utilization:** 914,002

2024 Work RVU: 3.37
2024 NF PE RVU: 2.07
2024 Fac PE RVU: 2.07

RUC Recommendation: 3.45. Remove from high E/M screen.

Referred to CPT June 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 30 **Specialty Developing Recommendation:** **First Identified:** October 2016 **2022 Medicare Utilization:** 44,169

2024 Work RVU: 11.87
2024 NF PE RVU: 6.34
2024 Fac PE RVU: 6.34

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

77470 **Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)**

Global: XXX **Issue:** Special Radiation Treatment **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 41 **Specialty Developing Recommendation:** ASTRO **First Identified:** July 2015 **2022 Medicare Utilization:** 82,000

2024 Work RVU: 2.03
2024 NF PE RVU: 2.12
2024 Fac PE RVU: NA

RUC Recommendation: 2.03

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

77520 **Proton treatment delivery; simple, without compensation**

Global: XXX **Issue:** Proton Beam Treatment Delivery (PE Only) **Screen:** Contractor Priced High Volume1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2018 **2022 Medicare Utilization:** 181

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

77522 **Proton treatment delivery; simple, with compensation**

Global: XXX **Issue:** Proton Beam Treatment Delivery (PE Only) **Screen:** Contractor Priced High Volume1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ASTRO

First Identified: January 2018 **2022 Medicare Utilization:** 7,240

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

77523 **Proton treatment delivery; intermediate**

Global: XXX **Issue:** Proton Beam Treatment Delivery (PE Only) **Screen:** High Volume Growth4 / Contractor Priced High Volume1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2016 **2022 Medicare Utilization:** 65,902

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

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

77525 **Proton treatment delivery; complex**

Global: XXX **Issue:** Proton Beam Treatment Delivery (PE Only) **Screen:** Contractor Priced High Volume1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2018 **2022 Medicare Utilization:** 11,709

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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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 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 30 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2022 Medicare Utilization:** 9,924

2024 Work RVU: 1.31
2024 NF PE RVU: 14.92
2024 Fac PE RVU: NA

RUC Recommendation: Review action plan. New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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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 **2022 Medicare Utilization:** 4,607

2024 Work RVU: 1.05
2024 NF PE RVU: 6.36
2024 Fac PE RVU: NA

RUC Recommendation: 1.05 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 5,488

2024 Work RVU: 1.40
2024 NF PE RVU: 9.46
2024 Fac PE RVU: NA

RUC Recommendation: 1.40 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 15,451

2024 Work RVU: 1.95
2024 NF PE RVU: 8.36
2024 Fac PE RVU: NA

RUC Recommendation: 1.95 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 10,180

2024 Work RVU: 3.80
2024 NF PE RVU: 14.1
2024 Fac PE RVU: NA

RUC Recommendation: 3.80 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 3,159

2024 Work RVU: 5.40
2024 NF PE RVU: 21.33
2024 Fac PE RVU: NA

RUC Recommendation: 5.40 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 3,250

2024 Work RVU: 8.78
2024 NF PE RVU: 18.32
2024 Fac PE RVU: NA

RUC Recommendation: 8.78 **Referred to CPT** February 2015 **Result:** Decrease

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 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

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:

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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 **2022 Medicare Utilization:** 39

2024 Work RVU: 0.00
2024 NF PE RVU: 0.52
2024 Fac PE RVU: NA

RUC Recommendation: 0.00 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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:** **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

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:** **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

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:** **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

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:** **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78007 **Thyroid imaging, with 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:** April 2011 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78010 **Thyroid imaging; only**

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:** **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

78011 **Thyroid imaging; with vascular flow**

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:** **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

78012 **Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2022 Medicare Utilization:** 952

2024 Work RVU: 0.19
2024 NF PE RVU: 2.2
2024 Fac PE RVU: NA

RUC Recommendation: 0.19 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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78013 **Thyroid imaging (including vascular flow, when performed);**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2022 Medicare Utilization:** 804

2024 Work RVU: 0.37
2024 NF PE RVU: 4.71
2024 Fac PE RVU: NA

RUC Recommendation: 0.37 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

78014 **Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2022 Medicare Utilization:** 11,032

2024 Work RVU: 0.50
2024 NF PE RVU: 5.97
2024 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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78070 **Parathyroid planar imaging (including subtraction, when performed);**

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 **2022 Medicare Utilization:** 9,359

2024 Work RVU: 0.80
2024 NF PE RVU: 7.19
2024 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Dec 2016 **Result:** Maintain

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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 **2022 Medicare Utilization:** 6,434

2024 Work RVU: 1.20
2024 NF PE RVU: 8.3
2024 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Dec 2016 **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 11,283

2024 Work RVU: 1.60
2024 NF PE RVU: 10.19
2024 Fac PE RVU: NA

RUC Recommendation: 1.60 **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Dec 2016 **Result:** Maintain

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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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

78226 **Hepatobiliary system imaging, including gallbladder when present;**

Global: XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** **2022 Medicare Utilization:** 51,282

2024 Work RVU: 0.74
2024 NF PE RVU: 8.07
2024 Fac PE RVU: NA

RUC Recommendation: 0.74 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

Status Report: CMS Requests and Relativity Assessment Issues

78227 **Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed**

Global: XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** **2022 Medicare Utilization:** 37,289

2024 Work RVU: 0.90
2024 NF PE RVU: 10.93
2024 Fac PE RVU: NA

RUC Recommendation: 0.90 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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78265 **Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit**

Global: XXX **Issue:** Colon Transit Imaging **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 18 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** April 2015 **2022 Medicare Utilization:** 261

2024 Work RVU: 0.98
2024 NF PE RVU: 9.69
2024 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Dec 2015 **Result:** Not Part of RAW

78266 **Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days**

Global: XXX **Issue:** Colon Transit Imaging **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 18 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** April 2015 **2022 Medicare Utilization:** 233

2024 Work RVU: 1.08
2024 NF PE RVU: 11.06
2024 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Dec 2015 **Result:** Not Part of RAW

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 **2022 Medicare Utilization:** 15,876

2024 Work RVU: 0.99
2024 NF PE RVU: 8.46
2024 Fac PE RVU: NA

RUC Recommendation: 0.99 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 3,852

2024 Work RVU: 0.62
2024 NF PE RVU: 5.52
2024 Fac PE RVU: NA

RUC Recommendation: 0.62 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

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 **2022 Medicare Utilization:** 679

2024 Work RVU: 0.83
2024 NF PE RVU: 6.57
2024 Fac PE RVU: NA

RUC Recommendation: 0.83 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 193,289

2024 Work RVU: 0.86
2024 NF PE RVU: 7.14
2024 Fac PE RVU: NA

RUC Recommendation: 0.86 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 1,025

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 1.76 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

---

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 **2022 Medicare Utilization:** 478

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 1.67 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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**

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 **2022 Medicare Utilization:** 87,173

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 1.90 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

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);**

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 **2022 Medicare Utilization:** 26

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 2.07 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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**

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 **2022 Medicare Utilization:** 1,876

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 2.26 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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)**

Global: ZZZ **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 **2022 Medicare Utilization:** 72,932

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 0.63 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2022 Medicare Utilization:** 22,908

2024 Work RVU: 1.38
2024 NF PE RVU: 7.91
2024 Fac PE RVU: NA

RUC Recommendation: 1.40 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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78452 **Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2022 Medicare Utilization:** 1,326,697

2024 Work RVU: 1.62
2024 NF PE RVU: 11.24
2024 Fac PE RVU: NA

RUC Recommendation: 1.75 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 1,466

2024 Work RVU: 1.00
2024 NF PE RVU: 6.92
2024 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 5,291

2024 Work RVU: 1.34
2024 NF PE RVU: 10.47
2024 Fac PE RVU: NA

RUC Recommendation: 1.34 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 658

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 1.61 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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:** **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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:** **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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:** **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

78472 **Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing**

Global: XXX **Issue:** Cardiac Blood Pool Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 35 **Specialty Developing Recommendation:** ACC, ACR, SNM, ACNM **First Identified:** April 2011 **2022 Medicare Utilization:** 9,798

2024 Work RVU: 0.98
2024 NF PE RVU: 5.25
2024 Fac PE RVU: NA

RUC Recommendation: 0.98 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 **2022 Medicare Utilization:** 384

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 1.56 **Referred to CPT** **Result:** Increase
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 **2022 Medicare Utilization:** 113,774

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 1.80 **Referred to CPT** May 2018 **Result:** Increase
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 **2022 Medicare Utilization:** 249

2024 Work RVU: 0.49
2024 NF PE RVU: 4.63
2024 Fac PE RVU: NA

RUC Recommendation: 0.49 **Referred to CPT** October 2010 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78580 **Pulmonary perfusion imaging (eg, particulate)**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ACNM, SIR, SNMMI **First Identified:** February 2010 **2022 Medicare Utilization:** 69,975

2024 Work RVU: 0.74
2024 NF PE RVU: 5.68
2024 Fac PE RVU: NA

RUC Recommendation: 0.74 **Referred to CPT** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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78582 **Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2022 Medicare Utilization:** 51,181

2024 Work RVU: 1.07
2024 NF PE RVU: 7.93
2024 Fac PE RVU: NA

RUC Recommendation: 1.07 **Referred to CPT** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

78584 **Pulmonary perfusion imaging, particulate, with ventilation; single breath**

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

78585 **Pulmonary perfusion imaging, particulate, with ventilation; rebreathing and washout, with or without single breath**

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: October 2009
2022 Medicare Utilization:
2024 Work RVU:
2024 NF PE RVU:
2024 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

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
2022 Medicare Utilization:
2024 Work RVU:
2024 NF PE RVU:
2024 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

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
2022 Medicare Utilization:
2024 Work RVU:
2024 NF PE RVU:
2024 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

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
2022 Medicare Utilization:
2024 Work RVU:
2024 NF PE RVU:
2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

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 **2022 Medicare Utilization:** 2,183

2024 Work RVU: 0.75
2024 NF PE RVU: 4.7
2024 Fac PE RVU: NA

RUC Recommendation: 0.75 **Referred to CPT** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 1,266

2024 Work RVU: 0.85
2024 NF PE RVU: 7.33
2024 Fac PE RVU: NA

RUC Recommendation: 0.85 **Referred to CPT** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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) or acquisition, 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 **2022 Medicare Utilization:** 35,894

2024 Work RVU: 1.09
2024 NF PE RVU: 9.23
2024 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Dec 2016 **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 626,249

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: Reaffirmed RUC recommendation **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 11,274

2024 Work RVU: 1.96
2024 NF PE RVU: 2.31
2024 Fac PE RVU: NA

RUC Recommendation: Article published Feb 2012 **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Feb 2012 **Result:** Maintain

80500 **Clinical pathology consultation; limited, without review of patient's history and medical records**

Global: XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP **First Identified:** January 2019 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2020 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

80502 **Clinical pathology consultation; comprehensive, for a complex diagnostic problem, with review of patient's history and medical records**

Global: XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP **First Identified:** January 2021 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2020 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

80503 **Pathology clinical consultation; for a clinical problem, with limited review of patient's history and medical records and straightforward medical decision making When using time for code selection, 5-20 minutes of total time is spent on the date of the consultation.**

Global: XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP **First Identified:** January 2021 **2022 Medicare Utilization:** 22,690

2024 Work RVU: 0.43
2024 NF PE RVU: 0.35
2024 Fac PE RVU: 0.20

RUC Recommendation: 0.50 **Referred to CPT** October 2020 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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80504 **Pathology clinical consultation; for a moderately complex clinical problem, with review of patient's history and medical records and moderate level of medical decision making When using time for code selection, 21-40 minutes of total time is spent on the date of the consultation.**

Global: XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP **First Identified:** January 2021 **2022 Medicare Utilization:** 3,676

2024 Work RVU: 0.91
2024 NF PE RVU: 0.62
2024 Fac PE RVU: 0.44

RUC Recommendation: 0.91 **Referred to CPT** October 2020 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

80505 **Pathology clinical consultation; for a highly complex clinical problem, with comprehensive review of patient's history and medical records and high level of medical decision making When using time for code selection, 41-60 minutes of total time is spent on the date of the consultation.**

Global: XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP **First Identified:** January 2021 **2022 Medicare Utilization:** 2,772

2024 Work RVU: 1.71
2024 NF PE RVU: 1.04
2024 Fac PE RVU: 0.82

RUC Recommendation: 1.80 **Referred to CPT** October 2020 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

80506 **Pathology clinical consultation; prolonged service, each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP **First Identified:** January 2021 **2022 Medicare Utilization:** 1,890

2024 Work RVU: 0.80
2024 NF PE RVU: 0.42
2024 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** October 2020 **Result:** Decrease

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 **2022 Medicare Utilization:** 160,824

2024 Work RVU: 0.45
2024 NF PE RVU:
2024 Fac PE RVU: 0.22

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 129,491

2024 Work RVU: 0.94
2024 NF PE RVU: 1.09
2024 Fac PE RVU: 0.42

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

85390 **Fibrinolysins or coagulopathy screen, interpretation and report**

Global: XXX **Issue:** Fibrinolysins Screen **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 26 **Specialty Developing Recommendation:**

First Identified: April 2017 **2022 Medicare Utilization:** 26,869

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 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 RUC Meeting: April 2015 **Tab:** 36 **Specialty Developing Recommendation:** AUR, ASC, CAP

First Identified: October 2009 **2022 Medicare Utilization:** 33,535

2024 Work RVU: 0.56
2024 NF PE RVU: 1.68
2024 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

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 RUC Meeting: April 2015 **Tab:** 36 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** February 2010 **2022 Medicare Utilization:** 1,246

2024 Work RVU: 0.37
2024 NF PE RVU: 1.74
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.56 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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88107 **Deleted from CPT**

Global: **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 17 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

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 RUC Meeting: April 2015 **Tab:** 36 **Specialty Developing Recommendation:** ACR, CAP **First Identified:** February 2010 **2022 Medicare Utilization:** 178,673

2024 Work RVU: 0.44
2024 NF PE RVU: 1.6
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.56 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

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 RUC Meeting: April 2015 **Tab:** 36 **Specialty Developing Recommendation:** ACR, CAP **First Identified:** September 2011 **2022 Medicare Utilization:** 743,800

2024 Work RVU: 0.56
2024 NF PE RVU: 1.46
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.56

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

88120 **Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual**

Global: XXX **Issue:** RAW review **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** **First Identified:** November 2012 **2022 Medicare Utilization:** 42,054

2024 Work RVU: 1.20
2024 NF PE RVU: 16.14
2024 Fac PE RVU: NA

RUC Recommendation: Utilization shift is appropriate.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88121 **Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology**

Global: XXX **Issue:** RAW review **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** **First Identified:** November 2012 **2022 Medicare Utilization:** 20,338

2024 Work RVU: 1.00
2024 NF PE RVU: 11.54
2024 Fac PE RVU: NA

RUC Recommendation: Utilization shift is appropriate.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88141 **Cytopathology, cervical or vaginal (any reporting system), 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 **2022 Medicare Utilization:** 43,300

2024 Work RVU: 0.26
2024 NF PE RVU: 0.45
2024 Fac PE RVU: 0.45

RUC Recommendation: 0.42

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2022 Medicare Utilization:** 4,853

2024 Work RVU: 0.50
2024 NF PE RVU: 1.86
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

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 **2022 Medicare Utilization:** 3,844

2024 Work RVU: 0.50
2024 NF PE RVU: 1.91
2024 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

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 **2022 Medicare Utilization:** 566

2024 Work RVU: 0.76
2024 NF PE RVU: 3.06
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

88184 **Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker**

Global: XXX **Issue:** Flow Cytometry **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** **Specialty Developing Recommendation:** CAP **First Identified:** July 2015 **2022 Medicare Utilization:** 94,171

2024 Work RVU: 0.00
2024 NF PE RVU: 2.32
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. Removed from FR 2018 as misvalued. **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

88185 **Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)**

Global: ZZZ **Issue:** Flow Cytometry **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** **Specialty Developing Recommendation:** CAP **First Identified:** July 2015 **2022 Medicare Utilization:** 1,966,902

2024 Work RVU: 0.00
2024 NF PE RVU: 0.71
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. Removed from FR 2018 as misvalued. **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88187 **Flow cytometry, interpretation; 2 to 8 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 **2022 Medicare Utilization:** 27,897

2024 Work RVU: 0.74
2024 NF PE RVU: 0.28
2024 Fac PE RVU: 0.28

RUC Recommendation: 0.74

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2022 Medicare Utilization:** 38,457

2024 Work RVU: 1.20
2024 NF PE RVU: 0.55
2024 Fac PE RVU: 0.55

RUC Recommendation: 1.40

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2022 Medicare Utilization:** 236,357

2024 Work RVU: 1.70
2024 NF PE RVU: 0.67
2024 Fac PE RVU: 0.67

RUC Recommendation: 1.70

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 166,076

2024 Work RVU: 0.08
2024 NF PE RVU: 0.39
2024 Fac PE RVU: NA

RUC Recommendation: 0.08 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2022 Medicare Utilization:** 58,536

2024 Work RVU: 0.13
2024 NF PE RVU: 0.85
2024 Fac PE RVU: NA

RUC Recommendation: 0.13 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88304 **Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocele 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 **2022 Medicare Utilization:** 779,959

2024 Work RVU: 0.22
2024 NF PE RVU: 1.05
2024 Fac PE RVU: NA

RUC Recommendation: 0.22 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88305 **Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary bladder, biopsy Uterus, with or without tubes and ovaries, for prolapse Vagina, biopsy Vulva/labia, biopsy**

Global: XXX **Issue:** Pathology Consultations **Screen:** 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:** October 2008 **2022 Medicare Utilization:** 15,836,017

2024 Work RVU: 0.75
2024 NF PE RVU: 1.38
2024 Fac PE RVU: NA

RUC Recommendation: 0.75 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2022 Medicare Utilization:** 897,943

2024 Work RVU: 1.59
2024 NF PE RVU: 6.98
2024 Fac PE RVU: NA

RUC Recommendation: 1.59 and new PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 131,272

2024 Work RVU: 2.80
2024 NF PE RVU: 10.09
2024 Fac PE RVU: NA

RUC Recommendation: 2.80 and new PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

88312 **Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 33 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2022 Medicare Utilization:** 1,163,061

2024 Work RVU: 0.54
2024 NF PE RVU: 2.82
2024 Fac PE RVU: NA

RUC Recommendation: 0.54 **Referred to CPT** June 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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88313 **Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 33 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2022 Medicare Utilization:** 1,236,949

2024 Work RVU: 0.24
2024 NF PE RVU: 2.23
2024 Fac PE RVU: NA

RUC Recommendation: 0.24 **Referred to CPT** June 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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88314 **Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 33 **Specialty Developing Recommendation:** CAP **First Identified:** February 2009 **2022 Medicare Utilization:** 21,903

2024 Work RVU: 0.45
2024 NF PE RVU: 2.18
2024 Fac PE RVU: NA

RUC Recommendation: 0.45 **Referred to CPT** June 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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:** **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

88319 **Special stain including interpretation and report; Group III, for enzyme constituents**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 33 **Specialty Developing Recommendation:** CAP **First Identified:** **2022 Medicare Utilization:** 12,731

2024 Work RVU: 0.53
2024 NF PE RVU: 3.54
2024 Fac PE RVU: NA

RUC Recommendation: 0.53 **Referred to CPT** June 2010 **Result:** Maintain

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 **2022 Medicare Utilization:** 163,519

2024 Work RVU: 1.63
2024 NF PE RVU: 1.18
2024 Fac PE RVU: 0.73

RUC Recommendation: 1.63 **Referred to CPT** **Result:** Maintain

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 **2022 Medicare Utilization:** 33,571

2024 Work RVU: 1.83
2024 NF PE RVU: 1.59
2024 Fac PE RVU: NA

RUC Recommendation: 1.83 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88325 **Consultation, comprehensive, with review of records and specimens, with report on referred material**

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 **2022 Medicare Utilization:** 11,300

2024 Work RVU: 2.85
2024 NF PE RVU: 1.66
2024 Fac PE RVU: 0.95

RUC Recommendation: 2.85 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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88329 **Pathology consultation during surgery;**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 18 **Specialty Developing Recommendation:** CAP **First Identified:** February 2010 **2022 Medicare Utilization:** 22,555

2024 Work RVU: 0.67
2024 NF PE RVU: 0.94
2024 Fac PE RVU: 0.32

RUC Recommendation: 0.67 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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88331 **Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 18 **Specialty Developing Recommendation:** CAP **First Identified:** October 2009 **2022 Medicare Utilization:** 333,252

2024 Work RVU: 1.19
2024 NF PE RVU: 1.81
2024 Fac PE RVU: NA

RUC Recommendation: 1.19 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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88332 **Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 18 **Specialty Developing Recommendation:** CAP **First Identified:** October 2009 **2022 Medicare Utilization:** 122,479

2024 Work RVU: 0.59
2024 NF PE RVU: 1.02
2024 Fac PE RVU: NA

RUC Recommendation: 0.59 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 58,951

2024 Work RVU: 1.20
2024 NF PE RVU: 1.51
2024 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 28,643

2024 Work RVU: 0.73
2024 NF PE RVU: 0.92
2024 Fac PE RVU: NA

RUC Recommendation: 0.73 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 3,299,705

2024 Work RVU: 0.56
2024 NF PE RVU: 2.15
2024 Fac PE RVU: NA

RUC Recommendation: 0.65 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 2,105,463

2024 Work RVU: 0.70
2024 NF PE RVU: 2.46
2024 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** May 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 **2022 Medicare Utilization:** 165,839

2024 Work RVU: 0.77
2024 NF PE RVU: 4.4
2024 Fac PE RVU: NA

RUC Recommendation: 0.77 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 52,971

2024 Work RVU: 0.74
2024 NF PE RVU: 3.73
2024 Fac PE RVU: NA

RUC Recommendation: 0.74

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

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 **2022 Medicare Utilization:** 14,060

2024 Work RVU: 1.51
2024 NF PE RVU: 12.91
2024 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

88349 **Electron microscopy; scanning**

Global: **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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** Oct 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

88350 **Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **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 2014 **2022 Medicare Utilization:** 230,286

2024 Work RVU: 0.59
2024 NF PE RVU: 2.81
2024 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88356 **Morphometric analysis; nerve**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 37 **Specialty Developing Recommendation:** ASCP, CAP **First Identified:** April 2013 **2022 Medicare Utilization:** 20,476

2024 Work RVU: 2.80
2024 NF PE RVU: 4.18
2024 Fac PE RVU: NA

RUC Recommendation: 2.80 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88360 **Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual**

Global: XXX **Issue:** Tumor Immunohistochemistry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 40 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2022 Medicare Utilization:** 623,440

2024 Work RVU: 0.85
2024 NF PE RVU: 2.74
2024 Fac PE RVU: NA

RUC Recommendation: 0.85 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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88361 **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**

Global: XXX **Issue:** Tumor Immunohistochemistry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 40 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2022 Medicare Utilization:** 145,417

2024 Work RVU: 0.95
2024 NF PE RVU: 2.61
2024 Fac PE RVU: NA

RUC Recommendation: 0.95 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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88364 **In situ hybridization (eg, FISH), 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 **2022 Medicare Utilization:** 36,647

2024 Work RVU: 0.70
2024 NF PE RVU: 3.28
2024 Fac PE RVU: NA

RUC Recommendation: 0.88 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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 **2022 Medicare Utilization:** 57,466

2024 Work RVU: 0.88
2024 NF PE RVU: 4.41
2024 Fac PE RVU: NA

RUC Recommendation: 0.88 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2012

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 **2022 Medicare Utilization:** 2,587

2024 Work RVU: 1.24
2024 NF PE RVU: 6.87
2024 Fac PE RVU: NA

RUC Recommendation: 1.24 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 3,964

2024 Work RVU: 0.73
2024 NF PE RVU: 2.6
2024 Fac PE RVU: NA

RUC Recommendation: 0.86 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2012

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 **2022 Medicare Utilization:** 16,333

2024 Work RVU: 0.88
2024 NF PE RVU: 3.53
2024 Fac PE RVU: NA

RUC Recommendation: 0.88 **Referred to CPT** May 2013 **Result:** Decrease

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 **2022 Medicare Utilization:** 5,203

2024 Work RVU: 0.58
2024 NF PE RVU: 1.44
2024 Fac PE RVU: NA

RUC Recommendation: 0.86 **Referred to CPT** **Result:** Decrease

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:** **2022 Medicare Utilization:** 142,874

2024 Work RVU: 0.93
2024 NF PE RVU: 7.68
2024 Fac PE RVU: NA

RUC Recommendation: 1.04 **Referred to CPT** **Result:** Decrease

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 / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** May 2013 **2022 Medicare Utilization:** 121,925

2024 Work RVU: 1.40
2024 NF PE RVU: 10.42
2024 Fac PE RVU: NA

RUC Recommendation: 1.40 **Referred to CPT** May 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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88381 **Microdissection (ie, sample preparation of microscopically identified target); manual**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth8 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ASC, AP **First Identified:** April 2022 **2022 Medicare Utilization:** 56,078

2024 Work RVU: 0.53
2024 NF PE RVU: 5.46
2024 Fac PE RVU: NA

RUC Recommendation: Review action plan **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

90460 **Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** July 2020 **2022 Medicare Utilization:** 146

2024 Work RVU: 0.24
2024 NF PE RVU: 0.43
2024 Fac PE RVU: NA

RUC Recommendation: 0.24 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

90461 **Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunization Administration **Screen:** CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** July 2020 **2022 Medicare Utilization:** 30

2024 Work RVU: 0.18
2024 NF PE RVU: 0.07
2024 Fac PE RVU: NA

RUC Recommendation: 0.18 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 / CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** February 2008 **2022 Medicare Utilization:** 344,382

2024 Work RVU: 0.17
2024 NF PE RVU: 0.44
2024 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 / CMS Request – Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** February 2008 **2022 Medicare Utilization:** 29,042

2024 Work RVU: 0.15
2024 NF PE RVU: 0.28
2024 Fac PE RVU: NA

RUC Recommendation: 0.15 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 / CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** NA **2022 Medicare Utilization:** 1

2024 Work RVU: 0.17
2024 NF PE RVU: 0.32
2024 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 / CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** NA **2022 Medicare Utilization:**

2024 Work RVU: 0.15
2024 NF PE RVU: 0.2
2024 Fac PE RVU: NA

RUC Recommendation: 0.15 **Referred to CPT** **Result:** Maintain
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?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AACAP, APA (psychology), NASW **First Identified:** April 2013 **2022 Medicare Utilization:** 333,763

2024 Work RVU: 0.33
2024 NF PE RVU: 0.1
2024 Fac PE RVU: 0.05

RUC Recommendation: 0.33 **Referred to CPT** October 2020 **Result:** Increase
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 **2022 Medicare Utilization:** 690,443

2024 Work RVU: 3.84
2024 NF PE RVU: 1.23
2024 Fac PE RVU: 0.49

RUC Recommendation: 3.00 **Referred to CPT** February 2012 **Result:** Increase
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 **2022 Medicare Utilization:** 520,437

2024 Work RVU: 4.16
2024 NF PE RVU: 1.49
2024 Fac PE RVU: 0.75

RUC Recommendation: 3.25 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

90806 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;**

Global: **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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

90808 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;**

Global: **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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

90818 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;**

Global: **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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

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 **2022 Medicare Utilization:** 1,966,574

2024 Work RVU: 1.78
2024 NF PE RVU: 0.52
2024 Fac PE RVU: 0.22

RUC Recommendation: 1.50 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 1,371,093

2024 Work RVU: 1.57
2024 NF PE RVU: 0.52
2024 Fac PE RVU: 0.28

RUC Recommendation: 1.50 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 3,755,636

2024 Work RVU: 2.35
2024 NF PE RVU: 0.69
2024 Fac PE RVU: 0.30

RUC Recommendation: 2.00 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 423,970

2024 Work RVU: 1.99
2024 NF PE RVU: 0.66
2024 Fac PE RVU: 0.36

RUC Recommendation: 1.90 **Referred to CPT** February 2012 **Result:** Increase

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 **2022 Medicare Utilization:** 6,073,697

2024 Work RVU: 3.47
2024 NF PE RVU: 1.01
2024 Fac PE RVU: 0.44

RUC Recommendation: 3.00 **Referred to CPT** February 2012 **Result:** Increase

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 **2022 Medicare Utilization:** 94,952

2024 Work RVU: 2.62
2024 NF PE RVU: 0.89
2024 Fac PE RVU: 0.49

RUC Recommendation: 2.50 **Referred to CPT** February 2012 **Result:** Increase

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 **2022 Medicare Utilization:** 18,399

2024 Work RVU: 3.28
2024 NF PE RVU: 1.02
2024 Fac PE RVU: 0.49

RUC Recommendation: 3.13 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2022 Medicare Utilization:** 6,138

2024 Work RVU: 1.57
2024 NF PE RVU: 0.53
2024 Fac PE RVU: 0.29

RUC Recommendation: 1.50 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2022 Medicare Utilization:** 7,261

2024 Work RVU: 2.20
2024 NF PE RVU: 0.67
2024 Fac PE RVU: 0.33

RUC Recommendation: 2.10 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2022 Medicare Utilization:** 22,452

2024 Work RVU: 2.51
2024 NF PE RVU: 0.35
2024 Fac PE RVU: 0.34

RUC Recommendation: 2.40 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

90847 **Family psychotherapy (conjoint psychotherapy) (with 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 **2022 Medicare Utilization:** 116,686

2024 Work RVU: 2.62
2024 NF PE RVU: 0.38
2024 Fac PE RVU: 0.36

RUC Recommendation: 2.50 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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90853 **Group psychotherapy (other than of a multiple-family group)**

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 **2022 Medicare Utilization:** 421,146

2024 Work RVU: 0.62
2024 NF PE RVU: 0.19
2024 Fac PE RVU: 0.08

RUC Recommendation: 0.59 **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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90862 **Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy**

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

90863 **Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)**

Global: XXX **Issue:** Pharmacologic Management with Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 40 **Specialty Developing Recommendation:** APA (HCPAC) **First Identified:** April 2013 **2022 Medicare Utilization:**

2024 Work RVU: 0.48
2024 NF PE RVU: 0.24
2024 Fac PE RVU: 0.19

RUC Recommendation: 0.48 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90868 **Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session**

Global: 000 **Issue:** RAW **Screen:** Contractor Priced High Volume / Contractor Priced High Volume2 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** APA (psychiatry) **First Identified:** January 2018 **2022 Medicare Utilization:** 240,106

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

90870 **Electroconvulsive therapy (includes necessary monitoring)**

Global: 000 **Issue:** Electroconvulsive Therapy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 41 **Specialty Developing Recommendation:** APA **First Identified:** October 2009 **2022 Medicare Utilization:** 89,143

2024 Work RVU: 2.50
2024 NF PE RVU: 2.58
2024 Fac PE RVU: 0.52

RUC Recommendation: 2.50 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90901 **Biofeedback training by any modality**

Global: 000 **Issue:** Biofeedback Training **Screen:** High Volume Growth9 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 09 **Specialty Developing Recommendation:** ACOG, APTA, AUA **First Identified:** April 2023 **2022 Medicare Utilization:** 48,132

2024 Work RVU: 0.41
2024 NF PE RVU: 0.8
2024 Fac PE RVU: 0.14

RUC Recommendation: Refer to CPT **Referred to CPT** Sep 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

90911 **Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry**

Global: **Issue:** Biofeedback Training **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** April 2017 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

90912 **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**

Global: 000 **Issue:** Biofeedback Training **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 09 **Specialty Developing Recommendation:** ACOG, APTA, AUA **First Identified:** September 2018 **2022 Medicare Utilization:** 24,229

2024 Work RVU: 0.90
2024 NF PE RVU: 1.47
2024 Fac PE RVU: 0.31

RUC Recommendation: Refer to CPT 0.90 **Referred to CPT** Sep 2024; Feb 2019-EC **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

90913 **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)**

Global: ZZZ **Issue:** Biofeedback Training **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 09 **Specialty Developing Recommendation:** ACOG, APTA, AUA **First Identified:** September 2018 **2022 Medicare Utilization:** 14,465

2024 Work RVU: 0.50
2024 NF PE RVU: 0.43
2024 Fac PE RVU: 0.18

RUC Recommendation: Refer to CPT. 0.50 **Referred to CPT** Sep 2024; Feb 2019-EC **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90935 **Hemodialysis procedure with single evaluation by a physician or other qualified health care professional**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 30 **Specialty Developing Recommendation:** RPA **First Identified:** October 2008 **2022 Medicare Utilization:** 696,670

2024 Work RVU: 1.48
2024 NF PE RVU:
2024 Fac PE RVU: 0.53

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90937 **Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 30 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2022 Medicare Utilization:** 30,666

2024 Work RVU: 2.11
2024 NF PE RVU:
2024 Fac PE RVU: 0.78

RUC Recommendation: 2.11 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90945 **Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 30 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2022 Medicare Utilization:** 123,896

2024 Work RVU: 1.56
2024 NF PE RVU:
2024 Fac PE RVU: 0.88

RUC Recommendation: 1.56 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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90947 **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**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 30 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2022 Medicare Utilization:** 10,059

2024 Work RVU: 2.52
2024 NF PE RVU:
2024 Fac PE RVU: 0.92

RUC Recommendation: 2.52 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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90951 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2022 Medicare Utilization:** 61

2024 Work RVU: 23.92
2024 NF PE RVU: 9.18
2024 Fac PE RVU: 9.18

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

90952 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2022 Medicare Utilization:** 8

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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90953 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2022 Medicare Utilization:** 17

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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90954 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2022 Medicare Utilization:** 422

2024 Work RVU: 20.86
2024 NF PE RVU: 7.57
2024 Fac PE RVU: 7.57

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

90955 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2022 Medicare Utilization:** 111

2024 Work RVU: 10.32
2024 NF PE RVU: 4.49
2024 Fac PE RVU: 4.49

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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90956 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2022 Medicare Utilization:** 72

2024 Work RVU: 6.64
2024 NF PE RVU: 3.29
2024 Fac PE RVU: 3.29

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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90957 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2022 Medicare Utilization:** 1,196

2024 Work RVU: 15.46
2024 NF PE RVU: 6.35
2024 Fac PE RVU: 6.35

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

90958 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2022 Medicare Utilization:** 406

2024 Work RVU: 9.87
2024 NF PE RVU: 4.35
2024 Fac PE RVU: 4.35

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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90959 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2022 Medicare Utilization:** 283

2024 Work RVU: 6.19
2024 NF PE RVU: 3.09
2024 Fac PE RVU: 3.09

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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90960 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2022 Medicare Utilization:** 1,402,405

2024 Work RVU: 6.77
2024 NF PE RVU: 3.32
2024 Fac PE RVU: 3.32

RUC Recommendation: RUC Recommended revised physician and clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

90961 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2022 Medicare Utilization:** 494,092

2024 Work RVU: 5.52
2024 NF PE RVU: 2.86
2024 Fac PE RVU: 2.86

RUC Recommendation: RUC Recommended revised physician and clinical staff time **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90962 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2022 Medicare Utilization:** 155,332

2024 Work RVU: 3.57
2024 NF PE RVU: 2.23
2024 Fac PE RVU: 2.23

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

90963 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2022 Medicare Utilization:** 132

2024 Work RVU: 12.09
2024 NF PE RVU: 5.14
2024 Fac PE RVU: 5.14

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90964 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2022 Medicare Utilization:** 682

2024 Work RVU: 10.25
2024 NF PE RVU: 4.52
2024 Fac PE RVU: 4.52

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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90965 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2022 Medicare Utilization:** 1,031

2024 Work RVU: 9.80
2024 NF PE RVU: 4.39
2024 Fac PE RVU: 4.39

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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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 Recommendation:** RPA **First Identified:** February 2009 **2022 Medicare Utilization:** 323,474

2024 Work RVU: 5.52
2024 NF PE RVU: 2.86
2024 Fac PE RVU: 2.86

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

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 Recommendation:** AGA, ASGE **First Identified:** February 2010 **2022 Medicare Utilization:** 3,794

2024 Work RVU: 1.10
2024 NF PE RVU: 10.91
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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91110 **Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report**

Global: XXX **Issue:** Gastrointestinal Tract Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 44 **Specialty Developing Recommendation:** ACG, AGA, ASGE **First Identified:** July 2015 **2022 Medicare Utilization:** 42,423

2024 Work RVU: 2.24
2024 NF PE RVU: 19.58
2024 Fac PE RVU: NA

RUC Recommendation: 2.49 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

91111 **Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report**

Global: XXX **Issue:** Gastrointestinal Tract Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 44 **Specialty Developing Recommendation:** ACG, AGA, ASGE **First Identified:** July 2015 **2022 Medicare Utilization:** 142

2024 Work RVU: 0.90
2024 NF PE RVU: 25.3
2024 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

91120 **Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)**

Global: XXX **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACG, AGA, ASGE **First Identified:** April 2023 **2022 Medicare Utilization:** 9,330

2024 Work RVU: 0.97
2024 NF PE RVU: 13.97
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT to bundle **Referred to CPT** May 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

91122 **Anorectal manometry**

Global: 000 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACG, AGA, ASGE **First Identified:** April 2023 **2022 Medicare Utilization:** 17,726

2024 Work RVU: 1.77
2024 NF PE RVU: 6.39
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT to bundle **Referred to CPT** May 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

91132 **Electrogastrography, diagnostic, transcutaneous;**

Global: XXX **Issue:** Electrogastrography **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 24 **Specialty Developing Recommendation:** AGA, ACG, ASGE **First Identified:** **2022 Medicare Utilization:** 89

2024 Work RVU: 0.52
2024 NF PE RVU: 12.57
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

91133 **Electrogastrography, diagnostic, transcutaneous; with provocative testing**

Global: XXX **Issue:** Electrogastrography **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 24 **Specialty Developing Recommendation:** AGA, ACG, ASGE **First Identified:** **2022 Medicare Utilization:** 64

2024 Work RVU: 0.66
2024 NF PE RVU: 13.1
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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92065 **Orthoptic training; performed by a physician or other qualified health care professional**

Global: XXX **Issue:** Orthoptic Training **Screen:** Harvard Valued - Utilization over 30,000-Part4 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 10 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** October 2019 **2022 Medicare Utilization:** 28,649

2024 Work RVU: 0.71
2024 NF PE RVU: 0.47
2024 Fac PE RVU: 0.27

RUC Recommendation: 0.71 **Referred to CPT** February 2021 May 2020-Tab 37 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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92066 **Orthoptic training; under supervision of a physician or other qualified health care professional**

Global: XXX **Issue:** Orthoptic Training **Screen:** Harvard Valued - Utilization over 30,000-Part4 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 10 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** February 2021 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0.78
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

92081 **Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)**

Global: XXX **Issue:** Visual Field Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 42 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2009 **2022 Medicare Utilization:** 77,430

2024 Work RVU: 0.30
2024 NF PE RVU: 0.68
2024 Fac PE RVU: NA

RUC Recommendation: 0.30 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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92082 **Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)**

Global: XXX **Issue:** Visual Field Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 42 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2009 **2022 Medicare Utilization:** 102,781

2024 Work RVU: 0.40
2024 NF PE RVU: 0.99
2024 Fac PE RVU: NA

RUC Recommendation: 0.40 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

92083 **Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 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)**

Global: XXX **Issue:** Visual Field Examination **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 46 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2010 **2022 Medicare Utilization:** 2,653,897

2024 Work RVU: 0.50
2024 NF PE RVU: 1.38
2024 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

92100 **Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)**

Global: XXX **Issue:** Serial Tonometry **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 36 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2011 **2022 Medicare Utilization:** 23,374

2024 Work RVU: 0.61
2024 NF PE RVU: 1.92
2024 Fac PE RVU: 0.32

RUC Recommendation: 0.61 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92133 **Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve**

Global: XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (eye) **First Identified:** October 2009 **2022 Medicare Utilization:** 2,647,877

2024 Work RVU: 0.40
2024 NF PE RVU: 0.67
2024 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92134 **Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina**

Global: XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAO, AOA (eye) **First Identified:** October 2008 **2022 Medicare Utilization:** 7,625,266

2024 Work RVU: 0.45
2024 NF PE RVU: 0.74
2024 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

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 **2022 Medicare Utilization:** 1,553,667

2024 Work RVU: 0.54
2024 NF PE RVU: 0.85
2024 Fac PE RVU: NA

RUC Recommendation: 0.54 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

92140 **Provocative tests for glaucoma, with interpretation and report, without tonography**

Global: **Issue:** Glaucoma Provacative Tests **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 41 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** October 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92201 **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**

Global: XXX **Issue:** Ophthalmoscopy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAO, AOA (Optometry), ASRS **First Identified:** February 2018 **2022 Medicare Utilization:** 470,308

2024 Work RVU: 0.40
2024 NF PE RVU: 0.32
2024 Fac PE RVU: 0.25

RUC Recommendation: 0.40 **Referred to CPT** February 2018 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92202 **Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAO, AOA (Optometry), ASRS **First Identified:** February 2018 **2022 Medicare Utilization:** 692,251

2024 Work RVU: 0.26
2024 NF PE RVU: 0.19
2024 Fac PE RVU: 0.16

RUC Recommendation: 0.26 **Referred to CPT** February 2018 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92225 **Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial**

Global: **Issue:** Ophthalmoscopy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAO, AOA (Optometry), ASRS **First Identified:** April 2017 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92226 **Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; subsequent**

Global: **Issue:** Ophthalmoscopy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAO, AOA (Optometry), ASRS **First Identified:** February 2018 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92227 **Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2022 Medicare Utilization:** 1,025

2024 Work RVU: 0.00
2024 NF PE RVU: 0.52
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

92228 **Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2022 Medicare Utilization:** 5,758

2024 Work RVU: 0.32
2024 NF PE RVU: 0.55
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

92229 **Imaging of retina for detection or monitoring of disease; point-of-care autonomous analysis and report, unilateral or bilateral**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2022 Medicare Utilization:** 1,426

2024 Work RVU: 0.00
2024 NF PE RVU: 1.22
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92235 **Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopic Angiography **Screen:** Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 21 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** April 2011 **2022 Medicare Utilization:** 292,734

2024 Work RVU: 0.75
2024 NF PE RVU: 4.1
2024 Fac PE RVU: NA

RUC Recommendation: 0.75 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92240 **Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopic Angiography **Screen:** Codes Reported Together 75% or More-Part3 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 21 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** January 2015 **2022 Medicare Utilization:** 7,696

2024 Work RVU: 0.80
2024 NF PE RVU: 4.76
2024 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92242 **Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopic Angiography **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 21 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** October 2015 **2022 Medicare Utilization:** 30,533

2024 Work RVU: 0.95
2024 NF PE RVU: 7.44
2024 Fac PE RVU: NA

RUC Recommendation: 0.95 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92250 **Fundus photography with interpretation and report**

Global: XXX **Issue:** Fundus Photography **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 45 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** October 2010 **2022 Medicare Utilization:** 3,262,549

2024 Work RVU: 0.40
2024 NF PE RVU: 0.69
2024 Fac PE RVU: NA

RUC Recommendation: 0.40

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92270 **Electro-oculography with interpretation and report**

Global: XXX **Issue:** Electro-oculography **Screen:** High Volume Growth1 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** February 2008 **2022 Medicare Utilization:** 1,556

2024 Work RVU: 0.81
2024 NF PE RVU: 2.68
2024 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published.

Referred to CPT February 2014
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2008 and Q&A Jun 2009

Result: Maintain

92273 **Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)**

Global: XXX **Issue:** Electroretinography **Screen:** CMS High Expenditure Procedural Codes2 / Work Neutrality 2019 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 16 **Specialty Developing Recommendation:** AAO, AOA (optometry), ASRS **First Identified:** September 2017 **2022 Medicare Utilization:** 95,837

2024 Work RVU: 0.69
2024 NF PE RVU: 3.06
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant. 0.80

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92274 **Electroretinography (ERG), with interpretation and report; multifocal (mfERG)**

Global: XXX **Issue:** Electroretinography **Screen:** CMS High Expenditure Procedural Codes2 / Work Neutrality 2019 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 16 **Specialty Developing Recommendation:** AAO, AOA (optometry), ASRS **First Identified:** September 2017 **2022 Medicare Utilization:** 3,580

2024 Work RVU: 0.61
2024 NF PE RVU: 2.05
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant. 0.72 **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** **Result:** Decrease

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92275 **Electroretinography with interpretation and report**

Global: **Issue:** Electroretinography **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 17 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** July 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

92284 **Diagnostic dark adaptation examination with interpretation and report**

Global: XXX **Issue:** Dark Adaptation Diagnostic Screening and Services **Screen:** Harvard Valued - Utilization over 30,000-Part5 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 05 **Specialty Developing Recommendation:** AAO, AOA (optometry), ASRS **First Identified:** October 2020 **2022 Medicare Utilization:** 39,431

2024 Work RVU: 0.00
2024 NF PE RVU: 1.11
2024 Fac PE RVU: NA

RUC Recommendation: 0.32 **Referred to CPT** February 2024 **Referred to CPT Asst** ☑ **Published in CPT Asst:** Jan 2026 **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

92285 **External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)**

Global: XXX **Issue:** Ocular Photography **Screen:** CMS Fastest Growing, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 32 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** October 2008 **2022 Medicare Utilization:** 394,233

2024 Work RVU: 0.05
2024 NF PE RVU: 0.63
2024 Fac PE RVU: NA

RUC Recommendation: 0.05 and new PE inputs **Referred to CPT** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92286 **Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis**

Global: XXX **Issue:** Anterior Segment Imaging **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 28 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2011 **2022 Medicare Utilization:** 98,478

2024 Work RVU: 0.40
2024 NF PE RVU: 0.75
2024 Fac PE RVU: NA

RUC Recommendation: 0.40 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92287 **Anterior segment imaging with interpretation and report; with fluorescein angiography**

Global: XXX **Issue:** Anterior Segment Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 21 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** **2022 Medicare Utilization:** 4,594

2024 Work RVU: 0.40
2024 NF PE RVU: 3.86
2024 Fac PE RVU: NA

RUC Recommendation: 0.40 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2013

Status Report: CMS Requests and Relativity Assessment Issues

922X1

Global:

Issue: Dark Adaptation Diagnostic Screening and Services

Screen: Harvard Valued - Utilization over 30,000-Part5

Complete? Yes

Most Recent RUC Meeting: April 2024

Tab: 05

Specialty Developing Recommendation: AAO, AOA (optometry), ASRS

First Identified: February 2024

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: 0.17

Referred to CPT February 2024

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92504 **Binocular microscopy (separate diagnostic procedure)**

Global: XXX

Issue: Binocular Microscopy

Screen: Harvard Valued - Utilization over 100,000

Complete? Yes

Most Recent RUC Meeting: April 2010

Tab: 43

Specialty Developing Recommendation: AAO-HNS

First Identified: October 2009

2022 Medicare Utilization: 234,114

2024 Work RVU: 0.18

2024 NF PE RVU: 0.68

2024 Fac PE RVU: 0.08

RUC Recommendation: 0.18

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

92506 **Evaluation of speech, language, voice, communication, and/or auditory processing**

Global:

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:

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 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

92507 **Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth 3 / High Volume Growth10 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ASHA **First Identified:** October 2015 **2022 Medicare Utilization:** 550,374

2024 Work RVU: 1.30
2024 NF PE RVU: 0.96
2024 Fac PE RVU: NA

RUC Recommendation: Review action plan. 1.30 work RVU and clinical staff time removed. Remove from High Volume screen.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92508 **Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2022 Medicare Utilization:** 3,031

2024 Work RVU: 0.33
2024 NF PE RVU: 0.39
2024 Fac PE RVU: NA

RUC Recommendation: 0.43 work RVU and clinical staff time removed

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92521 **Evaluation of speech fluency (eg, stuttering, cluttering)**

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:** **2022 Medicare Utilization:** 293

2024 Work RVU: 2.24
2024 NF PE RVU: 1.69
2024 Fac PE RVU: NA

RUC Recommendation: 1.75

Referred to CPT October 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

92522 **Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);**

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:** **2022 Medicare Utilization:** 4,003

2024 Work RVU: 1.92
2024 NF PE RVU: 1.35
2024 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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/ High Volume Growth9 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** ASHA **First Identified:** **2022 Medicare Utilization:** 30,789

2024 Work RVU: 3.84
2024 NF PE RVU: 2.9
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant. 3.36 **Referred to CPT** October 2012 **Referred to CPT Asst** ☑ **Published in CPT Asst:** Apr 2024 **Result:** Increase

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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:** **2022 Medicare Utilization:** 19,542

2024 Work RVU: 1.92
2024 NF PE RVU: 1.3
2024 Fac PE RVU: NA

RUC Recommendation: 1.75 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

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?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 23 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2022 Medicare Utilization:** 202,921

2024 Work RVU: 1.34
2024 NF PE RVU: 1.17
2024 Fac PE RVU: NA

RUC Recommendation: Maintain **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 51,886

2024 Work RVU: 0.60
2024 NF PE RVU: 0.57
2024 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** October 2014 **Result:** Increase
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 **2022 Medicare Utilization:** 5,720

2024 Work RVU: 0.30
2024 NF PE RVU: 0.35
2024 Fac PE RVU: NA

RUC Recommendation: 0.55 **Referred to CPT** October 2014 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92540 **Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** **2022 Medicare Utilization:** 69,977

2024 Work RVU: 1.50
2024 NF PE RVU: 1.67
2024 Fac PE RVU: NA

RUC Recommendation: Review action plan. 1.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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92541 **Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2022 Medicare Utilization:** 11,381

2024 Work RVU: 0.40
2024 NF PE RVU: 0.33
2024 Fac PE RVU: NA

RUC Recommendation: 0.40 **Referred to CPT** February 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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92542 **Positional nystagmus test, minimum of 4 positions, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2022 Medicare Utilization:** 15,961

2024 Work RVU: 0.48
2024 NF PE RVU: 0.36
2024 Fac PE RVU: NA

RUC Recommendation: 0.48 **Referred to CPT** February 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

Status Report: CMS Requests and Relativity Assessment Issues

92543 **Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording**

Global: **Issue:** Vestibular Caloric Irrigation **Screen:** Codes Reported Together 95% or More / Low Value-High Volume / 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:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

92544 **Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2022 Medicare Utilization:** 2,964

2024 Work RVU: 0.27

2024 NF PE RVU: 0.24

2024 Fac PE RVU: NA

RUC Recommendation: 0.27 **Referred to CPT** February 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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92545 **Oscillating tracking test, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2022 Medicare Utilization:** 4,274

2024 Work RVU: 0.25

2024 NF PE RVU: 0.23

2024 Fac PE RVU: NA

RUC Recommendation: 0.25 **Referred to CPT** February 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

92546 **Sinusoidal vertical axis rotational testing**

Global: XXX **Issue:** EOG VNG **Screen:** CMS-Other - Utilization over 250,000 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 24 **Specialty Developing Recommendation:**

First Identified: February 2014 **2022 Medicare Utilization:** 36,034

2024 Work RVU: 0.29
2024 NF PE RVU: 3.66
2024 Fac PE RVU: NA

RUC Recommendation: Review action plan. Editorial change only

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

92547 **Use of vertical electrodes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EOG VNG **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 24 **Specialty Developing Recommendation:**

First Identified: February 2014 **2022 Medicare Utilization:** 22,811

2024 Work RVU: 0.00
2024 NF PE RVU: 0.32
2024 Fac PE RVU: NA

RUC Recommendation: Editorial change only

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

92548 **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;**

Global: XXX **Issue:** Computerized Dynamic Posturography **Screen:** CMS-Other - Utilization over 250,000 / Negative IWPUT / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 16 **Specialty Developing Recommendation:** AAA, AAN, ASHA

First Identified: February 2014 **2022 Medicare Utilization:** 29,891

2024 Work RVU: 0.67
2024 NF PE RVU: 0.71
2024 Fac PE RVU: NA

RUC Recommendation: 0.76

Referred to CPT September 2018 / February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

92549 **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)**

Global: XXX **Issue:** Computerized Dynamic Posturography **Screen:** CMS-Other - Utilization over 250,000 / Negative IWPUT / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 16 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2022 Medicare Utilization:** 6,326

2024 Work RVU: 0.87
2024 NF PE RVU: 1.04
2024 Fac PE RVU: NA

RUC Recommendation: 0.96 **Referred to CPT** September 2018 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92550 **Tympanometry and reflex threshold measurements**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAA **First Identified:** **2022 Medicare Utilization:** 183,937

2024 Work RVU: 0.35
2024 NF PE RVU: 0.29
2024 Fac PE RVU: NA

RUC Recommendation: Review action plan. 0.35 **Referred to CPT** **Result:** Decrease

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 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2022 Medicare Utilization:** 1,158,835

2024 Work RVU: 0.60
2024 NF PE RVU: 0.47
2024 Fac PE RVU: 0.32

RUC Recommendation: Review action plan. 0.60 work RVU and clinical staff time removed **Referred to CPT** February 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:**

2024 Work RVU: 0.17
2024 NF PE RVU: 0.1
2024 Fac PE RVU: 0.07

RUC Recommendation: 0.17 **Referred to CPT** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92567 **Tympanometry (impedance testing)**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More / Low Value-High Volume / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2022 Medicare Utilization:** 876,262

2024 Work RVU: 0.20
2024 NF PE RVU: 0.28
2024 Fac PE RVU: 0.11

RUC Recommendation: Review action plan. 0.20 work RVU and clinical staff time removed **Referred to CPT** February 2009 **Result:** Decrease

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 **2022 Medicare Utilization:** 2,572

2024 Work RVU: 0.29
2024 NF PE RVU: 0.15
2024 Fac PE RVU: 0.14

RUC Recommendation: 0.29 work RVU and clinical staff time removed **Referred to CPT** February 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** **2022 Medicare Utilization:** 28,837

2024 Work RVU: 0.55
2024 NF PE RVU: 0.39
2024 Fac PE RVU: 0.29

RUC Recommendation: 0.55 **Referred to CPT** **Result:** Decrease

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 **2022 Medicare Utilization:** 9,735

2024 Work RVU: 1.00
2024 NF PE RVU: 2.28
2024 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Increase

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: **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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92586 **Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited**

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92587 **Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report**

Global: XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** October 2008 **2022 Medicare Utilization:** 40,518

2024 Work RVU: 0.35
2024 NF PE RVU: 0.27
2024 Fac PE RVU: NA

RUC Recommendation: 0.45 **Referred to CPT** October 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92588 **Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report**

Global: XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2022 Medicare Utilization:** 80,237

2024 Work RVU: 0.55
2024 NF PE RVU: 0.42
2024 Fac PE RVU: NA

RUC Recommendation: 0.60 **Referred to CPT** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92597 **Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech**

Global: XXX **Issue:** Speech Language Pathology Services (RUC) **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 30 **Specialty Developing Recommendation:** ASHA **First Identified:** NA **2022 Medicare Utilization:** 1,865

2024 Work RVU: 1.26
2024 NF PE RVU: 0.87
2024 Fac PE RVU: NA

RUC Recommendation: 1.48 work RVU and clinical staff time removed **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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92605 **Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour**

Global: XXX **Issue:** Eval of Rx for Non-Speech Generating Device **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2022 Medicare Utilization:**

2024 Work RVU: 1.75
2024 NF PE RVU: 0.85
2024 Fac PE RVU: 0.68

RUC Recommendation: 1.75 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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92606 **Therapeutic service(s) for the use of non-speech-generating device, including programming and modification**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2022 Medicare Utilization:**

2024 Work RVU: 1.40
2024 NF PE RVU: 0.87
2024 Fac PE RVU: 0.54

RUC Recommendation: 1.40 work RVU and clinical staff time removed **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

92607 **Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2022 Medicare Utilization:** 512

2024 Work RVU: 1.85
2024 NF PE RVU: 1.82
2024 Fac PE RVU: NA

RUC Recommendation: 1.85 work RVU and clinical staff time removed **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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:** **2022 Medicare Utilization:** 243

2024 Work RVU: 0.70
2024 NF PE RVU: 0.74
2024 Fac PE RVU: NA

RUC Recommendation: 0.70 work RVU and clinical staff time removed **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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:** **2022 Medicare Utilization:** 13,105

2024 Work RVU: 1.50
2024 NF PE RVU: 1.56
2024 Fac PE RVU: NA

RUC Recommendation: 1.50 work RVU and clinical staff time removed **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 23 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2022 Medicare Utilization:** 28,330

2024 Work RVU: 1.30
2024 NF PE RVU: 1.22
2024 Fac PE RVU: 0.76

RUC Recommendation: Maintain **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92611 **Motion fluoroscopic evaluation of swallowing function by cine or video recording**

Global: XXX **Issue:** Speech Language Pathology Services (HCPAC) **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 39 **Specialty Developing Recommendation:** ASHA **First Identified:** NA **2022 Medicare Utilization:** 9,955

2024 Work RVU: 1.34
2024 NF PE RVU: 1.35
2024 Fac PE RVU: NA

RUC Recommendation: 1.34 work RVU and clinical staff time removed **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92618 **Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Eval of Rx for Non-Speech Generating Device **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2022 Medicare Utilization:**

2024 Work RVU: 0.65
2024 NF PE RVU: 0.26
2024 Fac PE RVU: 0.25

RUC Recommendation: 0.65 **Referred to CPT** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92620 **Evaluation of central auditory function, with report; initial 60 minutes**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2022 Medicare Utilization:** 852

2024 Work RVU: 1.50
2024 NF PE RVU: 1.09
2024 Fac PE RVU: 0.79

RUC Recommendation: 1.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 42

2024 Work RVU: 0.35
2024 NF PE RVU: 0.29
2024 Fac PE RVU: 0.19

RUC Recommendation: 0.35 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 7,606

2024 Work RVU: 1.15
2024 NF PE RVU: 0.82
2024 Fac PE RVU: 0.61

RUC Recommendation: 1.15 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 19,283

2024 Work RVU: 1.40
2024 NF PE RVU: 1.14
2024 Fac PE RVU: 0.76

RUC Recommendation: 1.40 **Referred to CPT** May 2018 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

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 **2022 Medicare Utilization:** 5,334

2024 Work RVU: 0.33
2024 NF PE RVU: 0.27
2024 Fac PE RVU: 0.18

RUC Recommendation: 0.33 **Referred to CPT** **Result:** Decrease

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 **2022 Medicare Utilization:** 11

2024 Work RVU: 1.76
2024 NF PE RVU: 1.44
2024 Fac PE RVU: 0.96

RUC Recommendation: 1.76 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92650 **Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis**

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 **2022 Medicare Utilization:**

2024 Work RVU: 0.25
2024 NF PE RVU: 0.54
2024 Fac PE RVU: NA

RUC Recommendation: 0.25 **Referred to CPT** February 2019 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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92651 **Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report**

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 **2022 Medicare Utilization:** 790

2024 Work RVU: 1.00
2024 NF PE RVU: 1.43
2024 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** February 2019 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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92652 **Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report**

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 **2022 Medicare Utilization:** 5,069

2024 Work RVU: 1.50
2024 NF PE RVU: 1.78
2024 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** February 2019 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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92653 **Auditory evoked potentials; neurodiagnostic, with interpretation and report**

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, AAN, AAO-HNS, ACNS, ASHA **First Identified:** February 2019 **2022 Medicare Utilization:** 22,574

2024 Work RVU: 1.05
2024 NF PE RVU: 1.38
2024 Fac PE RVU: NA

RUC Recommendation: 1.05 **Referred to CPT** February 2019 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

92920 **Percutaneous transluminal coronary angioplasty; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2022 Medicare Utilization:** 19,059

2024 Work RVU: 9.85
2024 NF PE RVU:
2024 Fac PE RVU: 3.37

RUC Recommendation: 9.00 **Referred to CPT** October 2011 **Result:** Decrease
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 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: 4.00 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92924 **Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2022 Medicare Utilization:** 1,613

2024 Work RVU: 11.74
2024 NF PE RVU:
2024 Fac PE RVU: 4.02

RUC Recommendation: 11.00 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92925 **Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: 5.00 **Referred to CPT** October 2011 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92928 **Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2022 Medicare Utilization:** 192,605

2024 Work RVU: 10.96
2024 NF PE RVU:
2024 Fac PE RVU: 3.75

RUC Recommendation: 10.49 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92929 **Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2022 Medicare Utilization:** 1

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: 4.44 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92933 **Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2022 Medicare Utilization:** 14,719

2024 Work RVU: 12.29
2024 NF PE RVU:
2024 Fac PE RVU: 4.20

RUC Recommendation: 12.32 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92934 **Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: 5.50 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92937 **Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2022 Medicare Utilization:** 12,338

2024 Work RVU: 10.95
2024 NF PE RVU:
2024 Fac PE RVU: 3.75

RUC Recommendation: 10.49 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92938 **Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: 6.00 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92941 **Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2022 Medicare Utilization:** 30,763

2024 Work RVU: 12.31
2024 NF PE RVU:
2024 Fac PE RVU: 4.21

RUC Recommendation: 12.32 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92943 **Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2022 Medicare Utilization:** 7,473

2024 Work RVU: 12.31
2024 NF PE RVU:
2024 Fac PE RVU: 4.20

RUC Recommendation: 12.32 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92944 **Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: 6.00 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92960 **Cardioversion, elective, electrical conversion of arrhythmia; external**

Global: 000 **Issue:** Cardioversion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 19 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2022 Medicare Utilization:** 199,137

2024 Work RVU: 2.00
2024 NF PE RVU: 2.44
2024 Fac PE RVU: 1.03

RUC Recommendation: 2.25 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2022 Medicare Utilization:** 2,209

2024 Work RVU: 3.28
2024 NF PE RVU:
2024 Fac PE RVU: 1.13

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

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 RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

92982 **Percutaneous transluminal coronary balloon angioplasty; single vessel**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92984 **Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)**

Global: **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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92986 **Percutaneous balloon valvuloplasty; aortic valve**

Global: 090 **Issue:** Valvuloplasty **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2022 Medicare Utilization:** 2,014

2024 Work RVU: 22.60

2024 NF PE RVU:

2024 Fac PE RVU: 11.22

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92992 **Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization)**

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:** October 2018 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92993 **Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization)**

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:** October 2018 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92995 **Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel**

Global: **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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92996 **Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)**

Global: **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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93000 **Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report**

Global: XXX **Issue:** Complete Electrocardiogram **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 20 **Specialty Developing Recommendation:** ACC **First Identified:** September 2011 **2022 Medicare Utilization:** 10,199,595

2024 Work RVU: 0.17
2024 NF PE RVU: 0.24
2024 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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93005 **Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report**

Global: XXX **Issue:** Complete Electrocardiogram **Screen:** High Volume Growth1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 20 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2022 Medicare Utilization:** 410,510

2024 Work RVU: 0.00
2024 NF PE RVU: 0.18
2024 Fac PE RVU: NA

RUC Recommendation: 0.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

---

93010 **Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only**

Global: XXX **Issue:** Complete Electrocardiogram **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 20 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2022 Medicare Utilization:** 15,687,869

2024 Work RVU: 0.17
2024 NF PE RVU: 0.06
2024 Fac PE RVU: 0.06

RUC Recommendation: 0.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

93012 **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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

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 **2022 Medicare Utilization:** 815,131

2024 Work RVU: 0.75
2024 NF PE RVU: 1.37
2024 Fac PE RVU: NA

RUC Recommendation: 0.75. CPT Assistant published.

Referred to CPT October 2010
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 47 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2022 Medicare Utilization:** 772,953

2024 Work RVU: 0.45
2024 NF PE RVU: 0.16
2024 Fac PE RVU: 0.16

RUC Recommendation: Review action plan.0.45 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93017 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** High Volume Growth1 / CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2022 Medicare Utilization:** 74,416

2024 Work RVU: 0.00
2024 NF PE RVU: 1.11
2024 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93018 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only**

Global: XXX **Issue:** Cardiovascular Stress Tests and Echocardiography **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 47 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2022 Medicare Utilization:** 918,865

2024 Work RVU: 0.30
2024 NF PE RVU: 0.1
2024 Fac PE RVU: 0.10

RUC Recommendation: Review action plan. 0.30

Referred to CPT October 2010
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

Result: Maintain

93025 **Microvolt T-wave alternans for assessment of ventricular arrhythmias**

Global: XXX **Issue:** Microvolt T-Wave Assessment **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 18 **Specialty Developing Recommendation:** ACC

First Identified: NA **2022 Medicare Utilization:** 78

2024 Work RVU: 0.75
2024 NF PE RVU: 2.96
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

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 **2022 Medicare Utilization:** 76,436

2024 Work RVU: 0.15
2024 NF PE RVU: 0.22
2024 Fac PE RVU: NA

RUC Recommendation: 0.15

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 11,534

2024 Work RVU: 0.00
2024 NF PE RVU: 0.18
2024 Fac PE RVU: NA

RUC Recommendation: 0.00 (PE only) **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 280,815

2024 Work RVU: 0.15
2024 NF PE RVU: 0.04
2024 Fac PE RVU: 0.04

RUC Recommendation: 0.15 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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**

Global: XXX **Issue:** RAW **Screen:** Different Performing Specialty from Survey5 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2022 Medicare Utilization:** 10,496

2024 Work RVU: 0.17
2024 NF PE RVU: 0.29
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from screen

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Status Report: CMS Requests and Relativity Assessment Issues

93150 **Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming**

Global: XXX **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** January 2023 **2022 Medicare Utilization:**

2024 Work RVU: 0.85
2024 NF PE RVU: 2.08
2024 Fac PE RVU: 0.35

RUC Recommendation: Review action Plan **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

93151 **Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system**

Global: XXX **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** January 2023 **2022 Medicare Utilization:**

2024 Work RVU: 0.80
2024 NF PE RVU: 1.75
2024 Fac PE RVU: 0.33

RUC Recommendation: Review action Plan **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

93152 **Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography**

Global: XXX **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** January 2023 **2022 Medicare Utilization:**

2024 Work RVU: 1.82
2024 NF PE RVU: 2.77
2024 Fac PE RVU: 0.83

RUC Recommendation: Review action Plan **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

93153 **Interrogation without programming of implanted phrenic nerve stimulator system**

Global: XXX **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** January 2023 **2022 Medicare Utilization:**

2024 Work RVU: 0.43
2024 NF PE RVU: 1.08
2024 Fac PE RVU: 0.17

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

93224 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2022 Medicare Utilization:** 163,054

2024 Work RVU: 0.39
2024 NF PE RVU: 1.74
2024 Fac PE RVU: NA

RUC Recommendation: 0.52 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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93225 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2022 Medicare Utilization:** 62,060

2024 Work RVU: 0.00
2024 NF PE RVU: 0.54
2024 Fac PE RVU: NA

RUC Recommendation: N/A no physician work **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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93226 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 /Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2022 Medicare Utilization:** 107,862

2024 Work RVU: 0.00
2024 NF PE RVU: 1.06
2024 Fac PE RVU: NA

RUC Recommendation: N/A no physician work **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 / Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2022 Medicare Utilization:** 213,030

2024 Work RVU: 0.39
2024 NF PE RVU: 0.14
2024 Fac PE RVU: 0.14

RUC Recommendation: 0.52 **Referred to CPT** Feburary 2010 **Result:** Remove from screen

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?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 20 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2009 **2022 Medicare Utilization:** 249,275

2024 Work RVU: 0.48
2024 NF PE RVU: 0.23
2024 Fac PE RVU: 0.23

RUC Recommendation: 0.52 **Referred to CPT** **Result:** Maintain

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 / PE Stand-Alone Procedure Time2 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2009 **2022 Medicare Utilization:** 335,158

2024 Work RVU: 0.00
2024 NF PE RVU: 24.33
2024 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

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 RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

93241 **External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023 **2022 Medicare Utilization:** 17,555

2024 Work RVU: 0.50
2024 NF PE RVU: 7.21
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

93242 **External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording)**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023 **2022 Medicare Utilization:** 115,087

2024 Work RVU: 0.00
2024 NF PE RVU: 0.35
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

Status Report: CMS Requests and Relativity Assessment Issues

93243 **External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023

2022 Medicare Utilization: 199,314

2024 Work RVU: 0.00
2024 NF PE RVU: 6.7
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

93244 **External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023

2022 Medicare Utilization: 193,172

2024 Work RVU: 0.50
2024 NF PE RVU: 0.16
2024 Fac PE RVU: 0.16

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

93245 **External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023

2022 Medicare Utilization: 7,680

2024 Work RVU: 0.55
2024 NF PE RVU: 7.56
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

Status Report: CMS Requests and Relativity Assessment Issues

93246 **External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023 **2022 Medicare Utilization:** 118,970

2024 Work RVU: 0.00
2024 NF PE RVU: 0.35
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

93247 **External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023 **2022 Medicare Utilization:** 291,116

2024 Work RVU: 0.00
2024 NF PE RVU: 7.03
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

93248 **External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023 **2022 Medicare Utilization:** 253,207

2024 Work RVU: 0.55
2024 NF PE RVU: 0.18
2024 Fac PE RVU: 0.18

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

Status Report: CMS Requests and Relativity Assessment Issues

93268 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2022 Medicare Utilization:** 10,036

2024 Work RVU: 0.52
2024 NF PE RVU: 4.69
2024 Fac PE RVU: NA

RUC Recommendation: 0.52 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2022 Medicare Utilization:** 30,235

2024 Work RVU: 0.00
2024 NF PE RVU: 0.24
2024 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

93271 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / PE Stand-Alone Procedure Time2 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2009 **2022 Medicare Utilization:** 38,931

2024 Work RVU: 0.00
2024 NF PE RVU: 4.28
2024 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

93272 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2022 Medicare Utilization:** 84,804

2024 Work RVU: 0.52
2024 NF PE RVU: 0.17
2024 Fac PE RVU: 0.17

RUC Recommendation: 0.52 **Referred to CPT** February 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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**

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 **2022 Medicare Utilization:** 106,695

2024 Work RVU: 0.65
2024 NF PE RVU: 1.33
2024 Fac PE RVU: NA

RUC Recommendation: 0.65 **Referred to CPT** February 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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**

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 **2022 Medicare Utilization:** 756,768

2024 Work RVU: 0.77
2024 NF PE RVU: 1.55
2024 Fac PE RVU: NA

RUC Recommendation: 0.77 **Referred to CPT** February 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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**

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 **2022 Medicare Utilization:** 67,605

2024 Work RVU: 0.85
2024 NF PE RVU: 1.61
2024 Fac PE RVU: NA

RUC Recommendation: 0.85 **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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**

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 **2022 Medicare Utilization:** 72,442

2024 Work RVU: 0.85
2024 NF PE RVU: 1.48
2024 Fac PE RVU: NA

RUC Recommendation: 0.85 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2022 Medicare Utilization:** 148,782

2024 Work RVU: 1.15
2024 NF PE RVU: 1.71
2024 Fac PE RVU: NA

RUC Recommendation: 1.15 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2022 Medicare Utilization:** 182,819

2024 Work RVU: 1.25
2024 NF PE RVU: 1.84
2024 Fac PE RVU: NA

RUC Recommendation: 1.25 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2022 Medicare Utilization:** 36,157

2024 Work RVU: 0.52
2024 NF PE RVU: 1.24
2024 Fac PE RVU: NA

RUC Recommendation: 0.52 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 27,841

2024 Work RVU: 0.30
2024 NF PE RVU: 1.03
2024 Fac PE RVU: NA

RUC Recommendation: 0.30 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 13,647

2024 Work RVU: 0.45
2024 NF PE RVU: 1.09
2024 Fac PE RVU: NA

RUC Recommendation: 0.45 **Referred to CPT** February 2017 **Result:** Maintain

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 **2022 Medicare Utilization:** 166,997

2024 Work RVU: 0.43
2024 NF PE RVU: 1.23
2024 Fac PE RVU: NA

RUC Recommendation: 0.43 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 61,363

2024 Work RVU: 0.75
2024 NF PE RVU: 1.36
2024 Fac PE RVU: NA

RUC Recommendation: 0.75 **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 78,882

2024 Work RVU: 0.43
2024 NF PE RVU: 1.13
2024 Fac PE RVU: NA

RUC Recommendation: 0.43 **Referred to CPT** February 2017 **Result:** Maintain

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 **2022 Medicare Utilization:** 56,650

2024 Work RVU: 0.37
2024 NF PE RVU: 1.07
2024 Fac PE RVU: NA

RUC Recommendation: 0.37 **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 1,159

2024 Work RVU: 0.43
2024 NF PE RVU: 1.07
2024 Fac PE RVU: NA

RUC Recommendation: 0.43 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 12,341

2024 Work RVU: 0.31
2024 NF PE RVU: 0.99
2024 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **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 **2022 Medicare Utilization:** 1,612,239

2024 Work RVU: 0.60
2024 NF PE RVU: 0.23
2024 Fac PE RVU: 0.23

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 693,545

2024 Work RVU: 0.74
2024 NF PE RVU: 0.29
2024 Fac PE RVU: 0.29

RUC Recommendation: 0.74 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 1,706,050

2024 Work RVU: 0.00
2024 NF PE RVU: 0.63
2024 Fac PE RVU: NA

RUC Recommendation: New PE inputs and Refer to CPT **Referred to CPT** February 2017 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** Remote Interrogation Deviec Evaluation - Cardiovascular (PE Only) **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 20 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2022 Medicare Utilization:** 595,700

2024 Work RVU: 0.52
2024 NF PE RVU: 1.26
2024 Fac PE RVU:

RUC Recommendation: 0.52 and PE Inputs **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** Remote Interrogation Deviec Evaluation - Cardiovascular (PE Only) **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 20 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2022 Medicare Utilization:** 1,057,416

2024 Work RVU: 0.52
2024 NF PE RVU: 2.49
2024 Fac PE RVU:

RUC Recommendation: 0.52 and PE Inputs **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

Complete? Yes

Most Recent RUC Meeting: October 2018

Tab: 22

Specialty Developing Recommendation: ACC, HRS

First Identified: July 2015

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2019

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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

2022 Medicare Utilization: 6,556,291

2024 Work RVU: 1.46

2024 NF PE RVU: 4.35

2024 Fac PE RVU: NA

RUC Recommendation: 1.46

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

93307 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography**

Global: XXX

Issue: Transthoracic Echocardiography (TTE)

Screen: CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent RUC Meeting: April 2016

Tab: 42

Specialty Developing Recommendation: ACC

First Identified: NA

2022 Medicare Utilization: 22,997

2024 Work RVU: 0.92

2024 NF PE RVU: 3.12

2024 Fac PE RVU: NA

RUC Recommendation: 0.92

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

93308 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study**

Global: XXX **Issue:** Transthoracic Echocardiography (TTE) **Screen:** CMS Fastest Growing, Harvard Valued - Utilization over 100,000 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 42 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2022 Medicare Utilization:** 518,514

2024 Work RVU: 0.53
2024 NF PE RVU: 2.39
2024 Fac PE RVU: NA

RUC Recommendation: 0.53 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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93320 **Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 30 **Specialty Developing Recommendation:** ACC **First Identified:** February 2009 **2022 Medicare Utilization:** 315,122

2024 Work RVU: 0.38
2024 NF PE RVU: 1.12
2024 Fac PE RVU: NA

RUC Recommendation: 0.38 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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93321 **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)**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 30 **Specialty Developing Recommendation:** ACC **First Identified:** October 2013 **2022 Medicare Utilization:** 294,668

2024 Work RVU: 0.15
2024 NF PE RVU: 0.59
2024 Fac PE RVU: NA

RUC Recommendation: 0.15 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

93325 **Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 30 **Specialty Developing Recommendation:** ACC

First Identified: February 2009 **2022 Medicare Utilization:** 602,818

2024 Work RVU: 0.07
2024 NF PE RVU: 0.63
2024 Fac PE RVU: NA

RUC Recommendation: 0.07

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93350 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;**

Global: XXX **Issue:** Stress Transthoracic Echocardiography (TTE) Complete **Screen:** Other - Identified by RUC / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 26 **Specialty Developing Recommendation:** ACC, ASE

First Identified: April 2008 **2022 Medicare Utilization:** 66,435

2024 Work RVU: 1.46
2024 NF PE RVU: 4.03
2024 Fac PE RVU: NA

RUC Recommendation: 1.46; CPT Assistant article published

Referred to CPT October 2010
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

Result: Decrease

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 **2022 Medicare Utilization:** 180,025

2024 Work RVU: 1.75
2024 NF PE RVU: 5.11
2024 Fac PE RVU: NA

RUC Recommendation: 1.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2022 Medicare Utilization:** 42,202

2024 Work RVU: 2.47
2024 NF PE RVU: 22.57
2024 Fac PE RVU: NA

RUC Recommendation: Remove from Modifier -51 exempt list. 3.02 **Referred to CPT** October 2009 **Result:** Decrease

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:** **2022 Medicare Utilization:** 3,229

2024 Work RVU: 4.50
2024 NF PE RVU: 21.12
2024 Fac PE RVU: NA

RUC Recommendation: 4.32 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93453 **Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2022 Medicare Utilization:** 1,886

2024 Work RVU: 5.99
2024 NF PE RVU: 26.66
2024 Fac PE RVU: NA

RUC Recommendation: 5.98 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93454 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2022 Medicare Utilization:** 106,882

2024 Work RVU: 4.54
2024 NF PE RVU: 21.29
2024 Fac PE RVU: NA

RUC Recommendation: 4.95 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93455 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2022 Medicare Utilization:** 19,948

2024 Work RVU: 5.29
2024 NF PE RVU: 23.45
2024 Fac PE RVU: NA

RUC Recommendation: 6.15 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93456 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** ACC **First Identified:** **2022 Medicare Utilization:** 20,099

2024 Work RVU: 5.90
2024 NF PE RVU: 26.19
2024 Fac PE RVU: NA

RUC Recommendation: Remove from Modifier -51 Exempt List. 6.00 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93457 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2022 Medicare Utilization:** 3,345

2024 Work RVU: 6.64
2024 NF PE RVU: 28.31
2024 Fac PE RVU: NA

RUC Recommendation: 7.66 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93458 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2022 Medicare Utilization:** 388,146

2024 Work RVU: 5.60
2024 NF PE RVU: 24.04
2024 Fac PE RVU: NA

RUC Recommendation: 6.51 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93459 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2022 Medicare Utilization:** 59,598

2024 Work RVU: 6.35
2024 NF PE RVU: 25.47
2024 Fac PE RVU: NA

RUC Recommendation: 7.34 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93460 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2022 Medicare Utilization:** 72,649

2024 Work RVU: 7.10
2024 NF PE RVU: 28.21
2024 Fac PE RVU: NA

RUC Recommendation: 7.88 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **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: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2022 Medicare Utilization:** 10,155

2024 Work RVU: 7.85
2024 NF PE RVU: 31.09
2024 Fac PE RVU: NA

RUC Recommendation: 9.00 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** **2022 Medicare Utilization:** 7,108

2024 Work RVU: 3.73
2024 NF PE RVU: 1.48
2024 Fac PE RVU: 1.48

RUC Recommendation: 3.73 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** **2022 Medicare Utilization:** 5,281

2024 Work RVU: 2.00
2024 NF PE RVU: 0.7
2024 Fac PE RVU: 0.70

RUC Recommendation: 2.00 **Referred to CPT** October 2009 **Result:** Decrease
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:** **2022 Medicare Utilization:** 1,210

2024 Work RVU: 1.80
2024 NF PE RVU: 4.61
2024 Fac PE RVU: NA

RUC Recommendation: 1.80 **Referred to CPT** October 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 51,189

2024 Work RVU: 2.00
2024 NF PE RVU:
2024 Fac PE RVU: 0.39

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Decrease
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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 RUC Meeting: February 2009 **Tab:** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93511 **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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

93514 **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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93556 **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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93561 **Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)**

Global: ZZZ **Issue:** Cardiac Output Measurement **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 27 **Specialty Developing Recommendation:** **First Identified:** October 2017 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 0.77 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93562 **Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output**

Global: ZZZ **Issue:** Cardiac Output Measurement **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 27 **Specialty Developing Recommendation:** **First Identified:** October 2017 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 0.95 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** **2022 Medicare Utilization:** 110

2024 Work RVU: 1.00
2024 NF PE RVU: 0.35
2024 Fac PE RVU: 0.35

RUC Recommendation: 2.00 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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:** Pulmonary Angiography **Screen:** Codes Reported Together 95% or More / Survey Below 30 Threshold **Complete?** No

Most Recent RUC Meeting: October 2021 **Tab:** 08 **Specialty Developing Recommendation:** ACC, SCAI **First Identified:** October 2021 **2022 Medicare Utilization:** 2

2024 Work RVU: 1.03
2024 NF PE RVU: 0.35
2024 Fac PE RVU: 0.35

RUC Recommendation: Review action plan **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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:** **2022 Medicare Utilization:** 52

2024 Work RVU: 0.50
2024 NF PE RVU: 0.17
2024 Fac PE RVU: 0.17

RUC Recommendation: 1.90 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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:** **2022 Medicare Utilization:** 177

2024 Work RVU: 0.50
2024 NF PE RVU: 0.17
2024 Fac PE RVU: 0.17

RUC Recommendation: 0.96 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

93567 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular 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:** **2022 Medicare Utilization:** 16,125

2024 Work RVU: 0.70
2024 NF PE RVU: 0.24
2024 Fac PE RVU: 0.24

RUC Recommendation: 0.97 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93568 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for nonselective pulmonary arterial 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:** **2022 Medicare Utilization:** 1,204

2024 Work RVU: 0.88
2024 NF PE RVU: 0.3
2024 Fac PE RVU: 0.30

RUC Recommendation: 0.98 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93571 **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)**

Global: ZZZ **Issue:** Coronary Flow Reserve Measurement **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 13 **Specialty Developing Recommendation:** ACC, SCAI **First Identified:** October 2016 **2022 Medicare Utilization:** 62,078

2024 Work RVU: 0.00
2024 NF PE RVU:
2024 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93572 **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)**

Global: ZZZ **Issue:** Coronary Flow Reserve Measurement **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 13 **Specialty Developing Recommendation:** ACC, SCAI **First Identified:** October 2017 **2022 Medicare Utilization:** 11,878

2024 Work RVU: 0.00
2024 NF PE RVU:
2024 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93613 **Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** CMS Fastest Growing / High Volume Growth2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 07 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2008 **2022 Medicare Utilization:** 7,909

2024 Work RVU: 5.23
2024 NF PE RVU:
2024 Fac PE RVU: 2.08

RUC Recommendation: 5.23 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

93620 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording**

Global: 000 **Issue:** Intracardiac Catheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2022 Medicare Utilization:** 6,224

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 11.57 **Referred to CPT** October 2011 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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)**

Global: ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** High Volume Growth6 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 07 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2019 **2022 Medicare Utilization:** 3,608

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93623 **Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Pacing Heart Stimulation **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 22 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2018 **2022 Medicare Utilization:** 38,431

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: Referral to CPT for parenthetical. 2.04 **Referred to CPT** May 2019 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93641 **Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator**

Global: 000 **Issue:** Insertion/Removal of Pacemaker or Pacing Carioverter-Defibillator **Screen:** Codes Reported Together 75% or More-Part1 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2022 Medicare Utilization:** 7,279

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 2B. **Referred to CPT** February 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93651 **Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination**

Global:
Issue: Bundling EPS with Transcatheter Ablation
Screen: Codes Reported Together 75% or More-Part1
Complete? Yes

Most Recent RUC Meeting: January 2012
Tab: 11
Specialty Developing Recommendation: ACC, HRS
First Identified: February 2010
2022 Medicare Utilization:
2024 Work RVU:
2024 NF PE RVU:
2024 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

93652 **Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia**

Global:
Issue: Bundling EPS with Transcatheter Ablation
Screen: CMS Fastest Growing/Codes Reported Together 75% or More-Part1
Complete? Yes

Most Recent RUC Meeting: January 2012
Tab: 11
Specialty Developing Recommendation: ACC, HRS
First Identified: October 2008
2022 Medicare Utilization:
2024 Work RVU:
2024 NF PE RVU:
2024 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

93653 **Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry**

Global: 000
Issue: Cardiac Ablation Services Bundling
Screen: Codes Reported Together 75% or More-Part1
Complete? Yes

Most Recent RUC Meeting: April 2021
Tab: 07
Specialty Developing Recommendation: ACC, HRS
First Identified: October 2011
2022 Medicare Utilization: 27,100
2024 Work RVU: 15.00
2024 NF PE RVU:
2024 Fac PE RVU: 6.00

RUC Recommendation: 15.00
Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

93654 **Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed**

Global: 000 **Issue:** Cardiac Ablation Services Bundling **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 07 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2022 Medicare Utilization:** 7,891

2024 Work RVU: 18.10
2024 NF PE RVU:
2024 Fac PE RVU: 7.20

RUC Recommendation: 18.10 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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93655 **Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** Codes Reported Together 75% or More-Part1 /High Volume Growth7 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 07 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2022 Medicare Utilization:** 44,633

2024 Work RVU: 5.50
2024 NF PE RVU:
2024 Fac PE RVU: 2.20

RUC Recommendation: 7.00 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

93656 **Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography including imaging supervision and interpretation, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, right ventricular pacing/recording, and His bundle recording, when performed**

Global: 000 **Issue:** Cardiac Ablation Services Bundling **Screen:** Codes Reported Together 75% or More-Part1 / High Volume Growth6 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 07 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2022 Medicare Utilization:** 67,640

2024 Work RVU: 17.00
2024 NF PE RVU:
2024 Fac PE RVU: 6.82

RUC Recommendation: 17.00 **Referred to CPT** October 2020 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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93657 **Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 07 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2022 Medicare Utilization:** 37,851

2024 Work RVU: 5.50
2024 NF PE RVU:
2024 Fac PE RVU: 2.21

RUC Recommendation: 7.00 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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93662 **Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** High Volume Growth1 / High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 07 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** February 2008 **2022 Medicare Utilization:** 26,679

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: 2.53 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 1,183

2024 Work RVU: 0.00
2024 NF PE RVU: 0.43
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

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 **2022 Medicare Utilization:** 3,819

2024 Work RVU: 0.00
2024 NF PE RVU: 0.8
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 **2022 Medicare Utilization:** 78,765

2024 Work RVU: 0.75
2024 NF PE RVU: 0.65
2024 Fac PE RVU: 0.31

RUC Recommendation: 0.85 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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 2022 **Tab:** 20 **Specialty Developing Recommendation:**

First Identified: September 2016 **2022 Medicare Utilization:** 890

2024 Work RVU: 0.00
2024 NF PE RVU: 2.08
2024 Fac PE RVU: NA

RUC Recommendation: Review in 3 years. 0.00 PE Only

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

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 2022 **Tab:** 20 **Specialty Developing Recommendation:**

First Identified: September 2016 **2022 Medicare Utilization:** 1,483,382

2024 Work RVU: 0.18
2024 NF PE RVU: 0.15
2024 Fac PE RVU: NA

RUC Recommendation: Review in 3 years. 0.18

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 1,698,816

2024 Work RVU: 0.80
2024 NF PE RVU: 4.8
2024 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** October 2010 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Addressed in CPT Coding Changes

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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 **2022 Medicare Utilization:** 26,072

2024 Work RVU: 0.50
2024 NF PE RVU: 3.16
2024 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93886 **Transcranial Doppler study of the intracranial arteries; complete study**

Global: XXX **Issue:** Transcranial Doppler Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** February 2010 **2022 Medicare Utilization:** 81,451

2024 Work RVU: 0.91
2024 NF PE RVU: 7.24
2024 Fac PE RVU: NA

RUC Recommendation: 0.90 **Referred to CPT** May 2023 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93888 **Transcranial Doppler study of the intracranial arteries; limited study**

Global: XXX **Issue:** Transcranial Doppler Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACC, ACR, SVS **First Identified:** February 2010 **2022 Medicare Utilization:** 8,259

2024 Work RVU: 0.50
2024 NF PE RVU: 4.24
2024 Fac PE RVU: NA

RUC Recommendation: 0.73 **Referred to CPT** October 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93890 **Transcranial Doppler study of the intracranial arteries; vasoreactivity study**

Global: XXX **Issue:** Transcranial Doppler Studies **Screen:** High Volume Growth6 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** October 2019 **2022 Medicare Utilization:** 39,570

2024 Work RVU: 1.00
2024 NF PE RVU: 7.44
2024 Fac PE RVU: NA

RUC Recommendation: Deleted from CPT 2025. **Referred to CPT** May 2023 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93892 **Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection**

Global: XXX **Issue:** Transcranial Doppler Studies **Screen:** High Volume Growth6 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** October 2019 **2022 Medicare Utilization:** 41,305

2024 Work RVU: 1.15
2024 NF PE RVU: 8.57
2024 Fac PE RVU: NA

RUC Recommendation: 1.15 **Referred to CPT** May 2023 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93893 **Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection**

Global: XXX **Issue:** Transcranial Doppler Studies **Screen:** **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** **2022 Medicare Utilization:** 1,835

2024 Work RVU: 1.15
2024 NF PE RVU: 10.82
2024 Fac PE RVU: NA

RUC Recommendation: 1.15 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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93895 **Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral**

Global: XXX **Issue:** Carotid Intima-Media Thickness Ultrasound **Screen:** New Code in CPT 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 37 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2014 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: Rescind April 2014 recommendation, contractor price. **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Not Part of RAW

93922 **Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** October 2008 **2022 Medicare Utilization:** 582,728

2024 Work RVU: 0.25
2024 NF PE RVU: 2.17
2024 Fac PE RVU: NA

RUC Recommendation: 0.25 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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 **2022 Medicare Utilization:** 324,949

2024 Work RVU: 0.45
2024 NF PE RVU: 3.37
2024 Fac PE RVU: NA

RUC Recommendation: 0.45 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 40,889

2024 Work RVU: 0.50
2024 NF PE RVU: 4.21
2024 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 600,464

2024 Work RVU: 0.80
2024 NF PE RVU: 6.3
2024 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 217,657

2024 Work RVU: 0.50
2024 NF PE RVU: 3.74
2024 Fac PE RVU: NA

RUC Recommendation: 0.60 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2022 Medicare Utilization:** 21,965

2024 Work RVU: 0.80
2024 NF PE RVU: 5.03
2024 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

Status Report: CMS Requests and Relativity Assessment Issues

93931 **Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / 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:** February 2010 **2022 Medicare Utilization:** 41,366

2024 Work RVU: 0.50
2024 NF PE RVU: 3.14
2024 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** October 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93965 **Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)**

Global: **Issue:** Non-invasive Physiologic Studies of Extremity Veins **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 47 **Specialty Developing Recommendation:** ACC, ACR, SCAI, SVS **First Identified:** July 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93970 **Duplex scan of extremity veins including responses to compression and other maneuvers; 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 **2022 Medicare Utilization:** 1,476,860

2024 Work RVU: 0.70
2024 NF PE RVU: 4.82
2024 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93971 **Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** Low Value-High Volume / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACR, SVS, ACC **First Identified:** October 2010 **2022 Medicare Utilization:** 1,491,961

2024 Work RVU: 0.45
2024 NF PE RVU: 3.07
2024 Fac PE RVU: NA

RUC Recommendation: 0.45 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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93975 **Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete 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:** ACR, SVS, ACC **First Identified:** November 2013 **2022 Medicare Utilization:** 202,616

2024 Work RVU: 1.16
2024 NF PE RVU: 6.64
2024 Fac PE RVU: NA

RUC Recommendation: 1.30 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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93976 **Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2022 Medicare Utilization:** 148,998

2024 Work RVU: 0.80
2024 NF PE RVU: 3.89
2024 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 242,324

2024 Work RVU: 0.80
2024 NF PE RVU: 4.48
2024 Fac PE RVU: NA

RUC Recommendation: 0.97 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2022 Medicare Utilization:** 53,565

2024 Work RVU: 0.50
2024 NF PE RVU: 2.96
2024 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

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 **2022 Medicare Utilization:** 18,144

2024 Work RVU: 0.80
2024 NF PE RVU: 6.47
2024 Fac PE RVU: NA

RUC Recommendation: 0.80

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2022 Medicare Utilization:** 6,266

2024 Work RVU: 0.50
2024 NF PE RVU: 3.77
2024 Fac PE RVU: NA

RUC Recommendation: 0.50

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2022 Medicare Utilization:** 95,663

2024 Work RVU: 0.50
2024 NF PE RVU: 3.8
2024 Fac PE RVU: NA

RUC Recommendation: 0.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

93X94

Global: **Issue:** Transcranial Doppler Studies **Screen:** **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 0.81 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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93X95

Global: **Issue:** Transcranial Doppler Studies **Screen:** **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 0.73 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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93X96

Global: **Issue:** Transcranial Doppler Studies **Screen:** **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 0.85 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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94010 **Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation**

Global: XXX **Issue:** Spirometry **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 12 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2010 **2022 Medicare Utilization:** 795,524

2024 Work RVU: 0.17
2024 NF PE RVU: 0.63
2024 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

94014 **Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2022 Medicare Utilization:** 183

2024 Work RVU: 0.52
2024 NF PE RVU: 1.13
2024 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

94015 **Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2022 Medicare Utilization:** 55

2024 Work RVU: 0.00
2024 NF PE RVU: 0.95
2024 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

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 **2022 Medicare Utilization:** 6,674

2024 Work RVU: 0.52
2024 NF PE RVU: 0.18
2024 Fac PE RVU: 0.18

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 770,176

2024 Work RVU: 0.22
2024 NF PE RVU: 0.93
2024 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** **Result:** Decrease

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 **2022 Medicare Utilization:** 49,239

2024 Work RVU: 0.05
2024 NF PE RVU: 0.38
2024 Fac PE RVU: NA

RUC Recommendation: 0.05 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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:**

Status Report: CMS Requests and Relativity Assessment Issues

94250 **Expired gas collection, quantitative, single procedure (separate procedure)**

Global: **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 17 **Specialty Developing Recommendation:** **First Identified:** January 2019 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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:**

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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:**

94400 **Breathing response to CO2 (CO2 response curve)**

Global: **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:** **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 515

2024 Work RVU: 0.40
2024 NF PE RVU: 1.96
2024 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 and pulse oximetry; with electrocardiographic recording(s)**
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 **2022 Medicare Utilization:** 7,524

2024 Work RVU: 0.70
2024 NF PE RVU: 1.93
2024 Fac PE RVU: NA

RUC Recommendation: 0.70
Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

94618 **Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed**
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 **2022 Medicare Utilization:** 240,300

2024 Work RVU: 0.48
2024 NF PE RVU: 0.51
2024 Fac PE RVU: NA

RUC Recommendation: 0.48
Referred to CPT February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Decrease

94620 **Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)**
Global: **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:** July 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

Status Report: CMS Requests and Relativity Assessment Issues

94621 **Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings**

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:** January 2016 **2022 Medicare Utilization:** 16,346

2024 Work RVU: 1.42
2024 NF PE RVU: 3.11
2024 Fac PE RVU: NA

RUC Recommendation: 1.42 **Referred to CPT** February 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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94625 **Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)**

Global: XXX **Issue:** Outpatient Pulmonary Rehabilitation Services **Screen:** Work Neutrality 2024 / Different Performing Specialty from Survey6 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** April 2024 **2022 Medicare Utilization:** 28,811

2024 Work RVU: 0.36
2024 NF PE RVU: 1.82
2024 Fac PE RVU: 0.15

RUC Recommendation: Review action plan **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

94626 **Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)**

Global: XXX **Issue:** Outpatient Pulmonary Rehabilitation Services **Screen:** Work Neutrality 2024 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** April 2024 **2022 Medicare Utilization:** 4,551

2024 Work RVU: 0.56
2024 NF PE RVU: 1.80
2024 Fac PE RVU: 0.20

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

94640 **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**

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:** AAFP, ATS, CHEST, **First Identified:** **2022 Medicare Utilization:** 166,120

2024 Work RVU: 0.00
2024 NF PE RVU: 0.23
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Mar 2014 **Result:** PE Only

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94667 **Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation**

Global: XXX **Issue:** Evaluation of Wheezing **Screen:** CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 25 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** April 2019 **2022 Medicare Utilization:** 3,277

2024 Work RVU: 0.00
2024 NF PE RVU: 0.73
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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94668 **Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent**

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:** AAFP, ATS, CHEST, **First Identified:** **2022 Medicare Utilization:** 6,247

2024 Work RVU: 0.00
2024 NF PE RVU: 1.15
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs CPT Assistant article published **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Mar 2014 **Result:** PE Only

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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 RUC Meeting: April 2019 **Tab:** 25 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** April 2019 **2022 Medicare Utilization:** 130

2024 Work RVU: 0.00
2024 NF PE RVU: 0.6
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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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 RUC Meeting: September 2011 **Tab:** 51 **Specialty Developing Recommendation:** AACE, TES, ACCP/ATS **First Identified:** February 2008 **2022 Medicare Utilization:** 3,429

2024 Work RVU: 0.20
2024 NF PE RVU: 1.21
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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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 RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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:**

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 **2022 Medicare Utilization:** 587,560

2024 Work RVU: 0.26
2024 NF PE RVU: 1.39
2024 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** February 2011 **Result:** Decrease

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 **2022 Medicare Utilization:** 259,358

2024 Work RVU: 0.26
2024 NF PE RVU: 1.06
2024 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** February 2011 **Result:** Decrease

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 **2022 Medicare Utilization:** 3,318

2024 Work RVU: 0.26
2024 NF PE RVU: 1.05
2024 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 922,733

2024 Work RVU: 0.19
2024 NF PE RVU: 1.49
2024 Fac PE RVU: NA

RUC Recommendation: 0.19 **Referred to CPT** February 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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94750 **Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)**

Global: **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 17 **Specialty Developing Recommendation:** **First Identified:** January 2019 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

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 RUC Meeting: February 2009 **Tab:** 32 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** NA **2022 Medicare Utilization:** 11,156

2024 Work RVU: 0.00
2024 NF PE RVU: 0.07
2024 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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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 RUC Meeting: February 2009 **Tab:** 32 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** NA **2022 Medicare Utilization:** 2,493

2024 Work RVU: 0.00
2024 NF PE RVU: 0.11
2024 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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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 RUC Meeting: February 2009 **Tab:** 32 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** October 2008 **2022 Medicare Utilization:** 139,776

2024 Work RVU: 0.00
2024 NF PE RVU: 0.75
2024 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

94770 **Carbon dioxide, expired gas determination by infrared analyzer**

Global: **Issue:** Evaluation of Wheezing **Screen:** High Volume Growth1 / 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:** February 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

95004 **Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 27 **Specialty Developing Recommendation:** AAAAI, AAOA, ACAAI **First Identified:** October 2010 **2022 Medicare Utilization:** 8,192,459

2024 Work RVU: 0.01
2024 NF PE RVU: 0.09
2024 Fac PE RVU: NA

RUC Recommendation: 0.01 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95010 **Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests**

Global: **Issue:** Percutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 84,141

2024 Work RVU: 0.00
2024 NF PE RVU: 0.56
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
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 Allgery 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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT
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 **2022 Medicare Utilization:** 16,575

2024 Work RVU: 0.07
2024 NF PE RVU: 0.18
2024 Fac PE RVU: 0.03

RUC Recommendation: 0.07 **Referred to CPT** February 2012 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95018 **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**

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 **2022 Medicare Utilization:** 90,311

2024 Work RVU: 0.14
2024 NF PE RVU: 0.45
2024 Fac PE RVU: 0.06

RUC Recommendation: 0.14 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95024 **Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units / Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI, AAOA **First Identified:** October 2010 **2022 Medicare Utilization:** 1,386,947

2024 Work RVU: 0.01
2024 NF PE RVU: 0.22
2024 Fac PE RVU: 0.01

RUC Recommendation: New PE Inputs. **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95027 **Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 41 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2022 Medicare Utilization:** 116,083

2024 Work RVU: 0.01
2024 NF PE RVU: 0.13
2024 Fac PE RVU: NA

RUC Recommendation: 0.01 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 767,020

2024 Work RVU: 0.00
2024 NF PE RVU: 0.3
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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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 **2022 Medicare Utilization:** 2,410,492

2024 Work RVU: 0.00
2024 NF PE RVU: 0.36
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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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 **2022 Medicare Utilization:** 169,071

2024 Work RVU: 0.06
2024 NF PE RVU: 0.43
2024 Fac PE RVU: 0.03

RUC Recommendation: 0.06 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

95148 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms**

Global: XXX **Issue:** **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 73 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2022 Medicare Utilization:** 19,653

2024 Work RVU: 0.06
2024 NF PE RVU: 2.83
2024 Fac PE RVU: 0.02

RUC Recommendation: 0.06 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95165 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)**

Global: XXX **Issue:** Antigen Therapy Services **Screen:** MPC List / 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 **2022 Medicare Utilization:** 6,237,888

2024 Work RVU: 0.06
2024 NF PE RVU: 0.37
2024 Fac PE RVU: 0.03

RUC Recommendation: 0.06 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95249 **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**

Global: XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 24 **Specialty Developing Recommendation:** AACE, ES, ACP **First Identified:** **2022 Medicare Utilization:** 14,565

2024 Work RVU: 0.00
2024 NF PE RVU: 1.92
2024 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** June 2017 **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** June 2018

Status Report: CMS Requests and Relativity Assessment Issues

95250 **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**

Global: XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth2 / Work Neutrality 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 24 **Specialty Developing Recommendation:** AACE, ES **First Identified:** October 2013 **2022 Medicare Utilization:** 39,326

2024 Work RVU: 0.00
2024 NF PE RVU: 4.39
2024 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** October 2015 & February 2017 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95251 **Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report**

Global: XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth / Work Neutrality 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 24 **Specialty Developing Recommendation:** AACE, ES **First Identified:** April 2013 **2022 Medicare Utilization:** 553,918

2024 Work RVU: 0.70
2024 NF PE RVU: 0.29
2024 Fac PE RVU: 0.29

RUC Recommendation: 0.70. **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 / Contractor Priced High Volume2 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2022 Medicare Utilization:** 14,831

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 308

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

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 **2022 Medicare Utilization:** 272

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

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 **2022 Medicare Utilization:** 162

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

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 Recommendation:** AAN, ACNS

First Identified: May 2018

2022 Medicare Utilization: 7,458

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: PE Only

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

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 Recommendation:** AAN, ACNS

First Identified: May 2018

2022 Medicare Utilization: 1,465

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: PE Only

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

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 Recommendation:** AAN, ACNS

First Identified: May 2018

2022 Medicare Utilization: 126

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: PE Only

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

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 Recommendation:** AAN, ACNS **First Identified:** May 2018 **2022 Medicare Utilization:** 147

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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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 Recommendation:** AAN, ACNS **First Identified:** May 2018 **2022 Medicare Utilization:** 1,022

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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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 Recommendation:** AAN, ACNS **First Identified:** May 2018 **2022 Medicare Utilization:** 2,393

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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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 Recommendation:** AAN, ACNS **First Identified:** May 2018 **2022 Medicare Utilization:** 3,239

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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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 / Contractor Priced High Volume2 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2022 Medicare Utilization:** 17,499

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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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 Recommendation:** AAN, ACNS **First Identified:** May 2018 **2022 Medicare Utilization:** 2,244

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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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**

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 **2022 Medicare Utilization:** 3,762

2024 Work RVU: 2.00
2024 NF PE RVU: 1.02
2024 Fac PE RVU: 0.97

RUC Recommendation: 2.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 32,988

2024 Work RVU: 2.50
2024 NF PE RVU: 1.33
2024 Fac PE RVU: 1.26

RUC Recommendation: 2.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 6,235

2024 Work RVU: 3.00
2024 NF PE RVU: 1.58
2024 Fac PE RVU: 1.50

RUC Recommendation: 3.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 126,680

2024 Work RVU: 3.86
2024 NF PE RVU: 2.04
2024 Fac PE RVU: 1.93

RUC Recommendation: 3.86 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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**

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 **2022 Medicare Utilization:** 2,557

2024 Work RVU: 3.86
2024 NF PE RVU: 2.05
2024 Fac PE RVU: 1.93

RUC Recommendation: 3.86 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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)**

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 **2022 Medicare Utilization:** 2,086

2024 Work RVU: 4.70
2024 NF PE RVU: 2.45
2024 Fac PE RVU: 2.31

RUC Recommendation: 4.70 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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**

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 **2022 Medicare Utilization:** 2,407

2024 Work RVU: 4.75
2024 NF PE RVU: 2.43
2024 Fac PE RVU: 2.29

RUC Recommendation: 4.75 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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)**

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 **2022 Medicare Utilization:** 3,920

2024 Work RVU: 6.00
2024 NF PE RVU: 3.03
2024 Fac PE RVU: 2.86

RUC Recommendation: 6.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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**

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 **2022 Medicare Utilization:** 194

2024 Work RVU: 5.40
2024 NF PE RVU: 2.92
2024 Fac PE RVU: 2.71

RUC Recommendation: 5.40 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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)**

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 **2022 Medicare Utilization:** 577

2024 Work RVU: 7.58
2024 NF PE RVU: 3.99
2024 Fac PE RVU: 3.75

RUC Recommendation: 7.58 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 / High Volume Growth10 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2022 Medicare Utilization:** 103,574

2024 Work RVU: 0.85
2024 NF PE RVU: 3.18
2024 Fac PE RVU: NA

RUC Recommendation: Review action plan. 1.05

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2022 Medicare Utilization:** 198

2024 Work RVU: 0.85
2024 NF PE RVU: 2.02
2024 Fac PE RVU: NA

RUC Recommendation: 1.00

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2022 Medicare Utilization:** 164

2024 Work RVU: 0.90
2024 NF PE RVU: 3.13
2024 Fac PE RVU: NA

RUC Recommendation: 0.90 and New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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 **2022 Medicare Utilization:** 1,681

2024 Work RVU: 1.20
2024 NF PE RVU: 11.6
2024 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** October 2009 **Result:** Decrease

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 **2022 Medicare Utilization:** 87,153

2024 Work RVU: 0.93
2024 NF PE RVU: 1.85
2024 Fac PE RVU: NA

RUC Recommendation: 1.28 **Referred to CPT** October 2009 **Result:** Decrease

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 **2022 Medicare Utilization:** 927

2024 Work RVU: 1.28
2024 NF PE RVU: 10.86
2024 Fac PE RVU: NA

RUC Recommendation: 1.25 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95808 **Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2022 Medicare Utilization:** 614

2024 Work RVU: 1.74
2024 NF PE RVU: 13.44
2024 Fac PE RVU: NA

RUC Recommendation: 1.74 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95810 **Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** February 2010 **2022 Medicare Utilization:** 171,553

2024 Work RVU: 2.50
2024 NF PE RVU: 15.98
2024 Fac PE RVU: NA

RUC Recommendation: 2.50 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95811 **Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2022 Medicare Utilization:** 187,527

2024 Work RVU: 2.60
2024 NF PE RVU: 16.71
2024 Fac PE RVU: NA

RUC Recommendation: 2.60 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95812 **Electroencephalogram (EEG) extended monitoring; 41-60 minutes**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** July 2015 **2022 Medicare Utilization:** 19,969

2024 Work RVU: 1.08
2024 NF PE RVU: 9.35
2024 Fac PE RVU: NA

RUC Recommendation: 1.08 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95813 **Electroencephalogram (EEG) extended monitoring; 61-119 minutes**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: July 2015 **2022 Medicare Utilization:** 23,283

2024 Work RVU: 1.63
2024 NF PE RVU: 11.55
2024 Fac PE RVU: NA

RUC Recommendation: 1.63

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

95816 **Electroencephalogram (EEG); including recording awake and drowsy**

Global: XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: January 2012 **2022 Medicare Utilization:** 233,774

2024 Work RVU: 1.08
2024 NF PE RVU: 10.67
2024 Fac PE RVU: NA

RUC Recommendation: 1.08

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

95819 **Electroencephalogram (EEG); including recording awake and asleep**

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: September 2011 **2022 Medicare Utilization:** 156,540

2024 Work RVU: 1.08
2024 NF PE RVU: 12.46
2024 Fac PE RVU: NA

RUC Recommendation: 1.08

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2022 Medicare Utilization:** 24,667

2024 Work RVU: 1.08
2024 NF PE RVU: 11.22
2024 Fac PE RVU: NA

RUC Recommendation: 1.08

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

95851 **Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** APTA **First Identified:** April 2022 **2022 Medicare Utilization:** 20,414

2024 Work RVU: 0.16
2024 NF PE RVU: 0.48
2024 Fac PE RVU: 0.06

RUC Recommendation: Maintain **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

95860 **Needle electromyography; 1 extremity with or without related paraspinal areas**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges over $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2009 **2022 Medicare Utilization:** 2,843

2024 Work RVU: 0.96
2024 NF PE RVU: 2.36
2024 Fac PE RVU: NA

RUC Recommendation: 0.96 **Referred to CPT** February 2011 & October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95861 **Needle electromyography; 2 extremities with or without related paraspinal areas**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2022 Medicare Utilization:** 44,932

2024 Work RVU: 1.54
2024 NF PE RVU: 3.16
2024 Fac PE RVU: NA

RUC Recommendation: Review action plan. 1.54 **Referred to CPT** February 2011 & October 2011 & February 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95863 **Needle electromyography; 3 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2022 Medicare Utilization:** 93

2024 Work RVU: 1.87
2024 NF PE RVU: 4.25
2024 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 **2022 Medicare Utilization:** 1,107

2024 Work RVU: 1.99
2024 NF PE RVU: 4.84
2024 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:** **2022 Medicare Utilization:** 1,258

2024 Work RVU: 0.79
2024 NF PE RVU: 2.35
2024 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

95868 **Needle electromyography; cranial nerve supplied muscles, bilateral**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2022 Medicare Utilization:** 3,766

2024 Work RVU: 1.18
2024 NF PE RVU: 2.91
2024 Fac PE RVU: NA

RUC Recommendation: 1.18 **Referred to CPT** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95869 **Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2011 **2022 Medicare Utilization:** 432

2024 Work RVU: 0.37
2024 NF PE RVU: 2.45
2024 Fac PE RVU: NA

RUC Recommendation: 0.37 **Referred to CPT** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95870 **Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2011 **2022 Medicare Utilization:** 53,954

2024 Work RVU: 0.37
2024 NF PE RVU: 2.09
2024 Fac PE RVU: NA

RUC Recommendation: 0.37 **Referred to CPT** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 122,624

2024 Work RVU: 0.35
2024 NF PE RVU: 1.49
2024 Fac PE RVU: NA

RUC Recommendation: 0.35 **Referred to CPT** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95886 **Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2022 Medicare Utilization:** 851,191

2024 Work RVU: 0.86
2024 NF PE RVU: 1.99
2024 Fac PE RVU: NA

RUC Recommendation: 0.92 **Referred to CPT** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95887 **Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2022 Medicare Utilization:** 13,829

2024 Work RVU: 0.71
2024 NF PE RVU: 1.74
2024 Fac PE RVU: NA

RUC Recommendation: 0.73 **Referred to CPT** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 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:** **2022 Medicare Utilization:** 5,271

2024 Work RVU: 1.00
2024 NF PE RVU: 1.65
2024 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** **2022 Medicare Utilization:** 45,620

2024 Work RVU: 1.25
2024 NF PE RVU: 2.04
2024 Fac PE RVU: NA

RUC Recommendation: 1.37 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** **2022 Medicare Utilization:** 108,998

2024 Work RVU: 1.50
2024 NF PE RVU: 2.45
2024 Fac PE RVU: NA

RUC Recommendation: 1.77 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** **2022 Medicare Utilization:** 130,980

2024 Work RVU: 2.00
2024 NF PE RVU: 3.16
2024 Fac PE RVU: NA

RUC Recommendation: 2.80 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** **2022 Medicare Utilization:** 158,049

2024 Work RVU: 2.50
2024 NF PE RVU: 3.72
2024 Fac PE RVU: NA

RUC Recommendation: 3.34 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** **2022 Medicare Utilization:** 69,835

2024 Work RVU: 3.00
2024 NF PE RVU: 4.26
2024 Fac PE RVU: NA

RUC Recommendation: 4.00 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** **2022 Medicare Utilization:** 76,025

2024 Work RVU: 3.56
2024 NF PE RVU: 4.82
2024 Fac PE RVU: NA

RUC Recommendation: 4.20 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 / Codes Reported Together 75% or More-Part7 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AAFP, AAN, AANEM, ACNS, ACP **First Identified:** October 2009 **2022 Medicare Utilization:** 54,136

2024 Work RVU: 0.90
2024 NF PE RVU: 1.69
2024 Fac PE RVU: NA

RUC Recommendation: Review action plan. Refer to CPT. 0.90 **Referred to CPT** Sep 2024 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2020

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?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AAFP, AAN, AANEM, ACNS, ACP **First Identified:** February 2008 **2022 Medicare Utilization:** 1,853

2024 Work RVU: 0.96
2024 NF PE RVU: 1.83
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT. 0.96 **Referred to CPT** Sep 2024 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2008; Sep 2020

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 / Codes Reported Together 75% or More-Part7 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AAFP, AAN, AANEM, ACNS, ACP **First Identified:** October 2019 **2022 Medicare Utilization:** 88,688

2024 Work RVU: 0.90
2024 NF PE RVU: 2.71
2024 Fac PE RVU: NA

RUC Recommendation: Review action plan. Refer to CPT. 0.90 **Referred to CPT** Sep 2024 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2020

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?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AAFP, AAN, AANEM, ACNS, ACP **First Identified:** **2022 Medicare Utilization:** 16,278

2024 Work RVU: 1.73
2024 NF PE RVU: 2.69
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT. 1.73 **Referred to CPT** Sep 2024 **Result:** Decrease

Referred to CPT Asst ☑ **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 **2022 Medicare Utilization:** 4,601

2024 Work RVU: 0.54
2024 NF PE RVU: 4.68
2024 Fac PE RVU: NA

RUC Recommendation: 0.54 and New PE Inputs **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95926 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1/ CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** AAN, AANEM, ACNS, AAPMR **First Identified:** February 2010 **2022 Medicare Utilization:** 4,391

2024 Work RVU: 0.54
2024 NF PE RVU: 4.14
2024 Fac PE RVU: NA

RUC Recommendation: 0.54 and New PE Inputs **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95928 **Central motor evoked potential study (transcranial motor stimulation); upper limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 36 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** February 2010 **2022 Medicare Utilization:** 388

2024 Work RVU: 1.50
2024 NF PE RVU: 5.63
2024 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 1,400

2024 Work RVU: 1.50
2024 NF PE RVU: 5.72
2024 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 36,554

2024 Work RVU: 0.35
2024 NF PE RVU: 1.65
2024 Fac PE RVU: NA

RUC Recommendation: 0.35 **Referred to CPT** May 2016 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

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:** **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95936 **H-reflex, amplitude and latency study; record muscle other than 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:** **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95937 **Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method**

Global: XXX **Issue:** RAW **Screen:** Different Performing Specialty from Survey5 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2022 Medicare Utilization:** 32,713

2024 Work RVU: 0.65
2024 NF PE RVU: 2.43
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

95938 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2013 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** January 2013 **2022 Medicare Utilization:** 94,688

2024 Work RVU: 0.86
2024 NF PE RVU: 10.3
2024 Fac PE RVU: NA

RUC Recommendation: Review action plan. 0.86 and new PE inputs **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95939 **Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2013 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** January 2013 **2022 Medicare Utilization:** 45,924

2024 Work RVU: 2.25
2024 NF PE RVU: 14.33
2024 Fac PE RVU: NA

RUC Recommendation: Review action plan. 2.25 and new PE inputs **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 18,201

2024 Work RVU: 0.60
2024 NF PE RVU:
2024 Fac PE RVU: 0.31

RUC Recommendation: 0.60 **Referred to CPT** February 2012 **Result:** Decrease

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 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: 2.00 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 Volume1 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** January 2018 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2020 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95950 **Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours**

Global: **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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from 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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** February 2008 **2022 Medicare Utilization:** 450

2024 Work RVU: 2.45
2024 NF PE RVU: 9.17
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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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 RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** October 2008 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

Status Report: CMS Requests and Relativity Assessment Issues

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 RUC Meeting: January 2016 **Tab:** 50 **Specialty Developing Recommendation:** AAN **First Identified:** July 2015 **2022 Medicare Utilization:** 29,391

2024 Work RVU: 1.98
2024 NF PE RVU: 6.7
2024 Fac PE RVU: NA

RUC Recommendation: 1.98 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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95970 **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**

Global: XXX **Issue:** Neurostimulator Services **Screen:** Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016 / High Volume Growth3 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** February 2010 **2022 Medicare Utilization:** 27,694

2024 Work RVU: 0.35
2024 NF PE RVU: 0.18
2024 Fac PE RVU: 0.16

RUC Recommendation: 0.45 **Referred to CPT** June 2017 **Referred to CPT Asst** ☑ **Published in CPT Asst:** Jul 2016 **Result:** Maintain

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95971 **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**

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:** October 2009 **2022 Medicare Utilization:** 17,489

2024 Work RVU: 0.78
2024 NF PE RVU: 0.59
2024 Fac PE RVU: 0.30

RUC Recommendation: 0.78 **Referred to CPT** February 2015, June 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 37,002

2024 Work RVU: 0.80
2024 NF PE RVU: 0.82
2024 Fac PE RVU: 0.31

RUC Recommendation: 0.80 **Referred to CPT** May 2014 February , June 2017 **Result:** Decrease

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95974 **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**

Global:

Issue: Neurostimulator Services

Screen: CMS Request - Final Rule for 2016

Complete? Yes

Most Recent RUC Meeting: October 2017

Tab: 07

Specialty Developing Recommendation: AAN, AANS/CNS, ACNS

First Identified: July 2015

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT June 2017

Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

Result: Deleted from CPT

95975 **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)**

Global:

Issue: Neurostimulator Services

Screen: CMS Request - Final Rule for 2016

Complete? Yes

Most Recent RUC Meeting: October 2017

Tab: 07

Specialty Developing Recommendation: AAN, AANS/CNS, ACNS

First Identified: July 2015

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT June 2017

Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

95976 **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**

Global: XXX **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** June 2017 **2022 Medicare Utilization:** 7,455

2024 Work RVU: 0.73
2024 NF PE RVU: 0.37
2024 Fac PE RVU: 0.35

RUC Recommendation: 0.95 **Referred to CPT** June 2017 **Referred to CPT Asst** ☑ **Published in CPT Asst:** February 2019 **Result:** Maintain

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95977 **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**

Global: XXX **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** June 2017 **2022 Medicare Utilization:** 4,950

2024 Work RVU: 0.97
2024 NF PE RVU: 0.49
2024 Fac PE RVU: 0.46

RUC Recommendation: 1.19 **Referred to CPT** June 2017 **Referred to CPT Asst** ☑ **Published in CPT Asst:** February 2019 **Result:** Maintain

95978 **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**

Global: **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Referred to CPT Asst** ☑ **Published in CPT Asst:** Jul 2016 **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

95979 **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)**

Global: **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Referred to CPT Asst** ☑ **Published in CPT Asst:** Jul 2016 **Result:** Deleted from CPT

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**

Global: XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** July 2015 **2022 Medicare Utilization:** 427

2024 Work RVU: 0.80
2024 NF PE RVU:
2024 Fac PE RVU: 0.35

RUC Recommendation: Not part of family **Referred to CPT** June 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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**

Global: XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** July 2015 **2022 Medicare Utilization:** 531

2024 Work RVU: 0.30
2024 NF PE RVU: 0.81
2024 Fac PE RVU: 0.17

RUC Recommendation: Not part of family **Referred to CPT** June 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

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**

Global: XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** July 2015 **2022 Medicare Utilization:** 838

2024 Work RVU: 0.65
2024 NF PE RVU: 1.01
2024 Fac PE RVU: 0.31

RUC Recommendation: Not part of family **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95983 **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**

Global: XXX **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** June 2017 **2022 Medicare Utilization:** 38,254

2024 Work RVU: 0.91
2024 NF PE RVU: 0.49
2024 Fac PE RVU: 0.46

RUC Recommendation: 1.25 **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** February 2019

Status Report: CMS Requests and Relativity Assessment Issues

95984 **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)**

Global: ZZZ **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** June 2017 **2022 Medicare Utilization:** 51,686

2024 Work RVU: 0.80
2024 NF PE RVU: 0.42
2024 Fac PE RVU: 0.40

RUC Recommendation: 1.00 **Referred to CPT** June 2017 **Referred to CPT Asst** ☑ **Published in CPT Asst:** February 2019 **Result:** Maintain

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95990 **Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** April 2010 **2022 Medicare Utilization:** 707

2024 Work RVU: 0.00
2024 NF PE RVU: 2.66
2024 Fac PE RVU: NA

RUC Recommendation: 0.00 **Referred to CPT** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 6,897

2024 Work RVU: 0.77
2024 NF PE RVU: 2.46
2024 Fac PE RVU: 0.32

RUC Recommendation: 0.77 **Referred to CPT** October 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 112,826

2024 Work RVU: 0.75
2024 NF PE RVU: 0.49
2024 Fac PE RVU: 0.28

RUC Recommendation: Remove from Modifier -51 Exempt list.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT June 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

96102 **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**

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

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

96103 **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**

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** High Volume Growth2 / Different Performing Specialty from Survey2 / 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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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:**

96105 **Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS Request/Speech Language Pathology Request / 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 **2022 Medicare Utilization:** 1,718

2024 Work RVU: 1.75
2024 NF PE RVU: 1.06
2024 Fac PE RVU: NA

RUC Recommendation: 1.75 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0.34
2024 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:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 / Different Performing Specialty from Survey6 **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2022 Medicare Utilization:** 18,459

2024 Work RVU: 2.56
2024 NF PE RVU: 1.01
2024 Fac PE RVU: 0.98

RUC Recommendation: Review action plan. 2.50 **Referred to CPT** June 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2022 Medicare Utilization:** 704

2024 Work RVU: 1.16
2024 NF PE RVU: 0.57
2024 Fac PE RVU: 0.46

RUC Recommendation: 1.10 **Referred to CPT** June 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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 RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2022 Medicare Utilization:** 146,363

2024 Work RVU: 1.86
2024 NF PE RVU: 0.82
2024 Fac PE RVU: 0.43

RUC Recommendation: 1.86 **Referred to CPT** June 2017 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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:**

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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 **2022 Medicare Utilization:** 32,562

2024 Work RVU: 1.71
2024 NF PE RVU: 0.5
2024 Fac PE RVU: 0.22

RUC Recommendation: 1.71 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 6,864

2024 Work RVU: 1.70
2024 NF PE RVU: 1.31
2024 Fac PE RVU: NA

RUC Recommendation: 1.70 **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 600,869

2024 Work RVU: 0.00
2024 NF PE RVU: 0.13
2024 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:**

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 **2022 Medicare Utilization:** 105,672

2024 Work RVU: 2.56
2024 NF PE RVU: 0.92
2024 Fac PE RVU: 0.57

RUC Recommendation: 2.50 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 69,961

2024 Work RVU: 1.96
2024 NF PE RVU: 0.56
2024 Fac PE RVU: 0.24

RUC Recommendation: 1.90 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 216,072

2024 Work RVU: 2.56
2024 NF PE RVU: 1.2
2024 Fac PE RVU: 0.49

RUC Recommendation: 2.50 **Referred to CPT** June 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 349,984

2024 Work RVU: 1.96
2024 NF PE RVU: 0.91
2024 Fac PE RVU: 0.25

RUC Recommendation: 1.90 **Referred to CPT** June 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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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 **2022 Medicare Utilization:** 173,355

2024 Work RVU: 0.55
2024 NF PE RVU: 0.68
2024 Fac PE RVU: 0.12

RUC Recommendation: 0.55 **Referred to CPT** June 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 332,276

2024 Work RVU: 0.46
2024 NF PE RVU: 0.66
2024 Fac PE RVU: 0.06

RUC Recommendation: 0.46 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 182,211

2024 Work RVU: 0.00
2024 NF PE RVU: 1.02
2024 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:**

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 **2022 Medicare Utilization:** 358,552

2024 Work RVU: 0.00
2024 NF PE RVU: 1.05
2024 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:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 8,055

2024 Work RVU: 0.00
2024 NF PE RVU: 0.06
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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96150 **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**

Global: **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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

96151 **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**

Global: **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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

96152 **Health and behavior intervention, each 15 minutes, face-to-face; individual**

Global: **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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

96153 **Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)**

Global: **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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

96154 **Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)**

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:** APA (psychology), NASW **First Identified:** April 2017 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

96155 **Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)**

Global: **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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

96156 **Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)**

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 **2022 Medicare Utilization:** 18,554

2024 Work RVU: 2.20
2024 NF PE RVU: 0.7
2024 Fac PE RVU: 0.36

RUC Recommendation: 2.10

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

96158 **Health behavior intervention, individual, 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 **2022 Medicare Utilization:** 31,221

2024 Work RVU: 1.52
2024 NF PE RVU: 0.45
2024 Fac PE RVU: 0.20

RUC Recommendation: 1.45

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

96159 **Health behavior intervention, individual, 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 **2022 Medicare Utilization:** 29,389

2024 Work RVU: 0.52
2024 NF PE RVU: 0.15
2024 Fac PE RVU: 0.06

RUC Recommendation: 0.50

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2022 Medicare Utilization:** 12,356

2024 Work RVU: 0.22
2024 NF PE RVU: 0.08
2024 Fac PE RVU: 0.05

RUC Recommendation: 0.21

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2022 Medicare Utilization:** 35,148

2024 Work RVU: 0.10
2024 NF PE RVU: 0.04
2024 Fac PE RVU: 0.02

RUC Recommendation: 0.10

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 1,367

2024 Work RVU: 1.62
2024 NF PE RVU: 0.46
2024 Fac PE RVU: 0.20

RUC Recommendation: 1.55

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

96168 **Health behavior intervention, family (with the patient present), 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 **2022 Medicare Utilization:** 1,185

2024 Work RVU: 0.58
2024 NF PE RVU: 0.17
2024 Fac PE RVU: 0.07

RUC Recommendation: 0.55

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

96170 **Health behavior intervention, family (without 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 **2022 Medicare Utilization:**

2024 Work RVU: 1.50
2024 NF PE RVU: 0.73
2024 Fac PE RVU: 0.58

RUC Recommendation: 1.50

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

96171 **Health behavior intervention, family (without the patient present), 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 **2022 Medicare Utilization:**

2024 Work RVU: 0.54
2024 NF PE RVU: 0.26
2024 Fac PE RVU: 0.21

RUC Recommendation: 0.54 **Referred to CPT** September 2018 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

96202 **Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes**

Global: XXX **Issue:** Caregiver Behavior Management Training **Screen:** RUC Flag for Review **Complete?** No

Most Recent RUC Meeting: April 2021 **Tab:** 11 **Specialty Developing Recommendation:** AACAP, AND, APA (psychology) **First Identified:** April 2021 **2022 Medicare Utilization:**

2024 Work RVU: 0.43
2024 NF PE RVU: 0.27
2024 Fac PE RVU: 0.19

RUC Recommendation: Review action plan **Referred to CPT** **Result:** Not part of RAW

Referred to CPT Asst ☐ **Published in CPT Asst:**

96203 **Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes (List separately in addition to code for primary service)**

Global: ZZZ **Issue:** Caregiver Behavior Management Training **Screen:** RUC Flag for Review **Complete?** No

Most Recent RUC Meeting: April 2021 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** April 2021 **2022 Medicare Utilization:**

2024 Work RVU: 0.12
2024 NF PE RVU: 0.05
2024 Fac PE RVU: 0.05

RUC Recommendation: Review action plan **Referred to CPT** **Result:** Not part of RAW

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 212,461

2024 Work RVU: 0.17
2024 NF PE RVU: 0.79
2024 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 335,419

2024 Work RVU: 0.09
2024 NF PE RVU: 0.27
2024 Fac PE RVU: NA

RUC Recommendation: 0.09 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 1,391,921

2024 Work RVU: 0.21
2024 NF PE RVU: 1.63
2024 Fac PE RVU: NA

RUC Recommendation: 0.21 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

96366 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** April 2013 **2022 Medicare Utilization:** 583,669

2024 Work RVU: 0.18
2024 NF PE RVU: 0.42
2024 Fac PE RVU: NA

RUC Recommendation: 0.18 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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96367 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** September 2011 **2022 Medicare Utilization:** 960,265

2024 Work RVU: 0.19
2024 NF PE RVU: 0.65
2024 Fac PE RVU: NA

RUC Recommendation: 0.19 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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96368 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** April 2013 **2022 Medicare Utilization:** 124,450

2024 Work RVU: 0.17
2024 NF PE RVU: 0.41
2024 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

Status Report: CMS Requests and Relativity Assessment Issues

96372 **Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular**

Global: XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 26 **Specialty Developing Recommendation:** ASCO, ASH, AAFP, ACRh **First Identified:** April 2013 **2022 Medicare Utilization:** 7,563,903

2024 Work RVU: 0.17
2024 NF PE RVU: 0.25
2024 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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96374 **Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug**

Global: XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 26 **Specialty Developing Recommendation:** ASCO, ASH, ACRh **First Identified:** July 2015 **2022 Medicare Utilization:** 238,481

2024 Work RVU: 0.18
2024 NF PE RVU: 0.9
2024 Fac PE RVU: NA

RUC Recommendation: 0.18 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

96375 **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)**

Global: ZZZ **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 26 **Specialty Developing Recommendation:** ASCO, ASH, ACRh **First Identified:** July 2015 **2022 Medicare Utilization:** 1,423,508

2024 Work RVU: 0.10
2024 NF PE RVU: 0.35
2024 Fac PE RVU: NA

RUC Recommendation: 0.10 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 45,538

2024 Work RVU: 0.17
2024 NF PE RVU: 0.37
2024 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Not Part of RAW

96380 **Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional**

Global: XXX **Issue:** Respiratory Syncytial Virus (RSV) Monoclonal Antibody Administration **Screen:** Not Part of RAW **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 07 **Specialty Developing Recommendation:** AAP, ANA **First Identified:** September 2023 **2022 Medicare Utilization:**

2024 Work RVU: 0.24
2024 NF PE RVU: 0.43
2024 Fac PE RVU:

RUC Recommendation: 0.28 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Not Part of RAW

96381 **Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection**

Global: XXX **Issue:** Respiratory Syncytial Virus (RSV) Monoclonal Antibody Administration **Screen:** Not Part of RAW **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 07 **Specialty Developing Recommendation:** AAP, ANA **First Identified:** September 2023 **2022 Medicare Utilization:**

2024 Work RVU: 0.17
2024 NF PE RVU: 0.41
2024 Fac PE RVU:

RUC Recommendation: 0.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Not Part of RAW

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 708,931

2024 Work RVU: 0.21
2024 NF PE RVU: 1.9
2024 Fac PE RVU: NA

RUC Recommendation: 0.21 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 368,463

2024 Work RVU: 0.19
2024 NF PE RVU: 0.85
2024 Fac PE RVU: NA

RUC Recommendation: 0.19 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

96405 **Chemotherapy administration; intralesional, up to and including 7 lesions**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 55 **Specialty Developing Recommendation:** ASCO **First Identified:** NA **2022 Medicare Utilization:** 23,807

2024 Work RVU: 0.52
2024 NF PE RVU: 1.94
2024 Fac PE RVU: 0.30

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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96406 **Chemotherapy administration; intralesional, more than 7 lesions**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 55 **Specialty Developing Recommendation:** ASCO **First Identified:** NA **2022 Medicare Utilization:** 782

2024 Work RVU: 0.80
2024 NF PE RVU: 3.03
2024 Fac PE RVU: 0.46

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

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 RUC Meeting: January 2017 **Tab:** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH **First Identified:** July 2015 **2022 Medicare Utilization:** 49,737

2024 Work RVU: 0.24
2024 NF PE RVU: 2.7
2024 Fac PE RVU: NA

RUC Recommendation: 0.24 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 RUC Meeting: January 2017 **Tab:** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH **First Identified:** July 2015 **2022 Medicare Utilization:** 127,123

2024 Work RVU: 0.20
2024 NF PE RVU: 1.4
2024 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 1,619,733

2024 Work RVU: 0.28
2024 NF PE RVU: 3.53
2024 Fac PE RVU: NA

RUC Recommendation: 0.28 and new PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 705,436

2024 Work RVU: 0.19
2024 NF PE RVU: 0.62
2024 Fac PE RVU: NA

RUC Recommendation: 0.19 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2022 Medicare Utilization:** 23,026

2024 Work RVU: 0.21
2024 NF PE RVU: 3.54
2024 Fac PE RVU: NA

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

96417 **Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** January 2012 **2022 Medicare Utilization:** 347,185

2024 Work RVU: 0.21
2024 NF PE RVU: 1.66
2024 Fac PE RVU: NA

RUC Recommendation: 0.21 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

96440 **Chemotherapy administration into pleural cavity, requiring and including thoracentesis**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** R **Specialty Developing Recommendation:** **First Identified:** NA **2022 Medicare Utilization:** 68

2024 Work RVU: 2.12
2024 NF PE RVU: 20.12
2024 Fac PE RVU: 1.75

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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96567 **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**

Global: XXX **Issue:** Photodynamic Therapy **Screen:** High Volume Growth1 / CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 16 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2022 Medicare Utilization:** 44,821

2024 Work RVU: 0.00
2024 NF PE RVU: 4.1
2024 Fac PE RVU: NA

RUC Recommendation: 0.00 PE Only **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 32,941

2024 Work RVU: 0.48
2024 NF PE RVU: 6.3
2024 Fac PE RVU: NA

RUC Recommendation: 0.48 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 54,603

2024 Work RVU: 1.01
2024 NF PE RVU: 7.27
2024 Fac PE RVU: NA

RUC Recommendation: 1.01 **Referred to CPT** September 2016 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 290,204

2024 Work RVU: 0.00
2024 NF PE RVU: 3.54
2024 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

96920 **Excimer laser treatment for psoriasis; total area less than 250 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 08 **Specialty Developing Recommendation:** AADA **First Identified:** October 2008 **2022 Medicare Utilization:** 75,369

2024 Work RVU: 1.15
2024 NF PE RVU: 3.47
2024 Fac PE RVU: 0.68

RUC Recommendation: 1.00 **Referred to CPT** February 2023 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

Status Report: CMS Requests and Relativity Assessment Issues

96921 **Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 08 **Specialty Developing Recommendation:** AADA

First Identified: February 2008 **2022 Medicare Utilization:** 22,206

2024 Work RVU: 1.30
2024 NF PE RVU: 3.76
2024 Fac PE RVU: 0.77

RUC Recommendation: 1.07

Referred to CPT February 2023
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

Result: Decrease

96922 **Excimer laser treatment for psoriasis; over 500 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 08 **Specialty Developing Recommendation:** AADA

First Identified: October 2008 **2022 Medicare Utilization:** 13,721

2024 Work RVU: 2.10
2024 NF PE RVU: 4.78
2024 Fac PE RVU: 1.24

RUC Recommendation: 1.32

Referred to CPT February 2023
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

Result: Decrease

97001 **Physical therapy evaluation**

Global: **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: September 2011 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

97002 **Physical therapy re-evaluation**

Global: **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: February 2015 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

97003 **Occupational therapy evaluation**

Global: **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: February 2015 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

97004 **Occupational therapy re-evaluation**

Global: **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: February 2015 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

97010 **Application of a modality to 1 or more areas; hot or cold packs**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 41 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2016 **2022 Medicare Utilization:**

2024 Work RVU: 0.06
2024 NF PE RVU: 0.12
2024 Fac PE RVU: NA

RUC Recommendation: No specialty society interest **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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97012 **Application of a modality to 1 or more areas; traction, mechanical**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2022 Medicare Utilization:** 438,704

2024 Work RVU: 0.25
2024 NF PE RVU: 0.16
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.25 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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97014 **Application of a modality to 1 or more areas; electrical stimulation (unattended)**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services / CCMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2022 Medicare Utilization:**

2024 Work RVU: 0.18
2024 NF PE RVU: 0.18
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.18 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA

First Identified: February 2010 **2022 Medicare Utilization:** 886,927

2024 Work RVU: 0.18
2024 NF PE RVU: 0.16
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** AOTA, APTA

First Identified: February 2010 **2022 Medicare Utilization:** 148,055

2024 Work RVU: 0.06
2024 NF PE RVU: 0.1
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.06

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA

First Identified: April 2016 **2022 Medicare Utilization:** 136,632

2024 Work RVU: 0.17
2024 NF PE RVU: 0.33
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs.0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

97032 **Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** CMS High Expenditure Procedural Codes2 / CCMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** July 2015 **2022 Medicare Utilization:** 627,346

2024 Work RVU: 0.25
2024 NF PE RVU: 0.17
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.25 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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97033 **Application of a modality to 1 or more areas; iontophoresis, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2022 Medicare Utilization:** 34,533

2024 Work RVU: 0.26
2024 NF PE RVU: 0.31
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.26 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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97034 **Application of a modality to 1 or more areas; contrast baths, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services / CCMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2022 Medicare Utilization:** 7,013

2024 Work RVU: 0.21
2024 NF PE RVU: 0.2
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.21 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

Status Report: CMS Requests and Relativity Assessment Issues

97035 **Application of a modality to 1 or more areas; ultrasound, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2/ CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** October 2010 **2022 Medicare Utilization:** 1,370,797

2024 Work RVU: 0.21
2024 NF PE RVU: 0.2
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.21 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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97110 **Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** Codes Reported Together 75% or More-Part1 / MPC List / CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2010 **2022 Medicare Utilization:** 61,746,880

2024 Work RVU: 0.45
2024 NF PE RVU: 0.42
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.45 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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97112 **Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** September 2011 **2022 Medicare Utilization:** 25,187,873

2024 Work RVU: 0.50
2024 NF PE RVU: 0.5
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** July 2015 **2022 Medicare Utilization:** 1,598,341

2024 Work RVU: 0.48
2024 NF PE RVU: 0.61
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.48 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** February 2010 **2022 Medicare Utilization:** 4,039,891

2024 Work RVU: 0.45
2024 NF PE RVU: 0.42
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.45 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 1.50 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

97140 **Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** September 2011 **2022 Medicare Utilization:** 28,628,190

2024 Work RVU: 0.43
2024 NF PE RVU: 0.37
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.43 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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97150 **Therapeutic procedure(s), group (2 or more individuals)**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** **Specialty Developing Recommendation:** APTA **First Identified:** April 2011 **2022 Medicare Utilization:** 1,777,283

2024 Work RVU: 0.29
2024 NF PE RVU: 0.24
2024 Fac PE RVU: NA

RUC Recommendation: 0.29 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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97161 **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.**

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 **2022 Medicare Utilization:** 1,565,700

2024 Work RVU: 1.54
2024 NF PE RVU: 1.43
2024 Fac PE RVU: NA

RUC Recommendation: 0.75 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

97162 **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.**

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 **2022 Medicare Utilization:** 1,368,156

2024 Work RVU: 1.54
2024 NF PE RVU: 1.43
2024 Fac PE RVU: NA

RUC Recommendation: 1.18 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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97163 **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.**

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 **2022 Medicare Utilization:** 275,985

2024 Work RVU: 1.54
2024 NF PE RVU: 1.43
2024 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 544,912

2024 Work RVU: 0.96
2024 NF PE RVU: 1.1
2024 Fac PE RVU: NA

RUC Recommendation: 0.75 **Referred to CPT** February 2015 **Result:** Increase

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 **2022 Medicare Utilization:** 159,056

2024 Work RVU: 1.54
2024 NF PE RVU: 1.46
2024 Fac PE RVU: NA

RUC Recommendation: 0.88 **Referred to CPT** February 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

97166 **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.**

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 **2022 Medicare Utilization:** 138,872

2024 Work RVU: 1.54
2024 NF PE RVU: 1.46
2024 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** February 2015 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97167 **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.**

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 **2022 Medicare Utilization:** 25,058

2024 Work RVU: 1.54
2024 NF PE RVU: 1.46
2024 Fac PE RVU: NA

RUC Recommendation: 1.70 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 35,478

2024 Work RVU: 0.96
2024 NF PE RVU: 1.11
2024 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** September 2011 **2022 Medicare Utilization:** 29,439,992

2024 Work RVU: 0.44
2024 NF PE RVU: 0.65
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.44 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

97533 **Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - ADL/IADL **Screen:** Physical Medicine and Rehabilitation Services / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2022 Medicare Utilization:** 61,069

2024 Work RVU: 0.48
2024 NF PE RVU: 1.38
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.48 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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97535 **Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - ADL/IADL **Screen:** Codes Reported Together 75% or More-Part2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** October 2012 **2022 Medicare Utilization:** 3,146,957

2024 Work RVU: 0.45
2024 NF PE RVU: 0.52
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.45 **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Article no longer necessary **Result:** Maintain

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97537 **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**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - ADL/IADL **Screen:** Physical Medicine and Rehabilitation Services / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2022 Medicare Utilization:** 15,702

2024 Work RVU: 0.48
2024 NF PE RVU: 0.46
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.48 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

Status Report: CMS Requests and Relativity Assessment Issues

97542 **Wheelchair management (eg, assessment, fitting, training), each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2013 **2022 Medicare Utilization:** 100,703

2024 Work RVU: 0.48
2024 NF PE RVU: 0.46
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.48

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

97597 **Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less**

Global: 000 **Issue:** Open Wound Debridement **Screen:** Site of Service Anomaly / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 23 **Specialty Developing Recommendation:** AAFP, ACS, APMA **First Identified:** September 2007 **2022 Medicare Utilization:** 677,827

2024 Work RVU: 0.77
2024 NF PE RVU: 2.2
2024 Fac PE RVU: 0.22

RUC Recommendation: 0.88

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

97598 **Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Open Wound Debridement **Screen:** Site of Service Anomaly / High Volume Growth3 / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 23 **Specialty Developing Recommendation:** AAFP, ACS, APMA **First Identified:** September 2007 **2022 Medicare Utilization:** 143,433

2024 Work RVU: 0.50
2024 NF PE RVU: 0.79
2024 Fac PE RVU: 0.17

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

97602 **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**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Active Wound Care Management **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** AAOS, ACS, APMA, ASPS **First Identified:** April 2016 **2022 Medicare Utilization:** 1

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: Maintain **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** AAOS, ACS, APMA, ASPS **First Identified:** April 2013 **2022 Medicare Utilization:** 40,481

2024 Work RVU: 0.55
2024 NF PE RVU: 0.73
2024 Fac PE RVU: 0.16

RUC Recommendation: 0.55 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** April 2013 **2022 Medicare Utilization:** 14,301

2024 Work RVU: 0.60
2024 NF PE RVU: 0.92
2024 Fac PE RVU: 0.18

RUC Recommendation: 0.60 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** May 2013 **2022 Medicare Utilization:** 8,410

2024 Work RVU: 0.41
2024 NF PE RVU: 9.98
2024 Fac PE RVU: 0.16

RUC Recommendation: 0.11 **Referred to CPT** **Result:** Decrease

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 RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** May 2013 **2022 Medicare Utilization:** 1,516

2024 Work RVU: 0.46
2024 NF PE RVU: 10.26
2024 Fac PE RVU: 0.19

RUC Recommendation: 0.46 **Referred to CPT** **Result:** Decrease

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 RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** **First Identified:** April 2016 **2022 Medicare Utilization:** 75,762

2024 Work RVU: 0.40
2024 NF PE RVU: 12.42
2024 Fac PE RVU: 0.12

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

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 Recommendation:** APTA, AOTA **First Identified:** February 2008 **2022 Medicare Utilization:** 2,921

2024 Work RVU: 0.62
2024 NF PE RVU: 0.51
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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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 Recommendation:** APTA, AOTA **First Identified:** April 2016 **2022 Medicare Utilization:** 59,596

2024 Work RVU: 0.50
2024 NF PE RVU: 0.92
2024 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 Recommendation:** APTA **First Identified:** April 2016 **2022 Medicare Utilization:** 3,817

2024 Work RVU: 0.50
2024 NF PE RVU: 0.74
2024 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

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 **2022 Medicare Utilization:** 44,185

2024 Work RVU: 0.48
2024 NF PE RVU: 1.08
2024 Fac PE RVU: NA

RUC Recommendation: 0.48 **Referred to CPT** **Result:** Increase

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 **2022 Medicare Utilization:** 189,871

2024 Work RVU: 0.53
2024 NF PE RVU: 0.55
2024 Fac PE RVU: 0.41

RUC Recommendation: 0.53 **Referred to CPT** **Result:** Increase

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 **2022 Medicare Utilization:** 180,865

2024 Work RVU: 0.45
2024 NF PE RVU: 0.49
2024 Fac PE RVU: 0.35

RUC Recommendation: 0.45 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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97810 **Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient**

Global: XXX **Issue:** Acupuncture/Electroacupuncture **Screen:** Different Performing Specialty from Survey4 **Complete?** No

Most Recent RUC Meeting: April 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAFP, AAPM&R, ACA **First Identified:** September 2022 **2022 Medicare Utilization:** 67,915

2024 Work RVU: 0.60
2024 NF PE RVU: 0.51
2024 Fac PE RVU: 0.27

RUC Recommendation: Flag for re-review. 0.61 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

97811 **Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Acupuncture/Electroacupuncture **Screen:** Different Performing Specialty from Survey4 **Complete?** No

Most Recent RUC Meeting: April 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAFP, AAPM&R, ACA **First Identified:** September 2022 **2022 Medicare Utilization:** 78,947

2024 Work RVU: 0.50
2024 NF PE RVU: 0.32
2024 Fac PE RVU: 0.23

RUC Recommendation: Flag for re-review. 0.46 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

Status Report: CMS Requests and Relativity Assessment Issues

97813 **Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient**

Global: XXX **Issue:** Acupuncture/Electroacupuncture **Screen:** Different Performing Specialty from Survey4 **Complete?** No

Most Recent RUC Meeting: April 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAFP, AAPM&R, ACA **First Identified:** September 2022 **2022 Medicare Utilization:** 55,569

2024 Work RVU: 0.65
2024 NF PE RVU: 0.67
2024 Fac PE RVU: 0.30

RUC Recommendation: Flag for re-review. 0.74

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

97814 **Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Acupuncture/Electroacupuncture **Screen:** Different Performing Specialty from Survey4 **Complete?** No

Most Recent RUC Meeting: April 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAFP, AAPM&R, ACA **First Identified:** September 2022 **2022 Medicare Utilization:** 67,442

2024 Work RVU: 0.55
2024 NF PE RVU: 0.51
2024 Fac PE RVU: 0.25

RUC Recommendation: Flag for re-review. 0.47

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

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 **2022 Medicare Utilization:** 42,904

2024 Work RVU: 0.46
2024 NF PE RVU: 0.45
2024 Fac PE RVU: 0.19

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

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 **2022 Medicare Utilization:** 84,884

2024 Work RVU: 0.71
2024 NF PE RVU: 0.6
2024 Fac PE RVU: 0.28

RUC Recommendation: 0.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2022 Medicare Utilization:** 78,791

2024 Work RVU: 0.96
2024 NF PE RVU: 0.75
2024 Fac PE RVU: 0.36

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98928 **Osteopathic manipulative treatment (OMT); 7-8 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 34 **Specialty Developing Recommendation:** AOA

First Identified: February 2010 **2022 Medicare Utilization:** 84,545

2024 Work RVU: 1.21
2024 NF PE RVU: 0.87
2024 Fac PE RVU: 0.45

RUC Recommendation: 1.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98929 **Osteopathic manipulative treatment (OMT); 9-10 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 34 **Specialty Developing Recommendation:** AOA

First Identified: February 2010 **2022 Medicare Utilization:** 77,604

2024 Work RVU: 1.46
2024 NF PE RVU: 0.99
2024 Fac PE RVU: 0.53

RUC Recommendation: 1.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

98940 **Chiropractic manipulative treatment (CMT); spinal, 1-2 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 **2022 Medicare Utilization:** 4,263,668

2024 Work RVU: 0.46
2024 NF PE RVU: 0.35
2024 Fac PE RVU: 0.18

RUC Recommendation: 0.46

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98941 **Chiropractic manipulative treatment (CMT); spinal, 3-4 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 **2022 Medicare Utilization:** 12,740,778

2024 Work RVU: 0.71
2024 NF PE RVU: 0.46
2024 Fac PE RVU: 0.28

RUC Recommendation: 0.71

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2022 Medicare Utilization:** 921,306

2024 Work RVU: 0.96
2024 NF PE RVU: 0.55
2024 Fac PE RVU: 0.37

RUC Recommendation: 0.96

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2022 Medicare Utilization:**

2024 Work RVU: 0.46
2024 NF PE RVU: 0.28
2024 Fac PE RVU: 0.18

RUC Recommendation: 0.46

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

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 **2022 Medicare Utilization:** 6

2024 Work RVU: 0.50
2024 NF PE RVU: 1.29
2024 Fac PE RVU: 0.18

RUC Recommendation: 0.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 1,544,458

2024 Work RVU: 0.25
2024 NF PE RVU: 1.23
2024 Fac PE RVU: 0.08

RUC Recommendation: 0.25 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 6

2024 Work RVU: 1.90
2024 NF PE RVU:
2024 Fac PE RVU: 0.34

RUC Recommendation: 1.90 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 8,887

2024 Work RVU: 1.65
2024 NF PE RVU:
2024 Fac PE RVU: 0.40

RUC Recommendation: 1.84 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0.18
2024 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** May 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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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 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0.14
2024 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** May 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

Status Report: CMS Requests and Relativity Assessment Issues

99183 **Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session**

Global: XXX **Issue:** Hyperbaric Oxygen Under Pressure (PE Only) **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 16 **Specialty Developing Recommendation:** AAFP, UHMS **First Identified:** April 2013 **2022 Medicare Utilization:** 293,139

2024 Work RVU: 2.11
2024 NF PE RVU: 0.77
2024 Fac PE RVU: 0.77

RUC Recommendation: Refer to CPT. 2.11 **Referred to CPT** Sep 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

99281 **Emergency department visit for the evaluation and management of a patient that may not require the presence of a physician or other qualified health care professional**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2022 Medicare Utilization:** 53,580

2024 Work RVU: 0.25
2024 NF PE RVU:
2024 Fac PE RVU: 0.06

RUC Recommendation: 0.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

99282 **Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2022 Medicare Utilization:** 285,295

2024 Work RVU: 0.93
2024 NF PE RVU:
2024 Fac PE RVU: 0.21

RUC Recommendation: 0.93 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99283 **Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2022 Medicare Utilization:** 1,938,782

2024 Work RVU: 1.60
2024 NF PE RVU:
2024 Fac PE RVU: 0.34

RUC Recommendation: 1.42 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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99284 **Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2022 Medicare Utilization:** 4,040,786

2024 Work RVU: 2.74
2024 NF PE RVU:
2024 Fac PE RVU: 0.56

RUC Recommendation: 2.60 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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99285 **Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2022 Medicare Utilization:** 9,036,154

2024 Work RVU: 4.00
2024 NF PE RVU:
2024 Fac PE RVU: 0.78

RUC Recommendation: 3.80 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

Status Report: CMS Requests and Relativity Assessment Issues

99358 **Prolonged evaluation and management service before and/or after direct patient care; first hour**

Global: XXX **Issue:** Prolonged Services - Without Direct Patient Contact **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 14 **Specialty Developing Recommendation:** AAFP, AAHPM, AAN, AAP, AATS, ACP, ACRh, AGS, ANA, ASCO, ATS, CHEST, NASS, STS **First Identified:** November 2019 **2022 Medicare Utilization:** 360,913

2024 Work RVU: 1.80
2024 NF PE RVU: 0.74
2024 Fac PE RVU: 0.70

RUC Recommendation: 1.80 **Referred to CPT** February 2021 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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99359 **Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)**

Global: ZZZ **Issue:** Prolonged Services - Without Direct Patient Contact **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 14 **Specialty Developing Recommendation:** AAFP, AAHPM, AAN, AAP, AATS, ACP, ACRh, AGS, ANA, ASCO, ATS, CHEST, NASS, STS **First Identified:** November 2019 **2022 Medicare Utilization:** 12,889

2024 Work RVU: 0.75
2024 NF PE RVU: 0.33
2024 Fac PE RVU: 0.29

RUC Recommendation: 0.75 **Referred to CPT** February 2021 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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99363 **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)**

Global: **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 19 **Specialty Developing Recommendation:** **First Identified:** September 2016 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

99364 **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)**

Global: **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 19 **Specialty Developing Recommendation:** **First Identified:** September 2016 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:**

2024 Work RVU: 1.73
2024 NF PE RVU: 1.2
2024 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 ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:**

2024 Work RVU: 1.73
2024 NF PE RVU: 1.2
2024 Fac PE RVU: 0.67

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

99415 **Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient Evaluation and Management service)**

Global: ZZZ **Issue:** Prolonged Services - Clinical Staff Services (PE Only) **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 15 **Specialty Developing Recommendation:** AAHPM, AAP, CHEST, ACP, AGS, ANA, ASCO, ATS, SVS **First Identified:** **2022 Medicare Utilization:** 5,909

2024 Work RVU: 0.00
2024 NF PE RVU: 0.6
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT February 2022

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

99416 **Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (List separately in addition to code for prolonged service)**

Global: ZZZ **Issue:** Prolonged Services - Clinical Staff Services (PE Only) **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 15 **Specialty Developing Recommendation:** AAHPM, AAP, CHEST, ACP, AGS, ANA, ASCO, ATS, SVS **First Identified:** **2022 Medicare Utilization:** 2,568

2024 Work RVU: 0.00
2024 NF PE RVU: 0.28
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** February 2022 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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99417 **Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the outpatient Evaluation and Management service)**

Global: ZZZ **Issue:** Prolonged Services - on the date of an E/M **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 15 **Specialty Developing Recommendation:** AAFP, AAHPM, AAN, AAP, AATS, ACP, ACRh, AGS, ANA, ASCO, ATS, CHEST, NASS, STS **First Identified:** November 2021 **2022 Medicare Utilization:**

2024 Work RVU: 0.61
2024 NF PE RVU: 0.27
2024 Fac PE RVU: 0.24

RUC Recommendation: 0.61 **Referred to CPT** February 2021 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

99418 **Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the inpatient and observation Evaluation and Management service)**

Global: ZZZ **Issue:** Prolonged Services - on the date of an E/M **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 15 **Specialty Developing Recommendation:** AAHPM, AAN, AAP, AATS, ACP, ACRh, AGS, ANA, ASCO, ATS, CHEST, NASS, STS **First Identified:** February 2021 **2022 Medicare Utilization:**

2024 Work RVU: 0.81
2024 NF PE RVU:
2024 Fac PE RVU: 0.31

RUC Recommendation: 0.81 **Referred to CPT** February 2021 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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**

Global: XXX **Issue:** RAW **Screen:** Different Performing Specialty from Survey4 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAC, ACP **First Identified:** April 2022 **2022 Medicare Utilization:** 1,523,232

2024 Work RVU: 0.61
2024 NF PE RVU: 0.82
2024 Fac PE RVU: 0.24

RUC Recommendation: Review action plan. **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

99459 **Pelvic examination (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Pelvic Exam (PE Only) **Screen:** Gender Equity Payment **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 13 **Specialty Developing Recommendation:** AAFP, ACOG, ANA, AUA **First Identified:** April 2022 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0.68
2024 Fac PE RVU:

RUC Recommendation: PE Inputs **Referred to CPT** September 2022 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

99491 **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 that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.**

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 **2022 Medicare Utilization:** 186,333

2024 Work RVU: 1.50
2024 NF PE RVU: 0.94
2024 Fac PE RVU: 0.64

RUC Recommendation: 1.45. Refer to CPT Assistant **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Oct 2018 **Result:** Not Part of RAW

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?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** AACAP, AAFP, AAP, ACP, APA (psychiatry) **First Identified:** October 2019 **2022 Medicare Utilization:** 13,115

2024 Work RVU: 1.88
2024 NF PE RVU: 2.6
2024 Fac PE RVU: 0.79

RUC Recommendation: Maintain, remove from screen. **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** AACAP, AAFP, AAP, ACP, APA (psychiatry) **First Identified:** October 2019 **2022 Medicare Utilization:** 50,341

2024 Work RVU: 2.05
2024 NF PE RVU: 2.01
2024 Fac PE RVU: 0.86

RUC Recommendation: Maintain, remove from screen.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** AACAP, AAFP, AAP, ACP, APA (psychiatry) **First Identified:** October 2019 **2022 Medicare Utilization:** 29,466

2024 Work RVU: 0.82
2024 NF PE RVU: 0.91
2024 Fac PE RVU: 0.35

RUC Recommendation: Maintain, remove from screen.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 At least moderate level of medical decision making during the service period Face-to-face visit, within 14 calendar days of discharge**

Global: XXX **Issue:** Transitional Care Management Services **Screen:** Codes Increased by CMS Independent of RUC Review **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 09 **Specialty Developing Recommendation:** AGS, ANA **First Identified:** October 2021 **2022 Medicare Utilization:** 622,897

2024 Work RVU: 2.78
2024 NF PE RVU: 3.25
2024 Fac PE RVU: 1.20

RUC Recommendation: Withdrawn **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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 High level of medical decision making during the service period Face-to-face visit, within 7 calendar days of discharge**

Global: XXX **Issue:** Transitional Care Management Services **Screen:** Codes Increased by CMS Independent of RUC Review **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 09 **Specialty Developing Recommendation:** AGS, ANA **First Identified:** October 2021 **2022 Medicare Utilization:** 615,721

2024 Work RVU: 3.79
2024 NF PE RVU: 4.37
2024 Fac PE RVU: 1.62

RUC Recommendation: Withdrawn **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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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:** CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: April 2022 **Tab:** 10 **Specialty Developing Recommendation:** AAHPM, CHEST, AGS, ANA, ATS **First Identified:** January 2014 **2022 Medicare Utilization:** 2,220,821

2024 Work RVU: 1.50
2024 NF PE RVU: 0.86
2024 Fac PE RVU: 0.64

RUC Recommendation: 1.50 **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Dec 2014 **Result:** Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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:** CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: April 2022 **Tab:** 10 **Specialty Developing Recommendation:** AAHPM, CHEST, AGS, ANA, ATS **First Identified:** January 2014 **2022 Medicare Utilization:** 69,391

2024 Work RVU: 1.40
2024 NF PE RVU: 0.63
2024 Fac PE RVU: 0.61

RUC Recommendation: 1.40 **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Dec 2014 **Result:** Maintain

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9X075

Global: **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 0.93 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

9X076

Global: **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 1.60 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

9X077

Global: **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: 2.60

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

9X078

Global: **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: 3.50

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

9X079

Global: **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: 0.70

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

9X080

Global: **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: 1.30

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

9X081

Global: **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: 1.92

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

9X082

Global: **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: 2.60

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

9X083

Global: **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: 0.90

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

9X084

Global: **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: 1.55

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

9X085

Global: **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: 2.42

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

9X086

Global: **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: 3.20

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

9X087

Global: **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: 0.65

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

9X088

Global: **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2022 Medicare Utilization:**

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: 1.20

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

9X089

Global: **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 1.75 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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9X090

Global: **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 2.60 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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9X091

Global: **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: 0.30 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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G0008 **Administration of influenza virus vaccine**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** July 2020 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: 0.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

Status Report: CMS Requests and Relativity Assessment Issues

G0009 **Administration of pneumococcal vaccine**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** July 2020 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: 0.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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G0010 **Administration of hepatitis b vaccine**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** July 2020 **2022 Medicare Utilization:**

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: 0.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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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 **2022 Medicare Utilization:** 762,407

2024 Work RVU: 0.45
2024 NF PE RVU: 0.66
2024 Fac PE RVU: 0.30

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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G0102 **Prostate cancer screening; digital rectal examination**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 30 **Specialty Developing Recommendation:** **First Identified:** October 2016 **2022 Medicare Utilization:** 13,311

2024 Work RVU: 0.18
2024 NF PE RVU: 0.51
2024 Fac PE RVU: 0.07

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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Status Report: CMS Requests and Relativity Assessment Issues

G0104 **Colorectal cancer screening; flexible sigmoidoscopy**

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:** January 2014 **2022 Medicare Utilization:** 2,580

2024 Work RVU: 0.84
2024 NF PE RVU: 4.63
2024 Fac PE RVU: 0.73

RUC Recommendation: 0.84 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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G0105 **Colorectal cancer screening; colonoscopy on individual at high risk**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List / CMS-Other Utilization over 20,000 Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 262,099

2024 Work RVU: 3.26
2024 NF PE RVU: 6.51
2024 Fac PE RVU: 1.77

RUC Recommendation: 3.36 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

G0108 **Diabetes outpatient self-management training services, individual, per 30 minutes**

Global: XXX **Issue:** Diabetes Management Training **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 41iv **Specialty Developing Recommendation:** AND **First Identified:** April 2016 **2022 Medicare Utilization:** 153,572

2024 Work RVU: 0.90
2024 NF PE RVU: 0.69
2024 Fac PE RVU: NA

RUC Recommendation: 0.90 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

G0109 **Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes**

Global: XXX **Issue:** Diabetes Management Training **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 41iv **Specialty Developing Recommendation:** AND **First Identified:** April 2016 **2022 Medicare Utilization:** 36,616

2024 Work RVU: 0.25
2024 NF PE RVU: 0.21
2024 Fac PE RVU: NA

RUC Recommendation: 0.25 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

G0121 **Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List /CMS-Other Utilization over 20,000 Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2022 Medicare Utilization:** 182,133

2024 Work RVU: 3.26
2024 NF PE RVU: 6.51
2024 Fac PE RVU: 1.77

RUC Recommendation: 3.36 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

---

G0124 **Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, 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 **2022 Medicare Utilization:** 40,067

2024 Work RVU: 0.26
2024 NF PE RVU: 0.45
2024 Fac PE RVU: 0.45

RUC Recommendation: 0.42 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

---

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 **2022 Medicare Utilization:** 1,153,600

2024 Work RVU: 0.17
2024 NF PE RVU: 0.54
2024 Fac PE RVU: 0.04

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

---

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 1,668

2024 Work RVU: 0.26
2024 NF PE RVU: 0.45
2024 Fac PE RVU: 0.45

RUC Recommendation: 0.42

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2022 Medicare Utilization:** 49,673

2024 Work RVU: 0.00
2024 NF PE RVU: 3.04
2024 Fac PE RVU: NA

RUC Recommendation: 0.00 (PE Only)

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

G0168 **Wound closure utilizing tissue adhesive(s) only**

Global: 000 **Issue:** Skin Adhesives (PE Only) **Screen:** CMS 000-Day Global Typically Reported with an E/M / PE Skin Adhesives **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 07 **Specialty Developing Recommendation:** ACEP

First Identified: July 2016 **2022 Medicare Utilization:** 32,674

2024 Work RVU: 0.31
2024 NF PE RVU: 3.29
2024 Fac PE RVU: 0.07

RUC Recommendation: New PE inputs. 0.45

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

G0179 **Physician or allowed practitioner 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 and allowed practitioners to affirm the initial implementation of the plan of care**

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 **2022 Medicare Utilization:** 633,943

2024 Work RVU: 0.45
2024 NF PE RVU: 0.78
2024 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:**

Result: Remove from Screen

G0180 **Physician or allowed practitioner 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 and allowed practitioners to affirm the initial implementation of the plan of care**

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 **2022 Medicare Utilization:** 962,695

2024 Work RVU: 0.67
2024 NF PE RVU: 0.89
2024 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:**

Result: Remove from Screen

G0181 **Physician or allowed practitioner 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 or allowed practitioner development and/or revision of care plans**

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 **2022 Medicare Utilization:** 396,383

2024 Work RVU: 1.73
2024 NF PE RVU: 1.29
2024 Fac PE RVU: NA

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:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 33,657

2024 Work RVU: 1.73
2024 NF PE RVU: 1.29
2024 Fac PE RVU: NA

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:**

Result: Remove from Screen

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: CMS Deleted for 2018

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: CMS Deleted for 2018

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

G0206 **Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)**

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: CMS Deleted for 2018 **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0237 **Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)**

Global: XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2022 Medicare Utilization:** 14,732

2024 Work RVU: 0.00
2024 NF PE RVU: 0.33
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0238 **Therapeutic procedures to improve respiratory function, other than described by g0237, one on one, face to face, per 15 minutes (includes monitoring)**

Global: XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2022 Medicare Utilization:** 40,330

2024 Work RVU: 0.00
2024 NF PE RVU: 0.3
2024 Fac PE RVU: NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0248 **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**

Global: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 19 **Specialty Developing Recommendation:** ACC **First Identified:** January 2016 **2022 Medicare Utilization:** 17,910

2024 Work RVU: 0.00
2024 NF PE RVU: 2.96
2024 Fac PE RVU: NA

RUC Recommendation: Created Category I code, recommend CMS delete G code **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0249 **Provision of test materials and equipment for home inr monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests**

Global: XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 19 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2022 Medicare Utilization:** 967,209

2024 Work RVU: 0.00
2024 NF PE RVU: 1.96
2024 Fac PE RVU: NA

RUC Recommendation: Created Category I code, recommend CMS delete G code **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0250 **Physician review, interpretation, and patient management of home inr testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include 4 tests**

Global: XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 19 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2022 Medicare Utilization:** 124,192

2024 Work RVU: 0.18
2024 NF PE RVU: 0.07
2024 Fac PE RVU: NA

RUC Recommendation: Created Category I code, recommend CMS delete G code **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0268 **Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing**

Global: 000 **Issue:** Removal of Impacted Cerumen **Screen:** CMS Fastest Growing / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 35 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2008 **2022 Medicare Utilization:** 157,864

2024 Work RVU: 0.61
2024 NF PE RVU: 0.87
2024 Fac PE RVU: 0.29

RUC Recommendation: 0.61 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0270 **Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** ADA **First Identified:** February 2008 **2022 Medicare Utilization:** 64,023

2024 Work RVU: 0.45
2024 NF PE RVU: 0.49
2024 Fac PE RVU: 0.35

RUC Recommendation: Maintain/Remove from screen **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0277 **Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval**

Global: XXX **Issue:** Hyperbaric Oxygen Under Pressure (PE Only) **Screen:** High Volume Growth8 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 16 **Specialty Developing Recommendation:** AAFP, UHMS **First Identified:** April 2022 **2022 Medicare Utilization:** 154,103

2024 Work RVU: 0.00
2024 NF PE RVU: 5.43
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT. PE Inputs **Referred to CPT** Sep 2024 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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 RUC Meeting: January 2018 **Tab:** 31 **Specialty Developing Recommendation:**

First Identified: October 2017

2022 Medicare Utilization: 944,589

2024 Work RVU: 0.60
2024 NF PE RVU: 0.79
2024 Fac PE RVU: NA

RUC Recommendation: Recommend CMS delete

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

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 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA

First Identified: October 2010

2022 Medicare Utilization: 5,773,099

2024 Work RVU: 0.18
2024 NF PE RVU: 0.16
2024 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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:** Counseling Visit for Lung Cancer **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 20 **Specialty Developing Recommendation:**

First Identified: January 2019

2022 Medicare Utilization: 53,676

2024 Work RVU: 0.52
2024 NF PE RVU: 0.28
2024 Fac PE RVU: 0.20

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

G0297 **Low dose ct scan (ldct) for lung cancer screening**

Global:

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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: CMS Deleted for 2021. Recommend CMS delete. Cat I code created.

Referred to CPT May 2019

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

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

2022 Medicare Utilization:

2024 Work RVU:

2024 NF PE RVU:

2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: CPT Assistant article published **Referred to CPT** May 2015 **Referred to CPT Asst** ☑ **Published in CPT Asst:** Jan 2017 **Result:** Deleted from CPT

G0396 **Alcohol and/or substance (other than tobacco) misuse 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 **2022 Medicare Utilization:** 55,411

2024 Work RVU: 0.65
2024 NF PE RVU: 0.33
2024 Fac PE RVU: 0.24

RUC Recommendation: Refer to CPT **Referred to CPT** Time Uncertain **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

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:** RAW **Screen:** High Volume Growth5 / Contractor Priced High Volume2 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AASM, ATS, CHEST **First Identified:** October 2018 **2022 Medicare Utilization:** 75,957

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: NA

RUC Recommendation: Requested CMS delete **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:** 492,007

2024 Work RVU: 2.60
2024 NF PE RVU: 2.21
2024 Fac PE RVU: 1.13

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

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 **2022 Medicare Utilization:** 107,117

2024 Work RVU: 0.17
2024 NF PE RVU: 0.24
2024 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:**

Result: Maintain

G0407 **Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: April 2021 **Tab:** 24 **Specialty Developing Recommendation:** AAN, ANA, APA (psychiatry) **First Identified:** October 2020 **2022 Medicare Utilization:** 26,312

2024 Work RVU: 1.39
2024 NF PE RVU:
2024 Fac PE RVU: 0.63

RUC Recommendation: Review in April 2025 or April 2029

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

G0408 **Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: April 2021 **Tab:** 24 **Specialty Developing Recommendation:** AAN, ANA, APA (psychiatry) **First Identified:** October 2020 **2022 Medicare Utilization:** 20,971

2024 Work RVU: 2.00
2024 NF PE RVU:
2024 Fac PE RVU: 0.94

RUC Recommendation: Review in April 2025 or April 2029

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

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 **2022 Medicare Utilization:** 128,143

2024 Work RVU: 3.60
2024 NF PE RVU: 7.18
2024 Fac PE RVU: NA

RUC Recommendation: 4.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

G0422 **Intensive cardiac rehabilitation; with or without continuous ecg monitoring with exercise, per session**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** October 2020 **2022 Medicare Utilization:** 33,455

2024 Work RVU: 1.92
2024 NF PE RVU: 1.81
2024 Fac PE RVU: 1.81

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

G0423 **Intensive cardiac rehabilitation; with or without continuous ecg monitoring; without exercise, per session**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** October 2020 **2022 Medicare Utilization:** 39,320

2024 Work RVU: 1.92
2024 NF PE RVU: 1.81
2024 Fac PE RVU: 1.81

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

G0425 **Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth**

Global: XXX **Issue:** Telehealth Consultations - ED or Initial Inpatient **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: April 2022 **2022 Medicare Utilization:** 32,243

2024 Work RVU: 1.92
2024 NF PE RVU:
2024 Fac PE RVU: 0.65

RUC Recommendation: No recommendation. Review in April 2025 or April 2029.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

G0426 **Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth**

Global: XXX **Issue:** Telehealth Consultations - ED or Initial Inpatient **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: September 2022 **2022 Medicare Utilization:** 27,853

2024 Work RVU: 2.61
2024 NF PE RVU:
2024 Fac PE RVU: 1.05

RUC Recommendation: No recommendation. Review in April 2025 or April 2029.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

G0427 **Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth**

Global: XXX **Issue:** Telehealth Consultations - ED or Initial Inpatient **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: September 2022 **2022 Medicare Utilization:** 19,556

2024 Work RVU: 3.86
2024 NF PE RVU:
2024 Fac PE RVU: 1.38

RUC Recommendation: No recommendation. Review in April 2025 or April 2029.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

Status Report: CMS Requests and Relativity Assessment Issues

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from 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 **2022 Medicare Utilization:** 726,692

2024 Work RVU: 2.60
2024 NF PE RVU: 2.2
2024 Fac PE RVU: NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2022 Medicare Utilization:** 9,397,762

2024 Work RVU: 1.92
2024 NF PE RVU: 1.86
2024 Fac PE RVU: NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0442 **Annual alcohol misuse screening, 5 to 15 minutes**

Global: XXX **Issue:** Annual Alcohol Screening **Screen:** CMS-Other - Utilization over 100,000 / High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 15 **Specialty Developing Recommendation:** AAFP, ACP, ANA **First Identified:** April 2016 **2022 Medicare Utilization:** 871,999

2024 Work RVU: 0.18
2024 NF PE RVU: 0.38
2024 Fac PE RVU: 0.08

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0443 **Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes**

Global: XXX **Issue:** Annual Alcohol Screening **Screen:** High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 15 **Specialty Developing Recommendation:** AAFP, ACP, ANA **First Identified:** September 2022 **2022 Medicare Utilization:** 2,507

2024 Work RVU: 0.45
2024 NF PE RVU: 0.27
2024 Fac PE RVU: 0.19

RUC Recommendation: 0.63 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0444 **Annual depression screening, 5 to 15 minutes**

Global: XXX **Issue:** Annual Depression Screening **Screen:** CMS-Other - Utilization over 100,000 /High Volume Gowth8 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 16 **Specialty Developing Recommendation:** AAFP, ACP, ANA **First Identified:** April 2016 **2022 Medicare Utilization:** 2,304,857

2024 Work RVU: 0.18
2024 NF PE RVU: 0.38
2024 Fac PE RVU: 0.08

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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**

Global: XXX **Issue:** Behavioral Counseling/Therapy **Screen:** High Volume Growth8 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 17 **Specialty Developing Recommendation:** AAFP, ACP **First Identified:** September 2022 **2022 Medicare Utilization:** 654

2024 Work RVU: 0.45
2024 NF PE RVU: 0.31
2024 Fac PE RVU: 0.19

RUC Recommendation: 0.45 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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G0446 **Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes**

Global: XXX **Issue:** Behavioral Counseling/Therapy **Screen:** CMS-Other - Utilization over 30,000 / High Volume Growth8 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 17 **Specialty Developing Recommendation:** AAFP, ACP **First Identified:** October 2017 **2022 Medicare Utilization:** 313,297

2024 Work RVU: 0.45
2024 NF PE RVU: 0.28
2024 Fac PE RVU: 0.20

RUC Recommendation: 0.45 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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G0447 **Face-to-face behavioral counseling for obesity, 15 minutes**

Global: XXX **Issue:** Behavioral Counseling/Therapy **Screen:** CMS-Other - Utilization over 100,000 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 17 **Specialty Developing Recommendation:** AAFP, ACP **First Identified:** April 2016 **2022 Medicare Utilization:** 271,081

2024 Work RVU: 0.45
2024 NF PE RVU: 0.28
2024 Fac PE RVU: 0.19

RUC Recommendation: 0.45 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

G0452 **Molecular pathology procedure; physician interpretation and report**

Global: XXX **Issue:** Molecular Pathology Interpretation **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 13 **Specialty Developing Recommendation:**

First Identified: October 2018 **2022 Medicare Utilization:** 174,711

2024 Work RVU: 0.93
2024 NF PE RVU: 0.51
2024 Fac PE RVU: NA

RUC Recommendation: 0.93

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

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 **2022 Medicare Utilization:** 351,862

2024 Work RVU: 0.60
2024 NF PE RVU:
2024 Fac PE RVU: 0.30

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 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

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 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. CMS deleted.

Referred to CPT May 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0498 **Chemotherapy administration, intravenous infusion technique; initiation of infusion in the office/clinic setting using office/clinic pump/supplies, with continuation of the infusion in the community setting (e.g., home, domiciliary, rest home or assisted living) using a portable pump provided by the office/clinic, includes follow up office/clinic visit at the conclusion of the infusion**

Global: YYY **Issue:** RAW **Screen:** Contractor Priced High Volume3 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** April 2024 **2022 Medicare Utilization:** 92,894

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0

RUC Recommendation: Review action plan

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result:

G0500 **Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that 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 intra-service time; patient age 5 years or older (additional time may be reported with 99153, as appropriate)**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** October 2020 **2022 Medicare Utilization:** 279,515

2024 Work RVU: 0.10
2024 NF PE RVU: 1.59
2024 Fac PE RVU: 0.04

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

G0506 **Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care management service)**

Global: ZZZ **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 20 **Specialty Developing Recommendation:** **First Identified:** October 2020 **2022 Medicare Utilization:** 107,354

2024 Work RVU: 0.87
2024 NF PE RVU: 0.95
2024 Fac PE RVU: 0.38

RUC Recommendation: Requested CMS Delete **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Request CMS Delete

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G0516 **Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant)**

Global: 000 **Issue:** Skin Adhesives (PE Only) **Screen:** PE Skin Adhesives **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** January 2023 **2022 Medicare Utilization:** 3

2024 Work RVU: 1.82
2024 NF PE RVU: 3.97
2024 Fac PE RVU: 0.94

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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G0517 **Removal of non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)**

Global: 000 **Issue:** Skin Adhesives (PE Only) **Screen:** PE Skin Adhesives **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** January 2023 **2022 Medicare Utilization:** 3

2024 Work RVU: 2.10
2024 NF PE RVU: 4.33
2024 Fac PE RVU: 1.05

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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G0518 **Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)**

Global: 000 **Issue:** Skin Adhesives (PE Only) **Screen:** PE Skin Adhesives **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** January 2023 **2022 Medicare Utilization:**

2024 Work RVU: 3.55
2024 NF PE RVU: 7.7
2024 Fac PE RVU: 1.60

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

G2010 **Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, 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**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AADA, AAFP, ACP **First Identified:** April 2022 **2022 Medicare Utilization:** 5,381

2024 Work RVU: 0.18
2024 NF PE RVU: 0.18
2024 Fac PE RVU: 0.08

RUC Recommendation: Requested CMS delete. Addressed by CPT/RUC Telemedicine Office Visits Workgroup.

Referred to CPT February 2023

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Request CMS Delete

G2012 **Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, 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**

Global: XXX **Issue:** Telemedicine Evaluation and Management Services **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** April 2022 **2022 Medicare Utilization:** 125,800

2024 Work RVU: 0.25
2024 NF PE RVU: 0.15
2024 Fac PE RVU: 0.11

RUC Recommendation: Requested CMS delete

Referred to CPT February 2023

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Request CMS Delete

G2066 **Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results**

Global: XXX **Issue:** Remote Interrogation Device Evaluation - Cardiovascular (PE Only) **Screen:** Contractor Priced High Volume2 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 20 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** April 2022 **2022 Medicare Utilization:** 1,257,027

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: PE Inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

G2252 **Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, 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**

Global: XXX **Issue:** Telemedicine Evaluation and Management Services **Screen:** Added as part of the family **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2022 Medicare Utilization:** 5,262

2024 Work RVU: 0.50
2024 NF PE RVU: 0.26
2024 Fac PE RVU: 0.21

RUC Recommendation: Requested CMS Delete **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Request CMS Delete

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G6001 **Ultrasonic guidance for placement of radiation therapy fields**

Global: XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AADA, ASTRO **First Identified:** October 2020 **2022 Medicare Utilization:** 192,052

2024 Work RVU: 0.58
2024 NF PE RVU: 4.79
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT **Referred to CPT** Sep 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

G6002 **Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy**

Global: XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2017 **2022 Medicare Utilization:** 847,801

2024 Work RVU: 0.39
2024 NF PE RVU: 1.84
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT **Referred to CPT** Sep 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

Status Report: CMS Requests and Relativity Assessment Issues

G6003 **Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev**

Global: XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2022 Medicare Utilization:** 217

2024 Work RVU: 0.00
2024 NF PE RVU: 4.61
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT **Referred to CPT** Sep 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

G6004 **Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev**

Global: XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2022 Medicare Utilization:** 1,018

2024 Work RVU: 0.00
2024 NF PE RVU: 3.78
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT **Referred to CPT** Sep 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

G6005 **Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev**

Global: XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2022 Medicare Utilization:** 507

2024 Work RVU: 0.00
2024 NF PE RVU: 3.79
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT **Referred to CPT** Sep 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

G6006 **Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater**

Global: XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2022 Medicare Utilization:** 54

2024 Work RVU: 0.00
2024 NF PE RVU: 3.76
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT **Referred to CPT** Sep 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

Status Report: CMS Requests and Relativity Assessment Issues

G6007 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev**

Global: XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2022 Medicare Utilization:** 274

2024 Work RVU: 0.00
2024 NF PE RVU: 6.89
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT **Referred to CPT** Sep 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

G6008 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev**

Global: XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2022 Medicare Utilization:** 117

2024 Work RVU: 0.00
2024 NF PE RVU: 5.21
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT **Referred to CPT** Sep 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

G6009 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 mev**

Global: XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2022 Medicare Utilization:** 63

2024 Work RVU: 0.00
2024 NF PE RVU: 5.2
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT **Referred to CPT** Sep 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

G6010 **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: XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2022 Medicare Utilization:** 20

2024 Work RVU: 0.00
2024 NF PE RVU: 5.16
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT **Referred to CPT** Sep 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

Status Report: CMS Requests and Relativity Assessment Issues

G6011 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev**

Global: XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2022 Medicare Utilization:** 4,800

2024 Work RVU: 0.00
2024 NF PE RVU: 6.86
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT **Referred to CPT** Sep 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

G6012 **Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev**

Global: XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2020 **2022 Medicare Utilization:** 285,264

2024 Work RVU: 0.00
2024 NF PE RVU: 6.87
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT **Referred to CPT** Sep 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

G6013 **Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev**

Global: XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2020 **2022 Medicare Utilization:** 137,074

2024 Work RVU: 0.00
2024 NF PE RVU: 6.9
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT **Referred to CPT** Sep 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

Status Report: CMS Requests and Relativity Assessment Issues

G6014 **Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater**

Global: XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** No

Most Recent RUC Meeting: October 2019 **Tab:** 17 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2019 **2022 Medicare Utilization:** 8,864

2024 Work RVU: 0.00
2024 NF PE RVU: 6.85
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT. Remove from screen **Referred to CPT** Sep 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from screen

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G6015 **Intensity modulated treatment delivery, single or multiple fields/arcs,via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session**

Global: XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2020 **2022 Medicare Utilization:** 1,116,088

2024 Work RVU: 0.00
2024 NF PE RVU: 10.62
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT **Referred to CPT** Sep 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

G6016 **Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session**

Global: XXX **Issue:** Radiation Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2022 Medicare Utilization:** 3,980

2024 Work RVU: 0.00
2024 NF PE RVU: 10.62
2024 Fac PE RVU: NA

RUC Recommendation: Refer to CPT **Referred to CPT** Sep 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:**

Status Report: CMS Requests and Relativity Assessment Issues

G6017 **Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg,3d positional tracking, gating, 3d surface tracking), each fraction of treatment**

Global: YYY **Issue:** RAW **Screen:** Contractor Priced High Volume2 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ASTRO **First Identified:** April 2022 **2022 Medicare Utilization:** 99,418

2024 Work RVU: 0.00
2024 NF PE RVU: 0
2024 Fac PE RVU: 0.00

RUC Recommendation: Removed from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

GPCX1 **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)**

Global: **Issue:** Visit Complexity E/M Add-On **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 34 **Specialty Developing Recommendation:** **First Identified:** November 2019 **2022 Medicare Utilization:**

2024 Work RVU:
2024 NF PE RVU:
2024 Fac PE RVU:

RUC Recommendation: No recommendation on physician work, time or PE for this code. CMS estimates of utilization for code GPC1X should be more conservative.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: N/A

P3001 **Screening papanicolaou smear, cervical or vaginal, up to three smears, 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 **2022 Medicare Utilization:** 1,033

2024 Work RVU: 0.26
2024 NF PE RVU: 0.45
2024 Fac PE RVU: 0.45

RUC Recommendation: 0.42

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

Q0091 **Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** October 2018 **2022 Medicare Utilization:** 408,616

2024 Work RVU: 0.37
2024 NF PE RVU: 0.94
2024 Fac PE RVU: 0.15

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

CPT	2024 Long Descriptor	Issue	Most Recent RUC Meeting Date	Tab	Next RUC Review	RUC or RAW to Review	Specialty Society to Survey	RUC Recommendation	Screen	First Identified - RUC Meeting Date	Global	2024 Work RVUs	2024 Facility PE RVUs	2024 Non-Facility PE RVUs	2024 PLI RVU	2022 Medicare Util	Referred to CPT Asst	CPT Asst Status	CPT Asst Complete	Referred to CPT	Refer to CPT Background	CPT Meeting	CPT Tab	CPT Ed Panel Status Complete	Complete	Result
0042T	Cerebral perfusion analysis	Computed Tomographic	September 2022	13	September 2024	RUC	ACR, ASNR	Refer to CPT	High Volume Category III Codes	April 2022	XXX	0.00	0.00	0	0	35,935	FALSE			TRUE	In April 2022, the Relativity Assessment	May 2024			FALSE	
00534	Anesthesia for transvenous	RAW	January 2019	37			ASA	Remove from screen	High Volume	October 2018	XXX	7.00	0.00	0	0	28,037	FALSE			FALSE					TRUE	Remove from
00537	Anesthesia for cardiac	Anesthesia for Cardiac	October 2020	13			ASA	12	High Volume Growth4	October 2016	XXX	10.00	0.00	0	0	104,177	FALSE			FALSE					TRUE	Increase
0054T	Computer-assisted	RAW	April 2024	12	April 2027	RAW	AAOS, NASS	Review action plan	High Volume Category III Codes	April 2022	XXX	0.00	0.00	0	0	5,589	FALSE			FALSE					FALSE	
0055T	Computer-assisted	RAW	April 2024	12	April 2027	RAW	AAOS, NASS	Review action plan	High Volume Category III Codes	April 2022	XXX	0.00	0.00	0	0	14,262	FALSE			FALSE					FALSE	
00560	Anesthesia for procedures on	RAW	January 2019	37			ASA	Remove from screen	High Volume Growth5	October 2018	XXX	15.00	0.00	0	0	59,712	FALSE			FALSE					TRUE	Remove from
00731	Anesthesia for upper	Anesthesia for Intestinal	January 2017	04			ASA	5 base units	CMS Request - Final Rule for 2016	September 2016	XXX	5.00	0.00	0	0	1,036,505	FALSE			FALSE		September 2016	12	yes	TRUE	Maintain
00732	Anesthesia for upper	Anesthesia for Intestinal	January 2017	04			ASA	6 base units	CMS Request - Final Rule for 2016	September 2016	XXX	6.00	0.00	0	0	90,797	FALSE			FALSE		September 2016	12	yes	TRUE	Increase
00740	Anesthesia for upper	Anesthesia for Intestinal	January 2017	04			ASA	Deleted from CPT	CMS Request - Final Rule for 2016	July 2015							FALSE			TRUE	In April 2016, an Ad Hoc Anesthesia	September 2016	12	yes	TRUE	Deleted from
00810	Anesthesia for lower intestinal	Anesthesia for Intestinal	January 2017	04			ASA	Deleted from CPT	CMS Request - Final Rule for 2016	July 2015							FALSE			TRUE	In April 2016, an Ad Hoc Anesthesia	September 2016	12	yes	TRUE	Deleted from
00811	Anesthesia for lower intestinal	Anesthesia for Intestinal	April 2017	04			ASA	4 base units	CMS Request - Final Rule for 2016	September 2016	XXX	4.00	0.00	0	0	1,059,888	FALSE			FALSE		September 2016	12	yes	TRUE	Decrease
00812	Anesthesia for lower intestinal	Anesthesia for Intestinal	April 2017	04			ASA	3 base units	CMS Request - Final Rule for 2016	September 2016	XXX	3.00	0.00	0	0	545,332	FALSE			FALSE		September 2016	12	yes	TRUE	Decrease
00813	Anesthesia for combined upper	Anesthesia for Intestinal	January 2017	04			ASA	5 base units	CMS Request - Final Rule for 2016	September 2016	XXX	5.00	0.00	0	0	492,238	FALSE			FALSE		September 2016	12	yes	TRUE	Maintain
00918	Anesthesia for transurethral	Anesthesia for	January 2021	29				Maintain	High Volume Growth7	October 2020	XXX	0.00	0.00	0	0	100,926	FALSE			FALSE					TRUE	Remove from
0101T	Extracorporeal shock wave	RAW	September 2023	22				Maintain	High Volume Category III Codes	April 2023	XXX	0.00	0.00	0	0	7,034	FALSE			FALSE					TRUE	Maintain
01916	Anesthesia for diagnostic	RAW	September 2023	22				Maintain	High Volume Growth6	October 2019	XXX	5.00	0.00	0	0	38,495	FALSE			FALSE					TRUE	Maintain
0191T	Insertion of anterior segment	Cataract Removal with	January 2021	16			AAO	Deleted from CPT	High Volume Category III Codes	October 2019	XXX						FALSE			FALSE	At the April 2019 RUC meeting under new	October 2020	37	complete	TRUE	Deleted from
01930	Anesthesia for therapeutic	Anesthesia for	February 2008	S			ASA	Remove from screen	High Volume Growth1	February 2008	XXX	5.00	0.00	0	0	13,368	FALSE			FALSE					TRUE	Remove from
01935	Anesthesia for percutaneous	Anesthesia Services for	January 2021	04			ASA	Deleted from CPT	High Volume Growth4	January 2021	XXX						FALSE			FALSE		October 2020	15	complete	TRUE	Deleted from
01936	Anesthesia for percutaneous	Anesthesia Services for	January 2021	04			ASA	Deleted from CPT	High Volume Growth4	October 2016	XXX						FALSE			TRUE	This service was identifed on the high	October 2020	15	complete	TRUE	Deleted from
01937	Anesthesia for percutaneous	Anesthesia Services for	January 2021	04			ASA	4	High Volume Growth4	January 2021	XXX	4.00	0.00	0	0	25,946	FALSE			FALSE		October 2020	15	complete	TRUE	Decrease
01938	Anesthesia for percutaneous	Anesthesia Services for	January 2021	04			ASA	4	High Volume Growth4	January 2021	XXX	4.00	0.00	0	0	100,419	FALSE			FALSE		October 2020	15	complete	TRUE	Decrease
01939	Anesthesia for percutaneous	Anesthesia Services for	January 2021	04			ASA	4	High Volume Growth4	January 2021	XXX	4.00	0.00	0	0	17,119	FALSE			FALSE		October 2020	15	complete	TRUE	Decrease
01940	Anesthesia for percutaneous	Anesthesia Services for	January 2021	04			ASA	4	High Volume Growth4	January 2021	XXX	4.00	0.00	0	0	56,429	FALSE			FALSE		October 2020	15	complete	TRUE	Decrease
01941	Anesthesia for percutaneous	Anesthesia Services for	January 2021	04			ASA	6	High Volume Growth4	January 2021	XXX	5.00	0.00	0	0	20,152	FALSE			FALSE		October 2020	15	complete	TRUE	Increase
01942	Anesthesia for percutaneous	Anesthesia Services for	January 2021	04			ASA	6	High Volume Growth4	January 2021	XXX	5.00	0.00	0	0	36,859	FALSE			FALSE		October 2020	15	complete	TRUE	Increase
0232T	Injection(s), platelet rich	RAW	April 2024	12			AAPM&R, AAOS,	Remove from screen	High Volume Category III Codes	April 2022	XXX	0.00	0.00	0	0	703	FALSE			FALSE					TRUE	Remove from
0275T	Percutaneous		January 2020	37			AAO, AOA (eye)	Maintain	High Volume Category III Codes	October 2019	YYY	0.00	0.00	0	0	10,052	FALSE			FALSE					TRUE	Maintain
0330T	Tear film imaging, unilateral or	RAW	September 2023	22	September 2026	RAW		Review in 3 years (Sept 2026)	High Volume Category III Codes	April 2023	YYY	0.00	0.00	0	0	1,693	FALSE			FALSE					FALSE	
0358T	Bioelectrical impedance	RAW	April 2024	12			AAFP, ACP	Remove from screen	High Volume Category III Codes	April 2023	YYY	0.00	0.00	0	0	2,512	FALSE			FALSE					TRUE	Remove from
0376T	Insertion of anterior segment	Cataract Removal with	January 2021	16			AAO	Deleted from CPT	High Volume Category III Codes	October 2019	XXX						FALSE			TRUE	At the April 2019 RUC meeting under new	October 2020	37	complete	TRUE	Deleted from
0379T	Visual field assessment, with		September 2023	22	September 2026	RAW	AAO, AOA	Review in 3 years (Sept 2026)	High Volume Category III Codes	October 2019	XXX	0.00	0.00	0	0	46,645	FALSE			FALSE					FALSE	
0394T	High dose rate electronic		September 2023	22	September 2024	RUC	ASTRO	Refer to CPT	High Volume Category III Codes	October 2019	XXX	0.00	0.00	0	0	32,936	FALSE			TRUE	In October 2019, this service was identified	Sep 2024			FALSE	
0421T	Transurethral waterjet ablation	RAW	September 2023	22	September 2024	RUC	AUA	Refer to CPT	High Volume Category III Codes	April 2023	XXX	0.00	0.00	0	0	2,818	FALSE			TRUE	In April 2023, this service was identified via	May 2024			FALSE	
0446T	Creation of subcutaneous	Insertion/ Removal of	January 2020	33			AACE, ES	Contractor Price	CMS Request - Final Rule for 2020	November 2019	000	1.14	0.47	91.71	0.07	69	FALSE			FALSE	In the CY 2020 Final Rule, CMS sought	February 2021	46	Renewed	TRUE	Contractor
0447T	Removal of implantable	Insertion/ Removal of	January 2020	33			AACE, ES	Contractor Price	CMS Request - Final Rule for 2020	November 2019	000	1.34	0.55	1.57	0.08	30	FALSE			TRUE	In the CY 2020 Final Rule, CMS sought	February 2021	46	Renewed	TRUE	Contractor
0448T	Removal of implantable	Insertion/ Removal of	January 2020	33			AACE, ES	Contractor Price	CMS Request - Final Rule for 2020	November 2019	000	1.91	0.78	90.49	0.11	55	FALSE			TRUE	In the CY 2020 Final Rule, CMS sought	February 2021	46	Renewed	TRUE	Contractor
0449T	Insertion of aqueous drainage		January 2020	37				Maintain	High Volume Category III Codes	October 2019	YYY	0.00	0.00	0	0	2,391	FALSE			FALSE					TRUE	Maintain
0474T	Insertion of anterior segment		January 2020	37				Maintain	High Volume Category III Codes	October 2019	XXX	0.00	0.00	0	0		FALSE			FALSE					TRUE	Maintain
0507T	Near infrared dual imaging (ie,	RAW	September 2022	13	April 2025	RAW	AAO, AOA	Review action plan	High Volume Category III Codes	April 2022	XXX	0.00	NA	0	0	5,705	FALSE			FALSE					FALSE	
0509T	Electroretinography (ERG) with	Electroretinography	January 2024	16	April 2028	RAW	AAO, AOA	Refer to CPT Assistant	Work Neutrality 2019	October 2020	XXX	0.40	NA	1.86	0.02	14,137	TRUE			FALSE					FALSE	Remove from
0552T	Low-level laser therapy,	RAW	April 2024	12	September 2024	RAW		Review action plan	High Volume Category III Codes	April 2024	YYY						FALSE			FALSE					FALSE	
0598T	Noncontact real-time	RAW	September 2023	22				Maintain	High Volume Category III Codes	April 2023	YYY	0.00	0.00	0	0	16,516	FALSE			FALSE					TRUE	Maintain
0599T	Noncontact real-time	RAW	April 2024	12	September 2024	RAW		Review action plan	High Volume Category III Codes	April 2024	ZZZ						FALSE			FALSE					FALSE	
0671T	Insertion of anterior segment	Cataract Removal with	January 2021	16			AAO	Contractor Price	High Volume Category III Codes	January 2021	YYY	0.00	0.00	0	0	23	FALSE			FALSE		October 2020	37	complete	TRUE	Contractor
10004	Fine needle aspiration biopsy,	Fine Needle Aspiration	October 2017	04				0.80	CMS High Expenditure Procedural	June 2017	ZZZ	0.80	0.36	0.64	0.13	258	FALSE			FALSE					TRUE	Decrease
10005	Fine needle aspiration biopsy,	Fine Needle Aspiration	January 2020	21				1.63	CMS High Expenditure Procedural	June 2017	XXX	1.46	0.54	2.41	0.16	127,911	FALSE			FALSE					TRUE	Decrease
10006	Fine needle aspiration biopsy,	Fine Needle Aspiration	October 2017	04				1.00	CMS High Expenditure Procedural	June 2017	ZZZ	1.00	0.38	0.7	0.1	30,128	FALSE			FALSE					TRUE	Decrease
10007	Fine needle aspiration biopsy,	Fine Needle Aspiration	October 2017	04				1.81	CMS High Expenditure Procedural	June 2017	XXX	1.81	0.62	7.08	0.22	660	FALSE			FALSE					TRUE	Decrease
10008	Fine needle aspiration biopsy,	Fine Needle Aspiration	October 2017	04				1.18	CMS High Expenditure Procedural	June 2017	ZZZ	1.18	0.19	2.9	0.15	20	FALSE			FALSE					TRUE	Decrease
10009	Fine needle aspiration biopsy,	Fine Needle Aspiration	October 2017	04				2.43	CMS High Expenditure Procedural	June 2017	XXX	2.26	0.72	10.31	0.22	2,223	FALSE			FALSE					TRUE	Decrease
10010	Fine needle aspiration biopsy,	Fine Needle Aspiration	October 2017	04				1.65	CMS High Expenditure Procedural	June 2017	ZZZ	1.65	0.27	5.19	0.21	29	FALSE			FALSE					TRUE	Decrease
10011	Fine needle aspiration biopsy,	Fine Needle Aspiration	January 2018	04				Contractor Price	CMS High Expenditure Procedural	June 2017	XXX	0.00	0.00	0	0	72	FALSE			FALSE					TRUE	Contractor
10012	Fine needle aspiration biopsy,	Fine Needle Aspiration	January 2018	04				Contractor Price	CMS High Expenditure Procedural	June 2017	ZZZ	0.00	0.00	0	0	49	FALSE			FALSE					TRUE	Contractor
10021	Fine needle aspiration biopsy,	Fine Needle Aspiration	January 2020	21			AACE, ASBS,	1.20	CMS Request - Final Rule for 2016 /	July 2015	XXX	1.03	0.46	1.87	0.14	11,339	FALSE			TRUE	The specialty societies gave two reasons	June 2017	06	yes	TRUE	Decrease
10022	Fine needle aspiration; with	Fine Needle Aspiration	October 2017	04			AACE, ASBS,	Deleted from CPT	CMS Fastest Growing / CMS High	October 2008							FALSE			TRUE	The specialty societies gave two reasons	June 2017	06	yes	TRUE	Deleted from
10030	Image-guided fluid collection	Drainage of Abscess	January 2013	04			ACR, SIR	3.00	Codes Reported Together 75% or	January 2012	000	2.75	0.91	15.93	0.31	7,543	FALSE			FALSE		October 2012	06	Complete	TRUE	Decrease
10040	Acne surgery (eg,	Acne Surgery	April 2016	13			AAD	0.91	Harvard Valued - Utilization over	October 2015	010	0.91	0.54	2.49	0.1	42,535	FALSE			FALSE					TRUE	Decrease
10060	Incision and drainage of	Incision and Drainage of	October 2010	07			APMA	1.50	Harvard Valued - Utilization over	February 2010	010	1.22	1.87	2.48	0.13	282,306	FALSE			FALSE					TRUE	Increase
10061	Incision and drainage of	Incision and Drainage of	January 2020	37			APMA	Maintain. 2.45	Harvard Valued - Utilization over	October 2009	010	2.45	2.79	3.7	0.32	96,529	FALSE			FALSE					TRUE	Maintain
10120	Incision and removal of foreign		September 2011	12			APMA, AAFP	1.25	Harvard Valued - Utilization over	April 2011	010	1.22	1.82	3.22	0.15	36,731	FALSE			FALSE					TRUE	Maintain
10180	Incision and drainage, complex,		October 2013	18				Remove from re-review	RUC identified when reviewing	January 2013	010	2.30	2.58	5.11	0.51	7,202	FALSE			FALSE					TRUE	Maintain
11040	Deleted from CPT	Excision and	September 2007	16			APMA, APTA	Deleted from CPT	Site of Service Anomaly	September 2007							FALSE			TRUE	Descriptor enables a bi-modal typical	October 2009	15	Code	TRUE	Deleted from
11041	Deleted from CPT	Excision and	September 2007	16			APMA, APTA	Deleted from CPT	Site of Service Anomaly	September 2007							FALSE			TRUE	Descriptor enables a bi-modal typical	October 2009	15	Code	TRUE	Deleted from
11042	Debridement, subcutaneous	Excision and	February 2010	04			APMA, APTA	1.12	Site of Service Anomaly	September 2007	000	1.01	0.67	2.76	0.13	1,945,330	FALSE			TRUE	Descriptor enables a bi-modal typical	October 2009	15	Complete	TRUE	Increase
11043	Debridement, muscle and/or	Debridement	February 2010	04			APMA, APTA	3.00	Site of Service Anomaly	September 2007	000	2.70	1.48	3.89	0.4	520,996	FALSE			TRUE	Descriptor enables a bi-modal typical	October 2009	15	Complete	TRUE	Decrease
11044	Debridement, bone (includes	Debridement	February 2010	04			APMA, APTA	4.56	Site of Service Anomaly	September 2007	000	4.10	1.96	4.59	0.66	105,688	FALSE			TRUE	Descriptor enables a bi-modal typical	October 2009	15	Complete	TRUE	Increase
11045	Debridement, subcutaneous	Excision and	February 2010	04			ACS, APMA,	0.69	Site of Service Anomaly	February 2010	ZZZ	0.50	0.17	0.62	0.08	601,310	FALSE			FALSE					TRUE	Increase
11046	Debridement, muscle and/or	Debridement	April 2024	12			AAFP, ACS, ANA,	1.29	Site of Service Anomaly / High	February 2010	ZZZ	1.03	0.41	0.97	0.19	308,551	FALSE			FALSE					TRUE	Decrease
11047	Debridement, bone (includes	Debridement	January 2020	37			ACS, APMA,	2.00	Site of Service Anomaly / High	February 2010	ZZZ	1.80	0.73	1.47	0.35	92,829	FALSE			FALSE					TRUE	Increase
11055	Paring or cutting of benign	RAW Review	January 2012	30			APMA	Maintain	CMS Request to Re-Review Families	November 2011	000	0.35	0.08	1.76	0.03	765,096	FALSE			FALSE					TRUE	Maintain
11056	Paring or cutting of benign	Trim Skin Lesions	January 2012	53			APMA	0.50	MPC List / CMS Request to Re-	October 2010	000	0.50	0.11	1.94	0.04	1,778,472	FALSE			FALSE					TRUE	Decrease
11057	Paring or cutting of benign	RAW Review	January 2012	30			APMA	Maintain	CMS Request to Re-Review Families	November 2011	000	0.65	0.15	2.01	0.05	305,871	FALSE			FALSE					TRUE	Maintain
11100	Biopsy of skin, subcutaneous	Biopsy of Skin Lesion	April 2017	05			AAD	Deleted from CPT	MPC List / CMS High Expenditure	October 2010							FALSE			TRUE	Prior to the January 2016 RUC meeting, the	February 2017	65	yes	TRUE	Deleted from
11101	Biopsy of skin, subcutaneous	Biopsy of Skin Lesion	April 2017	05			AAD	Deleted from CPT	Low Value Billed in Multiple Units /	October 2010							FALSE			TRUE	Prior to the January 2016 RUC meeting, the	February 2017	65	yes	TRUE	Deleted from
11102	Tangential biopsy of skin (eg,	Skin Biopsy	April 2017	05				0.66	CMS High Expenditure Procedural	February 2017	000	0.66	0.39	2.29	0.07	3,231,520	FALSE			FALSE		February 2017	65	yes	TRUE	Decrease
11103	Tangential biopsy of skin (eg,	Skin Biopsy	April 2017	05				0.38	CMS High Expenditure Procedural	February 2017	ZZZ	0.38	0.23	1.09	0.04	1,390,281	FALSE			FALSE		February 2017	65	yes	TRUE	Decrease
11104	Punch biopsy of skin (including	Skin Biopsy	April 2017	05				0.83	CMS High Expenditure Procedural	February 2017	000	0.83	0.46	2.83	0.1	306,899	FALSE			FALSE		February 2017	65	yes	TRUE	Decrease
11105	Punch biopsy of skin (including	Skin Biopsy	April 2017	05				0.45	CMS High Expenditure Procedural	February 2017	ZZZ	0.45	0.25	1.28	0.06	80,118	FALSE			FALSE		February 2017	65	yes	TRUE	Decrease
11106	Incisional biopsy of skin (eg,	Skin Biopsy	April 2017	05				1.01	CMS High Expenditure Procedural	February 2017	000	1.01	0.54	3.53	0.13	32,275	FALSE			FALSE		February 2017	65	yes	TRUE	Decrease
11107	Incisional biopsy of skin (eg,	Skin Biopsy	April 2017	05				0.54	CMS High Expenditure Procedural	February 2017	ZZZ	0.54	0.30	1.53	0.07	6,753	FALSE			FALSE		February 2017	65	yes	TRUE	Decrease
11300	Shaving of epidermal or dermal	Shaving of Epidermal or	April 2012	38			AAD	0.60	CMS High Expenditure Procedural	January 2012	000	0.60	0.34	2.35	0.07	92,233	FALSE			FALSE					TRUE	Increase
11301	Shaving of epidermal or dermal	Shaving of Epidermal or	April 2012	38			AAD	0.90	CMS High Expenditure Procedural	January 2012	000	0.90	0.52	2.65	0.1	189,090	FALSE			FALSE					TRUE	Increase
11302	Shaving of epidermal or dermal	Shaving of Epidermal or	April 2012	38			AAD	1.16	CMS High Expenditure Procedural	January 2012	000	1.05	0.61	2.96	0.11	99,618	FALSE			FALSE					TRUE	Increase
11303	Shaving of epidermal or dermal	Shaving of Epidermal or	April 2012	38			AAD	1.25	CMS High Expenditure Procedural	January 2012	000	1.25	0.72	3.17	0.14	15,459	FALSE			FALSE					TRUE	Increase
11305	Shaving of epidermal or dermal	Shaving of Epidermal or	April 2012	38	September 2024	RAW	AAD	Review action plan. 0.80	CMS High Expenditure Procedural	January 2012	000	0.80	0.24	2.29	0.07	86,244	FALSE			FALSE					FALSE	Increase
11306	Shaving of epidermal or dermal	Shaving of Epidermal or	April 2012	38			AAD	1.18	CMS High Expenditure Procedural	January 2012	000	0.96	0.40	2.63	0.09	95,542	FALSE			FALSE					TRUE	Increase
11307	Shaving of epidermal or dermal	Shaving of Epidermal or	April 2012	38			AAD	1.20	CMS High Expenditure Procedural	January 2012	000	1.20	0.53	2.84	0.12	53,622	FALSE			FALSE					TRUE	Increase
11308	Shaving of epidermal or dermal	Shaving of Epidermal or	April 2012	38	September 2024	RAW	AAD	Review action plan. 1.46	CMS High Expenditure Procedural	January 2012	000	1.46	0.48	2.79	0.13	20,159	FALSE			FALSE					FALSE	Increase
11310	Shaving of epidermal or dermal	Shaving of Epidermal or	April 2012	38			AAD	1.19	CMS High Expenditure Procedural	January 2012	000	0.80	0.46	2.59	0.09	58,885	FALSE			FALSE					TRUE	Increase
11311	Shaving of epidermal or dermal	Shaving of Epidermal or	April 2012	38			AAD	1.43	CMS High Expenditure Procedural	January 2012	000	1.10	0.64	2.89	0.12	84,959	FALSE			FALSE					TRUE	Increase
11312	Shaving of epidermal or dermal	Shaving of Epidermal or	April 2012	38			AAD	1.80	CMS High Expenditure Procedural	January 2012	000	1.30	0.76	3.23	0.14	38,038	FALSE			FALSE					TRUE	Increase
11313	Shaving of epidermal or dermal	Shaving of Epidermal or	April 2012	38			AAD	2.00	CMS High Expenditure Procedural	January 2012	000	1.68	0.98	3.57	0.19	6,503	FALSE			FALSE					TRUE	Increase
11719	Trimming of nondystrophic	Debridement of Nail	January 2012	32			APMA	0.17	Low Value-High Volume	October 2010	000	0.17	0.04	0.25	0.01	601,670	FALSE			FALSE					TRUE	Maintain
11720	Debridement of nail(s) by any	Debridement of Nail	September 2011	53			APMA	0.32 (Interim)	MPC List	Septemer 2011	000	0.32	0.07	0.64	0.03	1,890,207	FALSE			FALSE					TRUE	Maintain
11721	Debridement of nail(s) by any	Debridement of Nail	September 2011	53			APMA	0.54 (Interim)	MPC List	October 2010	000	0.54	0.12	0.76	0.04	5,480,251	FALSE			FALSE					TRUE	Maintain
11730	Avulsion of nail plate, partial or	Removal of Nail Plate	January 2016	56			APMA	1.10	CMS High Expenditure Procedural	July 2015	000	1.05	0.46	2.32	0.09	257,294	FALSE			FALSE					TRUE	Maintain
11750	Excision of nail and nail matrix,	Excision of Nail Bed -	September 2014	26		RUC		1.99	010-Day Global Post-Operative Visits	January 2014	010	1.58	1.35	3.13	0.13	152,931	FALSE			FALSE					TRUE	Decrease
11752	Excision of nail and nail matrix,	Excision of Nail Bed -	January 2015	28				Deleted from CPT	010-Day Global Post-Operative Visits	January 2014							FALSE			TRUE	The American Podiatric Medical	October 2015	09	Code	TRUE	Deleted from
11755	Biopsy of nail unit (eg, plate,	Biopsy of Nail	April 2017	41i			APMA	1.25	CMS 000-Day Global Typically	July 2016	000	1.25	0.45	2.32	0.1	50,457	FALSE			FALSE					TRUE	Decrease
11900	Injection, intralesional; up to	Skin Injection Services	April 2010	31			AAD	0.52	Harvard Valued - Utilization over	October 2009	000	0.52	0.31	1.15	0.06	252,141	FALSE			FALSE					TRUE	Maintain
11901	Injection, intralesional; more	Skin Injection Services	April 2010	31			AAD	0.80	Harvard Valued - Utilization over	February 2010	000	0.80	0.47	1.23	0.08	67,849	FALSE			FALSE					TRUE	Maintain
11980	Subcutaneous hormone pellet	Drug Delivery Implant	October 2018	05			AAOS, ACOG,	1.10	High Volume Growth2 / Different	April 2013	000	1.10	0.40	1.58	0.15	26,294	FALSE			TRUE	In January 2018, this service was identified	May 2018	10	Yes	TRUE	Decrease
11981	Insertion, drug-delivery implant	Drug Delivery Implant	October 2018	05			AAOS, ACOG,	1.30	High Volume Growth1 / Different	June 2008	000	1.14	0.52	1.68	0.21	7,837	FALSE			TRUE	In January 2018, this service was identified	May 2018	10	Yes	TRUE	Decrease
11982	Removal, non-biodegradable	Drug Delivery Implant	October 2018	05			AAOS, ACOG,	1.70	High Volume Growth1 / Different	February 2008	000	1.34	0.60	1.76	0.24	2,137	FALSE			TRUE	In January 2018, this service was identified	May 2018	10	Yes	TRUE	Decrease
11983	Removal with reinsertion, non-	Drug Delivery Implant	October 2018	05			AAOS, ACOG,	2.10	High Volume Growth1	June 2008	000	1.91	0.83	2.02	0.34	1,131	FALSE			FALSE					TRUE	Decrease
12001	Simple repair of superficial	Repair of Superficial	April 2010	32			ACEP, AAFP	0.84	Harvard Valued - Utilization over	October 2009	000	0.84	0.34	1.84	0.16	150,428	FALSE			FALSE					TRUE	Decrease
12002	Simple repair of superficial	Repair of Superficial	April 2010	32			ACEP, AAFP	1.14	Harvard Valued - Utilization over	October 2009	000	1.14	0.40	2.08	0.22	126,288	FALSE			FALSE					TRUE	Decrease
12004	Simple repair of superficial	Repair of Superficial	April 2010	32			ACEP, AAFP	1.44	Harvard Valued - Utilization over	April 2010	000	1.44	0.47	2.28	0.29	19,855	FALSE			FALSE					TRUE	Decrease
12005	Simple repair of superficial	Repair of Superficial	April 2010	32			ACEP, AAFP	1.97	Harvard Valued - Utilization over	April 2010	000	1.97	0.46	2.97	0.4	5,529	FALSE			FALSE					TRUE	Decrease
12006	Simple repair of superficial	Repair of Superficial	April 2010	32			ACEP, AAFP	2.39	Harvard Valued - Utilization over	April 2010	000	2.39	0.60	3.3	0.47	1,007	FALSE			FALSE					TRUE	Decrease
12007	Simple repair of superficial	Repair of Superficial	April 2010	32			ACEP, AAFP	2.90	Harvard Valued - Utilization over	April 2010	000	2.90	0.82	3.51	0.58	353	FALSE			FALSE					TRUE	Decrease

12011	Simple repair of superficial	Repair of Superficial	April 2010	32			ACEP, AAFP	1.07	Harvard Valued - Utilization over	April 2010	000	1.07	0.38	2.1	0.21	81,964	FALSE			FALSE					TRUE	Decrease
12013	Simple repair of superficial	Repair of Superficial	April 2010	32			ACEP, AAFP	1.22	Harvard Valued - Utilization over	April 2010	000	1.22	0.27	2.06	0.24	48,807	FALSE			FALSE					TRUE	Decrease
12014	Simple repair of superficial	Repair of Superficial	April 2010	32			ACEP, AAFP	1.57	Harvard Valued - Utilization over	April 2010	000	1.57	0.35	2.41	0.32	6,453	FALSE			FALSE					TRUE	Decrease
12015	Simple repair of superficial	Repair of Superficial	April 2010	32			ACEP, AAFP	1.98	Harvard Valued - Utilization over	April 2010	000	1.98	0.43	2.81	0.4	3,215	FALSE			FALSE					TRUE	Decrease
12016	Simple repair of superficial	Repair of Superficial	April 2010	32			ACEP, AAFP	2.68	Harvard Valued - Utilization over	April 2010	000	2.68	0.59	3.36	0.54	460	FALSE			FALSE					TRUE	Decrease
12017	Simple repair of superficial	Repair of Superficial	April 2010	32			ACEP, AAFP	3.18	Harvard Valued - Utilization over	April 2010	000	3.18	0.73		0.69	66	FALSE			FALSE					TRUE	Decrease
12018	Simple repair of superficial	Repair of Superficial	April 2010	32			ACEP, AAFP	3.61	Harvard Valued - Utilization over	April 2010	000	3.61	0.80		0.77	25	FALSE			FALSE					TRUE	Decrease
12031	Repair, intermediate, wounds	Repair of Intermediate	October 2010	22			AAO-HNS, AAD,	2.00	Harvard Valued - Utilization over	February 2010	010	2.00	2.29	5.66	0.25	60,749	FALSE			FALSE					TRUE	Decrease
12032	Repair, intermediate, wounds	Repair of Intermediate	October 2010	22			AAO-HNS, AAD,	2.52	Harvard Valued - Utilization over	October 2009	010	2.52	2.89	6.33	0.29	322,923	FALSE			FALSE					TRUE	Maintain
12034	Repair, intermediate, wounds	Repair of Intermediate	October 2010	22			AAO-HNS, AAD,	2.97	Harvard Valued - Utilization over	February 2010	010	2.97	2.78	6.7	0.4	33,005	FALSE			FALSE					TRUE	Maintain
12035	Repair, intermediate, wounds	Repair of Intermediate	October 2010	22			AAO-HNS, AAD,	3.60	Harvard Valued - Utilization over	February 2010	010	3.50	3.11	7.58	0.63	5,345	FALSE			FALSE					TRUE	Increase
12036	Repair, intermediate, wounds	Repair of Intermediate	October 2010	22			AAO-HNS, AAD,	4.50	Harvard Valued - Utilization over	February 2010	010	4.23	3.36	7.94	0.88	995	FALSE			FALSE					TRUE	Increase
12037	Repair, intermediate, wounds	Repair of Intermediate	October 2010	22			AAO-HNS, AAD,	5.25	Harvard Valued - Utilization over	February 2010	010	5.00	3.78	8.6	1.06	499	FALSE			FALSE					TRUE	Increase
12041	Repair, intermediate, wounds	Repair of Intermediate	October 2010	22			AAO-HNS, AAD,	2.10	Harvard Valued - Utilization over	February 2010	010	2.10	1.99	5.57	0.26	20,155	FALSE			FALSE					TRUE	Decrease
12042	Repair, intermediate, wounds	Repair of Intermediate	October 2010	22			AAO-HNS, AAD,	2.79	Harvard Valued - Utilization over	February 2010	010	2.79	2.74	6.21	0.33	64,267	FALSE			FALSE					TRUE	Maintain
12044	Repair, intermediate, wounds	Repair of Intermediate	October 2010	22			AAO-HNS, AAD,	3.19	Harvard Valued - Utilization over	February 2010	010	3.19	2.78	7.88	0.45	3,138	FALSE			FALSE					TRUE	Maintain
12045	Repair, intermediate, wounds	Repair of Intermediate	October 2010	22			AAO-HNS, AAD,	3.90	Harvard Valued - Utilization over	February 2010	010	3.75	3.78	8	0.69	352	FALSE			FALSE					TRUE	Increase
12046	Repair, intermediate, wounds	Repair of Intermediate	October 2010	22			AAO-HNS, AAD,	4.60	Harvard Valued - Utilization over	February 2010	010	4.30	4.16	9.65	1.12	97	FALSE			FALSE					TRUE	Increase
12047	Repair, intermediate, wounds	Repair of Intermediate	October 2010	22			AAO-HNS, AAD,	5.50	Harvard Valued - Utilization over	February 2010	010	4.95	4.40	10.28	1.27	37	FALSE			FALSE					TRUE	Increase
12051	Repair, intermediate, wounds	Repair of Intermediate	October 2010	22			AAO-HNS, AAD,	2.33	Harvard Valued - Utilization over	February 2010	010	2.33	2.44	5.89	0.31	52,399	FALSE			FALSE					TRUE	Decrease
12052	Repair, intermediate, wounds	Repair of Intermediate	April 2010	45			AAO-HNS, AAD,	Remove from screen	Harvard Valued - Utilization over	February 2010	010	2.87	2.75	6.27	0.35	98,255	FALSE			FALSE					TRUE	Remove from
12053	Repair, intermediate, wounds	Repair of Intermediate	October 2010	22			AAO-HNS, AAD,	3.17	Harvard Valued - Utilization over	February 2010	010	3.17	2.87	7.36	0.4	15,838	FALSE			FALSE					TRUE	Maintain
12054	Repair, intermediate, wounds	Repair of Intermediate	October 2010	22			AAO-HNS, AAD,	3.50	Harvard Valued - Utilization over	February 2010	010	3.50	2.57	7.49	0.52	3,948	FALSE			FALSE					TRUE	Maintain
12055	Repair, intermediate, wounds	Repair of Intermediate	October 2010	22			AAO-HNS, AAD,	4.65	Harvard Valued - Utilization over	February 2010	010	4.50	3.74	9.82	0.81	368	FALSE			FALSE					TRUE	Increase
12056	Repair, intermediate, wounds	Repair of Intermediate	October 2010	22			AAO-HNS, AAD,	5.50	Harvard Valued - Utilization over	February 2010	010	5.30	5.24	11.14	0.98	38	FALSE			FALSE					TRUE	Increase
12057	Repair, intermediate, wounds	Repair of Intermediate	October 2010	22			AAO-HNS, AAD,	6.28	Harvard Valued - Utilization over	February 2010	010	6.00	5.45	11.11	1.12	15	FALSE			FALSE					TRUE	Increase
13100	Repair, complex, trunk; 1.1 cm	Complex Wound Repair	April 2012	37			AAD, AAO-HNS,	3.00	CMS Request	July 2011	010	3.00	2.60	6.85	0.38	4,763	FALSE			FALSE					TRUE	Decrease
13101	Repair, complex, trunk; 2.6 cm	Complex Wound Repair	April 2012	37			AAD, AAO-HNS,	3.50	CMS Request	July 2011	010	3.50	3.44	7.99	0.42	85,376	FALSE			FALSE					TRUE	Decrease
13102	Repair, complex, trunk; each	Complex Wound Repair	April 2012	37			AAD, AAO-HNS,	1.24	CMS Request	July 2011	ZZZ	1.24	0.69	2.05	0.2	20,982	FALSE			FALSE					TRUE	Maintain
13120	Repair, complex, scalp, arms,	Complex Wound Repair	October 2017	19			AAD, AAO-HNS,	3.23	CMS Fastest Growing / CPT	October 2008	010	3.23	3.28	7.03	0.4	10,565	TRUE	1st	Yes	FALSE		September 2018	9	Complete	TRUE	Decrease
13121	Repair, complex, scalp, arms,	Complex Wound Repair	October 2017	19			AAD, AAO-HNS,	4.00	CMS Fastest Growing / CPT	October 2008	010	4.00	3.21	8.29	0.47	186,578	TRUE	1st	Yes	FALSE		September 2018	9	Complete	TRUE	Decrease
13122	Repair, complex, scalp, arms,	Complex Wound Repair	October 2017	19			AAD, AAO-HNS,	1.44	CMS Fastest Growing / CPT	October 2008	ZZZ	1.44	0.79	2.14	0.22	26,304	TRUE	1st	Yes	FALSE		September 2018	9	Complete	TRUE	Maintain
13131	Repair, complex, forehead,	Complex Wound Repair	April 2012	37			AAD, AAO-HNS,	3.73	Harvard Valued - Utilization over	April 2011	010	3.73	3.02	7.46	0.46	32,882	FALSE			FALSE					TRUE	Decrease
13132	Repair, complex, forehead,	Complex Wound Repair	April 2012	37			AAD, AAO-HNS,	4.78	CMS Request	September 2011	010	4.78	3.67	8.79	0.55	253,613	FALSE			FALSE					TRUE	Decrease
13133	Repair, complex, forehead,	Complex Wound Repair	April 2012	37			AAD, AAO-HNS,	2.19	CMS Request	September 2011	ZZZ	2.19	1.24	2.56	0.29	13,119	FALSE			FALSE					TRUE	Maintain
13150	Repair, complex, eyelids, nose,	Complex Wound Repair	April 2012	37			AAD, AAO-HNS,	Deleted from CPT	CMS Request	September 2011							FALSE			TRUE	Specialties are requesting deletion based	October 2012	05	Deleted	TRUE	Deleted from
13151	Repair, complex, eyelids, nose,	Complex Wound Repair	April 2012	37			AAD, AAO-HNS,	4.34	CMS Request	September 2011	010	4.34	3.40	7.81	0.54	28,089	FALSE			FALSE					TRUE	Decrease
13152	Repair, complex, eyelids, nose,	Complex Wound Repair	April 2012	37	September 2024	RAW	AAD, AAO-HNS,	Review action plan. 5.34	Harvard Valued - Utilization over	April 2011	010	5.34	3.98	8.9	0.66	47,532	FALSE			FALSE					TRUE	Decrease
13153	Repair, complex, eyelids, nose,	Complex Wound Repair	April 2012	37			AAD, AAO-HNS,	2.38	CMS Request	July 2011	ZZZ	2.38	1.30	2.79	0.37	767	FALSE			FALSE					TRUE	Maintain
14000	Adjacent tissue transfer or	Skin Tissue	October 2008	9			ACS, AAD, ASPS	6.19	Site of Service Anomaly	April 2008	090	6.37	7.69	11.72	1.14	5,425	FALSE			FALSE					TRUE	Decrease
14001	Adjacent tissue transfer or	Skin Tissue	October 2008	9			ACS, AAD, ASPS	8.58	Site of Service Anomaly	September 2007	090	8.78	9.23	14.05	1.65	8,093	FALSE			FALSE					TRUE	Decrease
14020	Adjacent tissue transfer or	Skin Tissue	October 2008	9			AAD, ASPS	7.02	Site of Service Anomaly	April 2008	090	7.22	8.79	12.97	1.05	15,142	FALSE			FALSE					TRUE	Decrease
14021	Adjacent tissue transfer or	Skin Tissue	October 2008	9			AAD, ASPS	9.52	Site of Service Anomaly / CMS	September 2007	090	9.72	10.19	15.07	1.36	18,276	FALSE			FALSE					TRUE	Decrease
14040	Adjacent tissue transfer or	Skin Tissue	October 2008	9			AAD, ASPS, AAO-	8.44	Site of Service Anomaly	April 2008	090	8.60	9.01	13.2	1.12	56,431	FALSE			FALSE					TRUE	Maintain
14041	Adjacent tissue transfer or	Skin Tissue	October 2008	9			AAD, ASPS, AAO-	10.63	Site of Service Anomaly	September 2007	090	10.83	10.67	15.65	1.34	42,433	FALSE			FALSE					TRUE	Decrease
14060	Adjacent tissue transfer or	Skin Tissue	October 2008	9			AAD, ASPS, AAO-	Maintain	Site of Service Anomaly	April 2008	090	9.23	9.58	12.79	1.14	79,674	FALSE			FALSE					TRUE	Maintain
14061	Adjacent tissue transfer or	Skin Tissue	October 2008	9			AAD, ASPS, AAO-	11.25	Site of Service Anomaly	September 2007	090	11.48	11.61	17.11	1.44	29,527	FALSE			FALSE					TRUE	Decrease
14300	Deleted from CPT	Adjacent Tissue Transfer	April 2009	04			ACS, AAD, ASPS,	Deleted from CPT	Site of Service Anomaly / CMS	September 2007							FALSE			TRUE	The specialty society commented that the	February 2009	09	Code	TRUE	Deleted from
14301	Adjacent tissue transfer or	Adjacent Tissue Transfer	April 2009	04			ACS, AAO-HNS,	12.47	Site of Service Anomaly / CMS	September 2007	090	12.65	11.35	17.89	2.05	40,699	FALSE			FALSE		February 2009	09		TRUE	Decrease
14302	Adjacent tissue transfer or	Adjacent Tissue Transfer	April 2009	04			ACS, AAO-HNS,	3.73	Site of Service Anomaly / CMS	September 2007	ZZZ	3.73	1.99	1.99	0.68	49,270	FALSE			FALSE		February 2009	09		TRUE	Decrease
15002	Surgical preparation or creation	RAW	September 2014	21			ASPS	Maintain work RVU and adjust	Pre-Time Analysis	January 2014	000	3.65	2.22	5.99	0.66	23,539	FALSE			FALSE					TRUE	Maintain
15004	Surgical preparation or creation	RAW	September 2014	21			ASPS, APMA	Maintain work RVU and adjust	Pre-Time Analysis	January 2014	000	4.58	2.51	6.56	0.62	33,520	FALSE			FALSE					TRUE	Maintain
15100	Split-thickness autograft, trunk,	RAW	September 2014	21			ASPS	Maintain work RVU and adjust	Pre-Time Analysis	January 2014	090	9.90	9.68	14.3	1.93	10,266	FALSE			FALSE					TRUE	Maintain
15120	Split-thickness autograft, face,	Autograft	September 2007	16			AAO-HNS, ASPS	Remove from screen	Site of Service Anomaly	September 2007	090	10.15	8.91	13.64	1.67	6,986	FALSE			FALSE					TRUE	Remove from
15170	Acellular dermal replacement,	Acellular Dermal	February 2010	31			APMA, ASPS	Deleted from CPT	Different Performing Specialty from	February 2010							FALSE			FALSE					TRUE	Deleted from
15171	Acellular dermal replacement,	Acellular Dermal	February 2010	31			APMA, ASPS	Deleted from CPT	Different Performing Specialty from	February 2010							FALSE			FALSE					TRUE	Deleted from
15175	Acellular dermal replacement,	Acellular Dermal	February 2010	31			APMA, ASPS	Deleted from CPT	Different Performing Specialty from	October 2009							FALSE			TRUE	The specialty recommended waiting for	October 2010	07	Complete	TRUE	Deleted from
15176	Acellular dermal replacement,	Acellular Dermal	February 2010	31			APMA, ASPS	Deleted from CPT	Different Performing Specialty from	February 2010							FALSE			FALSE					TRUE	Deleted from
15220	Full thickness graft, free,	Skin Graft	September 2007	16			AAO-HNS, ASPS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September 2007	090	8.09	9.06	13.93	1.19	8,806	FALSE			FALSE					TRUE	PE Only
15240	Full thickness graft, free,	RAW	September 2014	21			ASPS, AAD	Maintain work RVU and adjust	Pre-Time Analysis	January 2014	090	10.41	12.07	16.16	1.44	11,884	FALSE			FALSE					TRUE	Maintain
15271	Application of skin substitute	Chronic Wound Dermal	April 2011	04			ACS, APMA,	1.50	Different Performing Specialty from	April 2011	000	1.50	0.78	2.91	0.22	165,476	FALSE			FALSE		February 2011			TRUE	Decrease
15272	Application of skin substitute	Chronic Wound Dermal	April 2011	04	September 2024	RAW	ACS, APMA,	Review action plan. 0.59	Different Performing Specialty from	April 2011	ZZZ	0.33	0.12	0.36	0.05	24,110	FALSE			FALSE		February 2011			FALSE	Decrease
15273	Application of skin substitute	Chronic Wound Dermal	April 2011	04			ACS, APMA,	3.50	Different Performing Specialty from	April 2011	000	3.50	1.66	5.12	0.64	6,796	FALSE			FALSE		February 2011			TRUE	Decrease
15274	Application of skin substitute	Chronic Wound Dermal	April 2011	04			ACS, APMA,	0.80	Different Performing Specialty from	April 2011	ZZZ	0.80	0.35	1.46	0.17	28,204	FALSE			FALSE		February 2011			TRUE	Decrease
15275	Application of skin substitute	Chronic Wound Dermal	April 2011	04			ACS, APMA,	1.83	Different Performing Specialty from	April 2011	000	1.83	0.75	2.75	0.19	166,871	FALSE			FALSE		February 2011			TRUE	Decrease
15276	Application of skin substitute	Chronic Wound Dermal	April 2011	04			ACS, APMA,	0.59	Different Performing Specialty from	April 2011	ZZZ	0.50	0.17	0.4	0.07	7,968	FALSE			FALSE		February 2011			TRUE	Decrease
15277	Application of skin substitute	Chronic Wound Dermal	April 2011	04			ACS, APMA,	4.00	Different Performing Specialty from	April 2011	000	4.00	1.89	5.5	0.72	1,592	FALSE			FALSE		February 2011			TRUE	Decrease
15278	Application of skin substitute	Chronic Wound Dermal	April 2011	04			ACS, APMA,	1.00	Different Performing Specialty from	April 2011	ZZZ	1.00	0.45	1.64	0.2	2,667	FALSE			FALSE		February 2011			TRUE	Decrease
15320	Deleted from CPT	Skin Allograft	February 2010	31			APMA, ASPS	Deleted from CPT	Different Performing Specialty from	October 2009							FALSE			TRUE	The specialty recommended waiting for	October 2010	07	Complete	TRUE	Deleted from
15321	Deleted from CPT	Skin Allograft	February 2010	31			APMA, ASPS	Deleted from CPT	Different Performing Specialty from	February 2010							FALSE			FALSE					TRUE	Deleted from
15330	Acellular dermal allograft,	Allograft	February 2008	S			ASPS	Deleted from CPT	High IWPUT	February 2008							FALSE			FALSE					TRUE	Deleted from
15331	Deleted from CPT	Acellular Dermal Allograft	February 2010	31			AAO-HNS,	Deleted from CPT	Different Performing Specialty from	February 2010							FALSE			FALSE					TRUE	Deleted from
15335	Deleted from CPT	Acellular Dermal Allograft	February 2010	31			AAO-HNS,	Deleted from CPT	Different Performing Specialty from	October 2009							FALSE			TRUE	The specialty recommended waiting for	October 2010	07	Complete	TRUE	Deleted from
15336	Deleted from CPT	Acellular Dermal Allograft	February 2010	31			AAO-HNS,	Deleted from CPT	Different Performing Specialty from	February 2010							FALSE			FALSE		February 2011			TRUE	Deleted from
15360	Deleted from CPT	Tissue Cultured	February 2010	31			APMA, ASPS	Deleted from CPT	Different Performing Specialty from	February 2010							FALSE			FALSE		February 2011			TRUE	Deleted from
15361	Deleted from CPT	Tissue Cultured	February 2010	31			APMA, ASPS	Deleted from CPT	Different Performing Specialty from	February 2010							FALSE			FALSE		February 2011			TRUE	Deleted from
15365	Deleted from CPT	Tissue Cultured	February 2010	31			APMA, ASPS	Deleted from CPT	Different Performing Specialty from	October 2009							FALSE			TRUE	The specialty recommended waiting for	October 2010	07	Complete	TRUE	Deleted from
15366	Deleted from CPT	Tissue Cultured	February 2010	31			APMA, ASPS	Deleted from CPT	Different Performing Specialty from	February 2010							FALSE			FALSE		February 2011			TRUE	Deleted from
15400	Deleted from CPT	Xenograft	September 2007	16			APMA, AAO-	Deleted from CPT	Site of Service Anomaly	September 2007							FALSE			FALSE					TRUE	Deleted from
15401	Deleted from CPT	Xenograft	February 2008	S			ACS, ASPS	Deleted from CPT	High Volume Growth1	February 2008							FALSE			FALSE					TRUE	Deleted from
15420	Deleted from CPT	Xenograft Skin	February 2010	31			APMA, ASPS,	Deleted from CPT	Different Performing Specialty from	October 2009							FALSE			TRUE	The specialty recommended waiting for	October 2010	07	Complete	TRUE	Deleted from
15421	Deleted from CPT	Xenograft Skin	February 2010	31			APMA, ASPS,	Deleted from CPT	Different Performing Specialty from	February 2010							FALSE			FALSE		February 2011			TRUE	Deleted from
15570	Formation of direct or tubed	Skin Pedicle Flaps	October 2008	10			ACS, ASPS, AAO-	10.00	Site of Service Anomaly	September 2007	090	10.21	9.70	15.08	1.99	226	FALSE			FALSE					TRUE	Maintain
15572	Formation of direct or tubed	Skin Pedicle Flaps	October 2008	10			ACS, ASPS, AAO-	9.94	Site of Service Anomaly	April 2008	090	10.12	10.24	14.66	1.79	472	FALSE			FALSE					TRUE	Maintain
15574	Formation of direct or tubed	Skin Pedicle Flaps	October 2008	10			ASPS, AAO-HNS	10.52	Site of Service Anomaly	September 2007	090	10.70	9.86	14.3	1.67	1,210	FALSE			FALSE					TRUE	Maintain
15576	Formation of direct or tubed	Skin Pedicle Flaps	October 2008	10			ASPS, AAO-HNS	9.24	Site of Service Anomaly	September 2007	090	9.37	8.90	12.97	1.15	4,553	FALSE			FALSE					TRUE	Maintain
15730	Midface flap (ie,	Muscle Flaps	January 2017	05			AAO	13.50	High Level E/M in Global Period	January 2017	090	13.50	12.33	27.61	1.56	1,593	FALSE			FALSE					TRUE	Decrease
15732	Muscle, myocutaneous, or	Muscle Flaps	January 2017	05			ASPS	Deleted from CPT	Site of Service Anomaly / High Level	September 2007							FALSE			TRUE	The specialty society explained that just	September 2016	15	yes	TRUE	Deleted from
15733	Muscle, myocutaneous, or	Muscle Flaps	January 2017	05			ASPS	15.68	High Level E/M in Global Period	January 2017	090	15.68	12.61		2.56	4,649	FALSE			FALSE					TRUE	Decrease
15734	Muscle, myocutaneous, or	Muscle Flaps	April 2016	14				23.00	High Level E/M in Global Period	October 2015	090	23.00	17.03		4.98	22,071	FALSE			FALSE		September 2016	15	yes	TRUE	Increase
15736	Muscle, myocutaneous, or	Muscle Flaps	April 2016	14			ASSH, ASPS	17.04	High Level E/M in Global Period	January 2016	090	17.04	16.19		3.34	1,425	FALSE			FALSE		September 2016	15	yes	TRUE	Maintain
15738	Muscle, myocutaneous, or	Muscle Flaps	April 2016	14			ASPS	19.04	High Level E/M in Global Period	January 2016	090	19.04	15.27		3.68	5,108	FALSE			FALSE		September 2016	15	yes	TRUE	Maintain
15740	Flap; island pedicle requiring	Dermatology and Plastic	April 2008	28			AAD, ASPS	11.57	Site of Service Anomaly / CMS	September 2007	090	11.80	11.68	16.92	1.82	1,836	FALSE			TRUE	CPT code 15740 was identified through the	February 2009 &	11 &	Complete	TRUE	Maintain
15769	Grafting of autologous soft	Tissue Grafting	September 2022	13			AAOHNS, ASPS	6.68	Site of Service Anomaly - 2017	May 2018	090	6.68	6.54		1.26	5,880	TRUE	July 2023	Yes	FALSE					TRUE	Increase
15771	Grafting of autologous fat	Tissue Grafting	October 2018	04			ASPS	6.73	Site of Service Anomaly - 2017	May 2018	090	6.73	7.46	10.45	1.25	3,442	FALSE			FALSE					TRUE	Increase
15772	Grafting of autologous fat	Tissue Grafting	October 2018	04			ASPS	2.50	Site of Service Anomaly - 2017	May 2018	ZZZ	2.50	1.45	2.79	0.46	7,785	FALSE			FALSE					TRUE	Increase
15773	Grafting of autologous fat	Tissue Grafting	October 2018	04			ASPS	6.83	Site of Service Anomaly - 2017	May 2018	090	6.83	7.11	9.98	1.17	438	FALSE			FALSE					TRUE	Increase
15774	Grafting of autologous fat	Tissue Grafting	October 2018	04			ASPS	2.41	Site of Service Anomaly - 2017	May 2018	ZZZ	2.41	1.41	2.74	0.44	67	FALSE			FALSE					TRUE	Increase
15777	Implantation of biologic	Chronic Wound Dermal	April 2011	04			ACS, APMA,	3.65	Different Performing Specialty from	April 2011	ZZZ	3.65	2.01	2.01	0.71	6,994	FALSE			FALSE		February 2011			TRUE	Decrease
15778	Implantation of absorbable	Anterior Abdominal	April 2021	09			ACS, ASCRS	8.00	Site of Service Anomaly - 2019	February 2021	000	7.05	2.82		1.62		FALSE			FALSE		February 2021	18	complete	TRUE	Decrease
15823	Blepharoplasty, upper eyelid;	Upper Eyelid	April 2010	33			AAO	6.81	Harvard Valued - Utilization over	October 2009	090	6.81	9.12	11.3	0.59	87,515	FALSE			FALSE					TRUE	Decrease
16020	Dressings and/or debridement	Dressings/ Debridement	October 2010	08			ASPS, AAFP,	0.80	Different Performing Specialty from	October 2009	000	0.71	0.85	1.76	0.12	11,334	FALSE			FALSE					TRUE	Maintain
16025	Dressings and/or debridement	Dressings/ Debridement	October 2010	08			ASPS, AAFP,	1.85	Different Performing Specialty from	October 2009	000	1.74	1.31	2.71	0.29	1,629	FALSE			FALSE					TRUE	Maintain
16030	Dressings and/or debridement	Dressings/ Debridement	April 2010	45			ACEP, ASPS,	CPT Assistant article	Different Performing Specialty from	February 2010	000	2.08	1.45	3.44	0.42	1,142	TRUE	Oct 2012	Yes	FALSE					TRUE	Maintain
17000	Destruction (eg, laser surgery,	Destruction of	April 2013	17			AAD	0.61	MPC List	October 2010	010	0.61	0.99	1.37	0.06	5,821,046	FALSE			FALSE					TRUE	Decrease
17003	Destruction (eg, laser surgery,	Destruction of	April 2013	17			AAD	0.04	Low Value-Billed in Multiple Units /	October 2010	ZZZ	0.04	0.02	0.16	0	18,598,830	FALSE			FALSE					TRUE	Decrease
17004	Destruction (eg, laser surgery,	Destruction of	April 2013	17			AAD	Remove from Modifier -51	CMS High Expenditure Procedural	September 2011	010	1.37	1.43	3.52	0.15	831,242	FALSE			FALSE					TRUE	Decrease
17106	Destruction of cutaneous	Destruction of Skin	October 2008	11			AAD	3.61	High IWPUT	February 2008	090	3.69	4.19	6.28	0.43	3,523	FALSE			FALSE					TRUE	Decrease
17107	Destruction of cutaneous	Destruction of Skin	October 2008	11			AAD	4.68	High IWPUT	February 2008	090	4.79	5.49	8.17	0.53	2,070	FALSE			FALSE					TRUE	Decrease
17108	Destruction of cutaneous	Destruction of Skin	October 2008	11			AAD	6.37	High IWPUT	February 2008	090	7.49	7.34	10.65	1.03	5,317	FALSE			FALSE					TRUE	Decrease
17110	Destruction (eg, laser surgery,	RAW	October 2013	18				Remove from screen	High Volume Growth2	April 2013	010	0.70	1.30	2.66	0.07	2,817,292	FALSE			FALSE					TRUE	Remove from
17111	Destruction (eg, laser surgery,	RAW	October 2013	18				Remove from screen	High Volume Growth2	April 2013	010	0.97	1.44	2.94	0.1	142,026	FALSE			FALSE					TRUE	Remove from
17250	Chemical cauterization of	Chemical Cauterization of	January 2022	20	January 2025	RAW	AAFP, ACS,	Review in 3 years (Jan 2025).	High Volume Growth3	October 2015	000	0.50	0.55	2.04	0.08	241,862	TRUE	Sep 2016	Yes	TRUE	In January 2016, the Relativity Assessment	September 2016	17	yes	FALSE	
17261	Destruction, malignant lesion	Destruction of Malignant	October 2010	26			AAD, AAFP	1.22	Harvard Valued - Utilization over	October 2009	010	1.22	1.27	3.13	0.13	129,075	FALSE			FALSE					TRUE	Maintain
17262	Destruction, malignant lesion	Destruction of Malignant	October 2010	26			AAD, AAFP	1.63	Harvard Valued - Utilization over	February 2010	010	1.63	1.51	3.58	0.17	288,353	FALSE			FALSE					TRUE	Maintain
17271	Destruction, malignant lesion	Destruction of Malignant	October 2010	26			AAD, AAFP	1.54	Harvard Valued - Utilization over	February 2010	010	1.54	1.45	3.32	0.16	44,856	FALSE			FALSE					TRUE	Maintain

17272	Destruction, malignant lesion	Destruction of Malignant	October 2010	26			AAD, AAFP	1.82	Harvard Valued - Utilization over	February 2010	010	1.82	1.62	3.68	0.19	75,113	FALSE			FALSE					TRUE	Maintain
17281	Destruction, malignant lesion	Destruction of Malignant	October 2010	26			AAD, AAFP	1.77	Harvard Valued - Utilization over	February 2010	010	1.77	1.58	3.47	0.19	65,491	FALSE			FALSE					TRUE	Maintain
17282	Destruction, malignant lesion	Destruction of Malignant	October 2010	26			AAD, AAFP	2.09	Harvard Valued - Utilization over	October 2009	010	2.09	1.77	3.89	0.22	66,033	FALSE			FALSE					TRUE	Maintain
17311	Mohs micrographic technique,	Mohs Surgery	April 2013	18	September 2024	RAW	AAD	Review action plan. 6.20	CMS High Expenditure Procedural	September 2011	000	6.20	3.68	13.61	0.64	850,608	FALSE			FALSE					TRUE	Maintain
17312	Mohs micrographic technique,	Mohs Surgery	April 2013	18			AAD	3.30	CMS High Expenditure Procedural	September 2011	ZZZ	3.30	1.95	8.76	0.35	488,511	FALSE			FALSE					TRUE	Maintain
17313	Mohs micrographic technique,	Mohs Surgery	April 2013	18			AAD	5.56	CMS High Expenditure Procedural	January 2012	000	5.56	3.30	13.08	0.58	169,318	FALSE			FALSE					TRUE	Maintain
17314	Mohs micrographic technique,	Mohs Surgery	April 2013	18			AAD	3.06	CMS High Expenditure Procedural	January 2012	ZZZ	3.06	1.81	8.51	0.32	61,476	FALSE			FALSE					TRUE	Maintain
17315	Mohs micrographic technique,	Mohs Surgery	April 2013	18			AAD	0.87	CMS High Expenditure Procedural	January 2012	ZZZ	0.87	0.52	1.44	0.09	17,917	FALSE			FALSE					TRUE	Maintain
19020	Mastotomy with exploration or	Mastotomy	September 2007	16			ACS	Reduce 99238 to 0.5, remove	Site of Service Anomaly	September 2007	090	3.83	4.76	9.42	0.93	1,057	FALSE			FALSE					TRUE	PE Only
19081	Biopsy, breast, with placement	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	3.29	Codes Reported Together 75% or	January 2012	000	3.29	1.17	11.23	0.33	56,458	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19082	Biopsy, breast, with placement	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	1.65	Codes Reported Together 75% or	January 2012	ZZZ	1.65	0.58	9.59	0.17	4,257	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19083	Biopsy, breast, with placement	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	3.10	Codes Reported Together 75% or	January 2012	000	3.10	1.10	11.37	0.33	110,638	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19084	Biopsy, breast, with placement	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	1.55	Codes Reported Together 75% or	January 2012	ZZZ	1.55	0.55	9.52	0.16	14,741	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19085	Biopsy, breast, with placement	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	3.64	Codes Reported Together 75% or	January 2012	000	3.64	1.29	18.7	0.33	6,881	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19086	Biopsy, breast, with placement	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	1.82	Codes Reported Together 75% or	January 2012	ZZZ	1.82	0.64	15.55	0.16	1,450	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19102	Biopsy of breast; percutaneous,	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	Deleted from CPT	Codes Reported Together 75% or	January 2012							FALSE			FALSE		October 2012	08	Complete	TRUE	Deleted from
19103	Biopsy of breast; percutaneous,	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	Deleted from CPT	Codes Reported Together 75% or	January 2012							FALSE			FALSE		October 2012	08	Complete	TRUE	Deleted from
19281	Placement of breast	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	2.00	Codes Reported Together 75% or	January 2012	000	2.00	0.71	5.03	0.18	24,273	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19282	Placement of breast	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	1.00	Codes Reported Together 75% or	January 2012	ZZZ	1.00	0.36	4.01	0.09	3,457	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19283	Placement of breast	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	2.00	Codes Reported Together 75% or	January 2012	000	2.00	0.71	5.52	0.21	3,735	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19284	Placement of breast	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	1.00	Codes Reported Together 75% or	January 2012	ZZZ	1.00	0.35	4.54	0.11	463	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19285	Placement of breast	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	1.70	Codes Reported Together 75% or	January 2012	000	1.70	0.60	9.04	0.17	27,979	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19286	Placement of breast	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	0.85	Codes Reported Together 75% or	January 2012	ZZZ	0.85	0.30	7.97	0.09	2,441	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19287	Placement of breast	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	3.02	Codes Reported Together 75% or	January 2012	000	2.55	0.91	16.04	0.23	288	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19288	Placement of breast	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	1.51	Codes Reported Together 75% or	January 2012	ZZZ	1.28	0.45	13.1	0.11	93	FALSE			FALSE		October 2012	08	Complete	TRUE	Decrease
19290	Preoperative placement of	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	Deleted from CPT	Codes Reported Together 75% or	January 2012							FALSE			FALSE		October 2012	08	Complete	TRUE	Deleted from
19291	Preoperative placement of	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	Deleted from CPT	Codes Reported Together 75% or	January 2012							FALSE			FALSE		October 2012	08	Complete	TRUE	Deleted from
19295	Image guided placement,	Breast Biopsy	April 2013	04			ACR, ACS, ASBS	Deleted from CPT	CMS Fastest Growing / Codes	October 2008							FALSE			FALSE		October 2012	08	Complete	TRUE	Deleted from
19303	Mastectomy, simple, complete	Mastectomy	April 2016	15			ACS, ASBS	15.00	Site of Service Anomaly - 2015 /	October 2015	090	15.00	10.11		3.77	23,502	FALSE			FALSE					TRUE	Decrease
19307	Mastectomy, modified radical,	Modified Radical	January 2020	22				17.99	Site of Service Anomaly - 2019	October 2019	090	17.99	13.01		4.55	4,078	FALSE			FALSE					TRUE	Decrease
19318	Breast reduction	Mammaplasty	September 2007	16			ASPS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September 2007	090	16.03	13.80		0.03	6,930	FALSE			FALSE					TRUE	PE Only
19340	Insertion of breast implant on	Breast Implant/Expander	January 2020	05			ASPS	11.00	CMS Request / Site of Service	October 2009	090	10.48	10.33		2.06	2,632	FALSE			FALSE					TRUE	Decrease
19357	Tissue expander placement in	Breast Implant/Expander	January 2020	05			ASPS	15.36	Site of Service Anomaly / 090-Day	September 2007	090	14.84	17.28		2.79	5,664	FALSE			TRUE	Originally referred to CPT because of	October 2009	20	Complete	TRUE	Decrease
20000	Deleted from CPT	Incision of Abcess	September 2007	16			APMA, AAOS	Deleted from CPT	Site of Service Anomaly (99238-	September 2007							FALSE			TRUE	This service was identified with code 20005	June 2009	15	Code	TRUE	Deleted from
20005	Incision and drainage of soft	Incision of Deep Abscess	October 2017	19			ACS, AAO-HNS	Deleted from CPT	Site of Service Anomaly / Negative	September 2007							FALSE			TRUE	A RUC member requested that the	February 2018	06	complete	TRUE	Deleted from
20220	Biopsy, bone, trocar, or needle;	Bone Biopsy	January 2019	22			ACR, SIR	1.93	Different Performing Specialty from	January 2018	000	1.65	0.76	5.12	0.16	11,653	FALSE			FALSE					TRUE	Increase
20225	Biopsy, bone, trocar, or needle;	Bone Biopsy	January 2019	22			ACR, SIR	3.00	Different Performing Specialty from	October 2017	000	2.45	1.11	8.62	0.25	12,086	FALSE			FALSE					TRUE	Increase
20240	Biopsy, bone, open; superficial	Bone Biopsy Excisional	January 2016	04			AAOS, APMA	3.73	010-Day Global Post-Operative Visits	April 2014	000	2.61	1.27		0.3	6,678	FALSE			FALSE					TRUE	Increase
20245	Biopsy, bone, open; deep (eg,	Bone Biopsy Excisional	January 2016	04			AAOS	6.50	010-Day Global Post-Operative Visits	January 2014	000	6.00	3.20		1.05	4,064	FALSE			TRUE	In April 2015, in preparation for the survey,	October 2015		revised	TRUE	Decrease
20525	Removal of foreign body in	Removal of Foreign Body	September 2007	16			ACS, AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September 2007	010	3.54	3.25	9.75	0.66	1,295	FALSE			FALSE					TRUE	PE Only
20526	Injection, therapeutic (eg, local	RAW	January 2017	30				Remove fromm screen	CMS 000-Day Global Typically	July 2016	000	0.94	0.59	1.37	0.17	93,718	FALSE			FALSE					TRUE	Remove from
20550	Injection(s); single tendon	Injection of Tendon	January 2016	27		RUC	AAOS, AAPM&R,	0.75	CMS Fastest Growing / CMS High	October 2008	000	0.75	0.31	0.89	0.1	789,921	FALSE			FALSE					TRUE	Maintain
20551	Injection(s); single tendon	Therapeutic Injection	April 2017	10			AAPMR, AAOS,	0.75	CMS Fastest Growing / CMS 000-Day	October 2008	000	0.75	0.31	0.89	0.09	127,434	FALSE			FALSE					TRUE	Maintain
20552	Injection(s); single or multiple		January 2016	28		RUC	AAPM&R, ACRh,	0.66	CMS High Expenditure Procedural	July 2015	000	0.66	0.36	0.84	0.08	276,901	FALSE			FALSE					TRUE	Maintain
20553	Injection(s); single or multiple		January 2016	28		RUC	AAPM&R, ACRh,	0.75	CMS High Expenditure Procedural	July 2015	000	0.75	0.41	0.98	0.09	352,125	FALSE			FALSE					TRUE	Maintain
20600	Arthrocentesis, aspiration	Arthrocentesis	January 2014	04			AAFP, AAOS,	0.66 and new PE inputs	Harvard Valued - Utilization over	February 2010	000	0.66	0.32	0.87	0.09	437,116	FALSE			TRUE	Ultrasound as an imaging technology in	October 2013	06	Complete	TRUE	Maintain
20604	Arthrocentesis, aspiration	Arthrocentesis	January 2014	04			AAFP, AAOS,	0.89	CMS Request - Final Rule for 2014	July 2013	000	0.89	0.37	1.5	0.1	54,114	FALSE			FALSE		October 2013	06		TRUE	Decrease
20605	Arthrocentesis, aspiration	Arthrocentesis	January 2014	04			AAFP, AAOS,	0.68 and new PE inputs	Harvard Valued - Utilization over	October 2009	000	0.68	0.33	0.89	0.09	388,653	FALSE			TRUE	Ultrasound as an imaging technology in	October 2013	06	Complete	TRUE	Maintain
20606	Arthrocentesis, aspiration	Arthrocentesis	January 2014	04			AAFP, AAOS,	1.00	CMS Request - Final Rule for 2014	July 2013	000	1.00	0.42	1.58	0.13	58,020	FALSE			FALSE		October 2013	06		TRUE	Decrease
20610	Arthrocentesis, aspiration	Arthrocentesis	January 2014	04			AAFP, AAOS,	0.79 and new PE inputs	Harvard Valued - Utilization over	February 2010	000	0.79	0.44	1.04	0.13	5,936,856	FALSE			TRUE	Ultrasound as an imaging technology in	October 2013	06	Complete	TRUE	Maintain
20611	Arthrocentesis, aspiration	Arthrocentesis	January 2014	04			AAFP, AAOS,	1.10	CMS Request - Final Rule for 2014	July 2013	000	1.10	0.51	1.74	0.15	1,133,173	FALSE			FALSE		October 2013	06		TRUE	Decrease
20612	Aspiration and/or injection of	RAW	January 2017	30				Remove from screen	CMS 000-Day Global Typically	July 2016	000	0.70	0.43	1.16	0.1	25,159	FALSE			FALSE					TRUE	Remove from
20680	Removal of implant; deep (eg,	RAW	September 2014	21			AAOS, APMA	5.96 and adjustments to pre-	Pre-Time Analysis	January 2014	090	5.96	5.69	11.09	1.06	46,982	FALSE			FALSE					TRUE	Maintain
20692	Application of a multiplane	RAW	April 2014	52				Maintain	090-Day Global Post-Operative Visits	January 2014	090	16.27	14.94		2.88	2,937	FALSE			FALSE					TRUE	Maintain
20694	Removal, under anesthesia, of	External Fixation	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September 2007	090	4.28	5.36	8.04	0.78	5,259	FALSE			FALSE					TRUE	PE Only
20700	Manual preparation and	Drug Delivery Implant	October 2018	05			AAOS, AUA	1.50	Different Performing Specialty from	May 2018	ZZZ	1.50	0.73	0.73	0.29	1,170	FALSE			FALSE					TRUE	Increase
20701	Removal of drug-delivery	Drug Delivery Implant	October 2018	05			AAOS, AUA	1.13	Different Performing Specialty from	May 2018	ZZZ	1.13	0.56	0.56	0.22	225	FALSE			FALSE					TRUE	Increase
20702	Manual preparation and	Drug Delivery Implant	October 2018	05			AAOS, AUA	2.50	Different Performing Specialty from	May 2018	ZZZ	2.50	1.25	1.25	0.49	500	FALSE			FALSE					TRUE	Increase
20703	Removal of drug-delivery	Drug Delivery Implant	October 2018	05			AAOS, AUA	1.80	Different Performing Specialty from	May 2018	ZZZ	1.80	0.93	0.93	0.37	69	FALSE			FALSE					TRUE	Increase
20704	Manual preparation and	Drug Delivery Implant	October 2018	05			AAOS, AUA	2.60	Different Performing Specialty from	May 2018	ZZZ	2.60	1.34	1.34	0.52	479	FALSE			FALSE					TRUE	Increase
20705	Removal of drug-delivery	Drug Delivery Implant	October 2018	05			AAOS, AUA	2.15	Different Performing Specialty from	May 2018	ZZZ	2.15	1.11	1.11	0.43	111	FALSE			FALSE					TRUE	Increase
20900	Bone graft, any donor area;	Bone Graft Procedures	April 2008	29			AOFAS, AAOS	3.00	Site of Service Anomaly	September 2007	000	3.00	1.89	8.06	0.5	4,965	FALSE			FALSE					TRUE	Decrease
20902	Bone graft, any donor area;	Bone Graft Procedures	April 2008	29			AOFAS, AAOS	4.58	Site of Service Anomaly	April 2008	000	4.58	2.79		0.85	4,287	FALSE			FALSE					TRUE	Decrease
20926	Tissue grafts, other (eg,	Tissue Grafting	October 2018	04			AAOS, ASPS,	Deleted from CPT	CMS Fastest Growing / Site of	October 2008							TRUE	Deleted	N/A	TRUE	In October 2017, AMA Staff reviewed	May 2018	12	Yes	TRUE	Deleted from
20985	Computer-assisted surgical	RAW	April 2024	12	September 2024	RAW		Review action plan	High Volume Growth10	April 2024	ZZZ	2.50	1.29		0.51	59,915	FALSE			FALSE					FALSE	
21015	Radical resection of tumor (eg,	Radical Resection of Soft	February 2009	6			ACS, AAOS, AAO-	9.71	Site of Service Anomaly	September 2007	090	9.89	9.50		1.65	313	FALSE			TRUE	CPT developed new coding structure for	June 2008	06	New code	TRUE	Increase
21025	Excision of bone (eg, for	Excision of Bone –	October 2010	61			AAOMS	10.03	Site of Service Anomaly	September 2007	090	10.03	8.77	12.73	1.09	3,883	FALSE			FALSE					TRUE	Decrease
21495	Open treatment of hyoid	Laryngoplasty	January 2016	09		RUC		Deleted from CPT	090-Day Global Post-Operative Visits	October 2015							FALSE			FALSE					TRUE	Deleted from
21557	Radical resection of tumor (eg,	Radical Resection of Soft	February 2009	6			ACS, AAOS	14.57	Site of Service Anomaly	September 2007	090	14.75	10.96		3.17	338	FALSE			TRUE	CPT developed new coding structure for	June 2008	06	New code	TRUE	Decrease
21800	Closed treatment of rib	Internal Fixation of Rib	April 2014	05			STS, ACS	Deleted from CPT	CMS Request - Final Rule for 2014	July 2013							FALSE			TRUE	Refer to CPT for deletion. There are	February 2014	15	Complete	TRUE	Deleted from
21805	Open treatment of rib fracture	Internal Fixation of Rib	April 2014	05			STS, ACS	Deleted from CPT	CMS Request - Final Rule for 2014	January 2014							FALSE			TRUE	Referred to CPT for deletion.Submitted	October 2014	7	Complete	TRUE	Deleted from
21810	Treatment of rib fracture	Internal Fixation of Rib	April 2014	05			STS, ACS	Deleted from CPT	CMS Request - Final Rule for 2014	January 2014							FALSE			FALSE		October 2013	07	Complete	TRUE	Deleted from
21811	Open treatment of rib	Internal Fixation of Rib	April 2014	05			STS, ACS	19.55	CMS Request - Final Rule for 2014	January 2014	000	10.79	4.29		2.58	448	FALSE			FALSE		October 2013	07	Complete	TRUE	Decrease
21812	Open treatment of rib	Internal Fixation of Rib	April 2014	05			STS, ACS	25.00	CMS Request - Final Rule for 2014	January 2014	000	13.00	5.22		3.09	527	FALSE			FALSE		October 2013	07	Complete	TRUE	Decrease
21813	Open treatment of rib	Internal Fixation of Rib	April 2014	05			STS, ACS	35.00	CMS Request - Final Rule for 2014	January 2014	000	17.61	7.07		4.52	78	FALSE			FALSE		October 2013	07	Complete	TRUE	Decrease
21820	Closed treatment of sternum	Internal Fixation of Rib	April 2016	46			AAOS, ACEP,	PE Clinical staff pre-time	CMS Request - Final Rule for 2014 /	January 2014	090	1.36	2.96	3.02	0.29	124	TRUE	Jan 2018	yes	FALSE		October 2013	07	Complete	TRUE	PE Only
21825	Open treatment of sternum	Internal Fixation of Rib	April 2014	05			STS, ACS	Unrelated to the family	CMS Request - Final Rule for 2014	January 2014	090	7.76	7.10		1.82	473	FALSE			FALSE		October 2013	07	Complete	TRUE	Remove from
21935	Radical resection of tumor (eg,	Radical Resection of Soft	February 2009	6			ACS, AAOS	15.54	Site of Service Anomaly	September 2007	090	15.72	11.34		3.72	189	FALSE			TRUE	CPT developed new coding structure for	June 2008	06	New code	TRUE	Decrease
22214	Osteotomy of spine, posterior	RAW	September 2014	21			AAOS, NASS,	Maintain	CMS Fastest Growing	October 2008	090	21.02	18.65		6.25	6,758	FALSE			FALSE					TRUE	Maintain
22305	Closed treatment of vertebral	Closed treatment of	April 2015	23			AANS/CNS,	Deleted from CPT	CMS Request - Final Rule for 2014	July 2013							FALSE			TRUE	In October 2013, AAOS and NASS indicated	May 2016	13	Complete	TRUE	Deleted from
22310	Closed treatment of vertebral	Closed Treatment	September 2023	22	September 2028	RAW	AANS, AAOS,	Refer to CPT Assistant. 3.45.	Negative IWPUT / Site of Service	April 2017	090	3.45	4.88	5.31	0.77	5,440	TRUE	May	complete	FALSE					FALSE	Decrease
22510	Percutaneous vertebroplasty	Percutaneous	April 2014	06			AANS, CNS,	8.15	Codes Reported Together 75% or	April 2014	010	7.90	3.78	44.36	1.15	2,205	FALSE			FALSE		February 2014	16	Complete	TRUE	Decrease
22511	Percutaneous vertebroplasty	Percutaneous	April 2014	06			AANS, CNS,	8.05	Codes Reported Together 75% or	April 2014	010	7.33	3.68	44.95	1.07	2,659	FALSE			FALSE		February 2014	16	Complete	TRUE	Decrease
22512	Percutaneous vertebroplasty	Percutaneous	April 2014	06			AANS, CNS,	4.00	Codes Reported Together 75% or	April 2014	ZZZ	4.00	1.41	16.94	0.72	1,641	FALSE			FALSE		February 2014	16	Complete	TRUE	Decrease
22513	Percutaneous vertebral	Percutaneous	April 2014	06			AANS, CNS,	8.90	Codes Reported Together 75% or	April 2014	010	8.65	4.93	158.03	1.63	18,975	FALSE			FALSE		February 2014	16	Complete	TRUE	Decrease
22514	Percutaneous vertebral	Percutaneous	April 2014	06			AANS, CNS,	8.24	Codes Reported Together 75% or	April 2014	010	7.99	4.69	158.08	1.5	21,168	FALSE			FALSE		February 2014	16	Complete	TRUE	Decrease
22515	Percutaneous vertebral	Percutaneous	April 2014	06			AANS, CNS,	4.00	Codes Reported Together 75% or	April 2014	ZZZ	4.00	1.65	81.4	0.8	12,476	FALSE			FALSE		February 2014	16	Complete	TRUE	Decrease
22520	Percutaneous vertebroplasty	Percutaneous	April 2014	06			AANS, CNS,	Deleted from CPT	CMS Request - Practice Expense	February 2009							FALSE			TRUE	Joint Workgroup recommends that 72291	February 2014	16	Complete	TRUE	Deleted from
22521	Percutaneous vertebroplasty	Percutaneous	April 2014	06			AANS, CNS,	Deleted from CPT	Site of Service Anomaly (99238-	September 2007							FALSE			TRUE	Joint Workgroup recommends that 72291	February 2014	16	Complete	TRUE	Deleted from
22522	Percutaneous vertebroplasty	Percutaneous	April 2014	06			AANS, CNS,	Deleted from CPT	Codes Reported Together 75% or	April 2014							FALSE			FALSE		February 2014	16	Complete	TRUE	Deleted from
22523	Percutaneous vertebral	Percutaneous	April 2014	06			AANS, CNS,	Deleted from CPT	CMS Request: PE Review	September 2011							FALSE			FALSE		February 2014	16	Complete	TRUE	Deleted from
22524	Percutaneous vertebral	Percutaneous	April 2014	06			AANS, CNS,	Deleted from CPT	CMS Request: PE Review	September 2011							FALSE			FALSE		February 2014	16	Complete	TRUE	Deleted from
22525	Percutaneous vertebral	Percutaneous	April 2014	06			AANS, CNS,	Deleted from CPT	CMS Request: PE Review	September 2011							FALSE			FALSE		February 2014	16	Complete	TRUE	Deleted from
22533	Arthrodesis, lateral	Arthrodesis	September 2011	51			AAOS, NASS,	Remove from screen. CPT	CMS Fastest Growing	October 2008	090	24.79	18.88		6.5	632	TRUE	Oct 2009	Yes	FALSE					TRUE	Remove from
22551	Arthrodesis, anterior interbody,	Arthrodesis	February 2010	05			NASS,	24.50	Codes Reported Together 95% or	February 2010	090	25.00	18.17		8.33	31,110	FALSE			FALSE		October 2009	21		TRUE	Decrease
22552	Arthrodesis, anterior interbody,	Arthrodesis	February 2010	05			NASS,	6.50	Codes Reported Together 95% or	February 2010	ZZZ	6.50	3.22		2.13	28,816	FALSE			FALSE		October 2009	21		TRUE	Maintain
22554	Arthrodesis, anterior interbody	Arthrodesis	September 2022	13		RAW	AANS, AAOS,	Refer to CPT Assistant. 17.69	Codes Reported Together 95% or	February 2008	090	17.69	14.79		5.87	3,237	TRUE	Aug 2023	Yes	TRUE	Referred to the CPT Editorial Panel for	October 2009	21	Complete	FALSE	Maintain
22558	Arthrodesis, anterior interbody	Vertebral Corpectomy	September 2022	13			AANS/CNS,	Maintain	High Volume Growth2 / Codes	April 2013	090	23.53	16.00		6.52	19,795	FALSE			TRUE	In January 2015 the Joint CPT/RUC	September 2016	20	yes	TRUE	Maintain
22585	Arthrodesis, anterior interbody	Arthrodesis	February 2010	05			NASS,	Remove from screen	Codes Reported Together 95% or	February 2010	ZZZ	5.52	2.55		1.62	15,268	FALSE			FALSE		October 2009	21		TRUE	Maintain
22612	Arthrodesis, posterior or	Lumbar Arthrodesis	October 2015	21			AANS/CNS,	Review utilization data	Codes Reported Together 75% or	February 2010	090	23.53	17.52		6.74	41,911	FALSE			TRUE	The Workgroup accepts the specialties'	October 2010	16	Complete	TRUE	Maintain
22614	Arthrodesis, posterior or	Lumbar Arthrodesis	February 2011	04			AANS/CNS,	6.43	Codes Reported Together 75% or	February 2010	ZZZ	6.43	3.19		2.08	141,461	FALSE			FALSE					TRUE	Decrease
22630	Arthrodesis, posterior	Lumbar Arthrodesis	February 2011	04			AANS/CNS,	22.09	Codes Reported Together 75% or	February 2010	090	22.09	17.39		7.91	4,665	FALSE			TRUE	The Workgroup accepts the specialties'	October 2010	16	Complete	TRUE	Maintain
22632	Arthrodesis, posterior	Lumbar Arthrodesis	February 2011	04			AANS/CNS,	5.22	Codes Reported Together 75% or	February 2010	ZZZ	5.22	2.56		1.84	1,576	FALSE			FALSE					TRUE	Decrease
22633	Arthrodesis, combined	Lumbar Arthrodesis	February 2011	04			AANS/CNS,	27.75	Codes Reported Together 75% or	February 2010	090	26.80	19.44		8.45	34,486	FALSE			TRUE		October 2010	16	Complete	TRUE	Decrease
22634	Arthrodesis, combined	Lumbar Arthrodesis	February 2011	04			AANS/CNS,	8.16	Codes Reported Together 75% or	February 2010	ZZZ	7.96	3.95		2.58	13,296	FALSE			TRUE		October 2010	16	Complete	TRUE	Decrease
22843	Posterior segmental	Spine Fixation Device	February 2009	38			AAOS, NASS,	Remove from screen	CMS Fastest Growing	October 2008	ZZZ	13.44	6.68		4.31	9,067	FALSE			FALSE					TRUE	Remove from
22849	Reinsertion of spinal fixation	RAW	September 2014	21			AAOS, NASS,	Maintain	CMS Fastest Growing	October 2008	090	19.17	14.58		5.78	3,442	FALSE			TRUE	The Workgroup recommends that the	June 2010	10	Complete	TRUE	Maintain
22851	Application of intervertebral	Biomechancial Device	January 2016	06		RUC	AANS/CNS,	Deleted from CPT	CMS Fastest Growing / High Volume	October 2008							FALSE			TRUE	While preparing to survey CPT code 22851,	October 2015	14	Code	TRUE	Deleted from
22859	Insertion of intervertebral	Biomechancial Device	January 2016	06			AAOS, AANS,	6.00	CMS High Expenditure Procedural	October 2015	ZZZ	5.50	2.72		1.74	826	FALSE			FALSE					TRUE	Decrease
22867	Insertion of	Insertion of	January 2021	26			AAOS, AANS,	15.00	CMS High Expenditure Procedural	October 2015	090	15.00	12.76		4.71	1,065	FALSE			FALSE					TRUE	Increase
22868	Insertion of	Biomechancial Device	January 2016	06			AAOS, AANS,	5.50	CMS High Expenditure Procedural	October 2015	ZZZ	4.00	1.96		1.29	200	FALSE			FALSE					TRUE	Decrease
22900	Excision, tumor, soft tissue of	Subfascial Excision of Soft	February 2009	5			ACS, AAOS	8.21	Site of Service Anomaly	September 2007	090	8.32	6.88		1.95	420	FALSE			TRUE	CPT developed new coding structure for	June 2008	06	New code	TRUE	Increase
23076	Excision, tumor, soft tissue of	Subfascial Excision of Soft	February 2009	5			ACS, AAOS	7.28	Site of Service Anomaly	September 2007	090	7.41	7.46		1.64	549	FALSE			TRUE	CPT developed new coding structure for	June 2008	06	New code	TRUE	Decrease
23120	Claviculectomy; partial	Claviculectomy	April 2008	30			AAOS	7.23	Site of Service Anomaly	September 2007	090	7.39	9.10		1.51	3,929	FALSE			FALSE					TRUE	Maintain
23130	Acromioplasty or	Removal of Bone	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September 2007	090	7.77	9.53		1.59	930	FALSE			FALSE					TRUE	PE Only
23350	Injection procedure for	Injection for Shoulder X-	September 2011	13			ACR, AAOS	1.00	Harvard Valued - Utilization over	April 2011	000	1.00	0.37	3.75	0.1	25,269	FALSE			FALSE					TRUE	Maintain

23405	Tenotomy, shoulder area;	Tenotomy	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September 2007	090	8.54	8.62		1.55	2,124	FALSE			FALSE					TRUE	PE Only
23410	Repair of ruptured	Rotator Cuff	February 2008	12			AAOS	11.23	Site of Service Anomaly	September 2007	090	11.39	11.19		2.28	2,133	FALSE			FALSE					TRUE	Decrease
23412	Repair of ruptured	Rotator Cuff	September 2014	21			AAOS	Maintain work RVU and adjust	Site of Service Anomaly / Pre-Time	September 2007	090	11.93	11.51		2.4	7,034	FALSE			FALSE					TRUE	Decrease
23415	Coracoacromial ligament	Shoulder Ligament	October 2010	62			AAOS	9.23	Site of Service Anomaly	September 2007	090	9.23	10.16		1.87	245	FALSE			FALSE					TRUE	Decrease
23420	Reconstruction of complete	Rotator Cuff	February 2008	12			AAOS	13.35	Site of Service Anomaly	September 2007	090	13.54	13.23		2.76	1,011	FALSE			FALSE					TRUE	Decrease
23430	Tenodesis of long tendon of	Tenodesis	October 2009	12			AAOS	10.17	CMS Fastest Growing, Site of Service	September 2007	090	10.17	10.45		2.01	19,960	FALSE			FALSE					TRUE	Maintain
23440	Resection or transplantation of	Tendon Transfer	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September 2007	090	10.64	10.19		2.18	1,074	FALSE			FALSE					TRUE	PE Only
23472	Arthroplasty, glenohumeral	Arthroplasty	October 2015	21			AAOS	Remove from screen	CMS Fastest Growing / High Volume	October 2008	090	22.13	16.92		4.38	69,296	FALSE			FALSE					TRUE	Remove from
23540	Closed treatment of	PE Subcommittee	April 2016	46			AAOS, ACEP,	PE Clinical staff pre-time	Emergent Procedures	October 2015	090	2.36	4.60	4.66	0.47	307	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
23600	Closed treatment of proximal	Treatment of Humerus	September 2011	14			AAOS	3.00	Harvard Valued - Utilization over	April 2011	090	3.00	6.32	6.86	0.59	27,520	FALSE			FALSE					TRUE	Decrease
23625	Closed treatment of greater	PE Subcommittee	April 2016	46			AAOS, ACEP,	PE Clinical staff pre-time	Emergent Procedures	October 2015	090	4.10	6.06	7.11	0.85	114	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
23650	Closed treatment of shoulder	PE Subcommittee	April 2016	46			AAOS, ACEP and	PE Clinical staff pre-time	Emergent Procedures	October 2015	090	3.53	5.14	6.16	0.73	12,678	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
23655	Closed treatment of shoulder	PE Subcommittee	April 2016	46			AAOS, ACEP,	PE Clinical staff pre-time	Emergent Procedures	October 2015	090	4.76	6.87		0.97	2,466	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
23665	Closed treatment of shoulder	PE Subcommittee	April 2016	46			AAOS, ACEP,	PE Clinical staff pre-time	Emergent Procedures	October 2015	090	4.66	6.83	7.94	0.97	357	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
24505	Closed treatment of humeral	PE Subcommittee	April 2016	46			AAOS, ACEP,	PE Clinical staff pre-time	Emergent Procedures	October 2015	090	5.39	7.51	9.18	1.13	658	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
24600	Treatment of closed elbow	PE Subcommittee	April 2016	46			AAOS, ACEP,	PE Clinical staff pre-time	Emergent Procedures	October 2015	090	4.37	5.38	6.5	0.91	1,109	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
24605	Treatment of closed elbow	PE Subcommittee	April 2016	46			AAOS, ACEP,	PE Clinical staff pre-time	Emergent Procedures	October 2015	090	5.64	7.94		1.16	341	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
25116	Radical excision of bursa,	Forearm Excision	October 2010	63			ASSH, AAOS,	7.56	Site of Service Anomaly	September 2007	090	7.56	9.52		1.43	876	FALSE			FALSE					TRUE	Maintain
25210	Carpectomy; 1 bone	Carpectomy	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September 2007	090	6.12	7.85		1.17	3,245	FALSE			FALSE					TRUE	PE Only
25260	Repair, tendon or muscle,	Tendon Repair	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September 2007	090	8.04	9.82		1.54	897	FALSE			FALSE					TRUE	PE Only
25280	Lengthening or shortening of	Tendon Repair	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September 2007	090	7.39	8.53		1.4	1,512	FALSE			FALSE					TRUE	PE Only
25310	Tendon transplantation or	Hand, Wrist & Forearm	September 2023	04			AAOS, ASPS,	9.50	Site of Service Anomaly / Codes	September 2007	090	8.08	9.39		1.52	6,178	FALSE			FALSE					TRUE	Decrease
25312	Tendon transplantation or	Hand, Wrist & Forearm	September 2023	04	September 2029	RAW	AAOS, ASPS,	Review action plan	RUC Flag	September 2023	090	9.82	10.15		1.87	355	FALSE			FALSE					FALSE	
25447	Arthroplasty, interposition,	Hand, Wrist & Forearm	September 2023	04			AAOS, ASPS,	11.14	Codes Reported Together 75% or	April 2022	090	11.14	12.07		2.11	19,593	FALSE			TRUE	In April 2022, the Workgroup identified	May 2023	16	Yes	TRUE	Decrease
25565	Closed treatment of radial and	PE Subcommittee	April 2016	46			AAOS, ACEP,	PE Clinical staff pre-time	Emergent Procedures	October 2015	090	5.85	7.35	9.08	1.21	510	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
25605	Closed treatment of distal	PE Subcommittee	April 2016	46			AAOS, ACEP,	PE Clinical staff pre-time	Emergent Procedures	October 2015	090	6.25	8.29	9.24	1.28	18,140	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
25606	Percutaneous skeletal fixation	RAW	September 2014	21			AAOS, ASSH	Maintain work RVU and adjust	Pre-Time Analysis	September 2014	090	8.31	10.49		1.68	1,035	FALSE			FALSE					TRUE	Maintain
25607	Open treatment of distal radial	RAW	September 2014	21			AAOS, ASSH	Maintain work RVU and adjust	Pre-Time Analysis	September 2014	090	9.56	11.17		1.87	7,719	FALSE			FALSE					TRUE	Maintain
25608	Open treatment of distal radial	RAW	September 2014	21			AAOS, ASSH	Maintain work RVU and adjust	Pre-Time Analysis	September 2014	090	11.07	11.98		2.18	6,257	FALSE			FALSE					TRUE	Maintain
25609	Open treatment of distal radial	RAW	September 2014	21			AAOS, ASSH	Maintain work RVU and adjust	Pre-Time Analysis	January 2014	090	14.38	14.79		2.78	18,154	FALSE			FALSE					TRUE	Maintain
25675	Closed treatment of distal	PE Subcommittee	April 2016	46			AAOS, ACEP,	PE Clinical staff pre-time	Emergent Procedures	October 2015	090	4.89	6.93	8.33	1.03	506	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
26020	Drainage of tendon sheath,	Tendon Sheath	April 2018	07			AAOS, ASPS,	7.79	Negative IWPUT	April 2017	090	6.84	8.86		1.31	1,946	FALSE			FALSE					TRUE	Increase
26055	Tendon sheath incision (eg, for	Tendon Sheath	April 2018	07			AAOS, ASPS,	3.75	Negative IWPUT	April 2017	090	3.11	5.28	14.11	0.59	98,992	FALSE			FALSE					TRUE	Increase
26080	Arthrotomy, with exploration,	RAW	October 2015	21		RAW	ASSH, AAOS	Action plan for RAW Oct 2015.	Site of Service Anomaly / CPT	September 2007	090	4.47	6.97		0.85	1,699	TRUE	Sep 2012	Yes	FALSE					TRUE	Maintain
26160	Excision of lesion of tendon	Tendon Sheath	April 2018	07			AAOS, ASPS,	3.57	Negative IWPUT	April 2017	090	3.57	5.49	14.35	0.68	16,546	FALSE			FALSE					TRUE	Maintain
26356	Repair or advancement, flexor	Repair Flexor Tendon	April 2015	25		RUC	AAOS, ASPS,	10.03	Site of Service Anomaly (99238-	September 2007	090	9.56	12.90		1.79	976	FALSE			FALSE					TRUE	Decrease
26357	Repair or advancement, flexor	Repair Flexor Tendon	April 2015	25		RUC	AAOS, ASPS,	11.50	090-Day Global Post-Operative Visits	April 2014	090	11.00	13.89		2.26	80	FALSE			FALSE					TRUE	Increase
26358	Repair or advancement, flexor	Repair Flexor Tendon	April 2015	25		RUC	AAOS, ASPS,	13.10	090-Day Global Post-Operative Visits	April 2014	090	12.60	14.72		2.6	37	FALSE			FALSE					TRUE	Increase
26480	Transfer or transplant of	Hand, Wrist & Forearm	September 2023	04			AAOS, ASPS,	9.50	CMS Fastest Growing / Codes	October 2008	090	6.90	15.68		1.29	10,408	FALSE			TRUE	In April 2022, the Workgroup identified	May 2023	16	Yes	TRUE	Decrease
26483	Transfer or transplant of	Hand, Wrist & Forearm	September 2023	04	September 2029	RAW	AAOS, ASPS,	Review action plan	RUC Flag	September 2023	090	8.48	16.37		1.61	459	FALSE			FALSE					FALSE	
26700	Closed treatment of	PE Subcommittee	April 2016	46			AAOS, ACEP,	PE Clinical staff pre-time	Emergent Procedures	October 2015	090	3.83	5.21	6.05	0.76	465	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
26750	Closed treatment of distal	PE Subcommittee	April 2016	46			AAOS, ACEP,	PE Clinical staff pre-time	Emergent Procedures	October 2015	090	1.80	3.85	3.78	0.35	5,335	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
26755	Closed treatment of distal	PE Subcommittee	April 2016	46			AAOS, ACEP,	PE Clinical staff pre-time	Emergent Procedures	October 2015	090	3.23	4.70	6.14	0.64	429	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
26770	Closed treatment of	PE Subcommittee	April 2016	46			AAOS, ACEP,	PE Clinical staff pre-time	Emergent Procedures	October 2015	090	3.15	4.48	5.31	0.62	5,335	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
27048	Excision, tumor, soft tissue of	Excision of Subfascial Soft	February 2009	05			ACS, AAOS	8.74	Site of Service Anomaly	September 2007	090	8.85	7.72		0.02	275	FALSE			TRUE	CPT developed new coding structure for	June 2008	06	New code	TRUE	Increase
27062	Excision; trochanteric bursa or	Trochanteric Bursa	April 2008	32			AAOS	5.66	Site of Service Anomaly	September 2007	090	5.75	6.99		1.16	1,846	FALSE			FALSE					TRUE	Maintain
27096	Injection procedure for	Injection for Sacroiliac	April 2011	06			AAPM, AAPMR,	1.48	Different Performing Specialty from	October 2009	000	1.48	0.85	3.31	0.14	445,760	FALSE			TRUE	Refer to CPT Editorial Panel to change the	February 2011	76	Code	TRUE	Decrease
27130	Arthroplasty, acetabular and	Hip/Knee Arthroplasty	October 2019	11			AAOS, AAHKS	19.60	CMS High Expenditure Procedural	September 2011	090	19.60	15.00		4.03	170,673	FALSE			FALSE					TRUE	Decrease
27134	Revision of total hip	RAW	September 2014	21			AAOS, AAHKS	Maintain work RVU and adjust	Pre-Time Analysis	January 2014	090	30.28	20.52		6.24	9,668	FALSE			FALSE					TRUE	Maintain
27193	Closed treatment of pelvic ring	Closed Treatment of	January 2016	07			AAOS	Deleted from CPT	CMS Request - Final Rule for 2014	July 2013							FALSE			TRUE	Refer to CPT for deletion. There are	October 2015		Code	TRUE	Deleted from
27194	Closed treatment of pelvic ring	Closed Treatment of	January 2016	07			AAOS	Deleted from CPT	CMS Request - Final Rule for 2014	October 2015							FALSE			FALSE				Code	TRUE	Deleted from
27197	Closed treatment of posterior	Closed Treatment of	January 2016	07			AAOS	5.50	CMS Request - Final Rule for 2014	October 2015	000	1.53	2.20		0.31	7,980	FALSE			FALSE					TRUE	Decrease
27198	Closed treatment of posterior	Closed Treatment of	January 2016	07			AAOS	9.00	CMS Request - Final Rule for 2014	October 2015	000	4.75	3.87		0.88	164	FALSE			FALSE					TRUE	Decrease
27220	Closed treatment of	Closed Treatment	April 2018	08			AAOS	6.00	Negative IWPUT	April 2017	090	5.50	5.99	6.16	1.14	2,310	FALSE			FALSE					TRUE	Decrease
27230	Closed treatment of femoral	PE Subcommittee	April 2016	46			AAOS, ACEP,	PE Clinical staff pre-time	Emergent Procedures	October 2015	090	5.81	7.71	7.99	1.21	1,313	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
27232	Closed treatment of femoral	PE Subcommittee	April 2016	46			AAOS, ACEP,	PE Clinical staff pre-time	Emergent Procedures	October 2015	090	11.72	7.85		2.39	133	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
27236	Open treatment of femoral	Open Treatment of	October 2012	16			AAOS	17.61	CMS High Expenditure Procedural	September 2011	090	17.61	14.78		3.6	54,473	FALSE			FALSE					TRUE	Maintain
27240	Closed treatment of	PE Subcommittee	April 2016	46			AAOS, ACEP,	PE Clinical staff pre-time	Emergent Procedures	October 2015	090	13.81	12.20		2.81	206	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
27244	Treatment of intertrochanteric,	Treat Thigh Fracture	October 2008	12			AAOS	18.00	High IWPUT	April 2008	090	18.18	15.10		3.72	3,677	FALSE			FALSE					TRUE	Increase
27245	Treatment of intertrochanteric,	Treat Thigh Fracture	October 2008	12			AAOS	18.00	High IWPUT / CMS Fastest Growing	February 2008	090	18.18	15.07		3.7	75,667	FALSE			FALSE					TRUE	Decrease
27250	Closed treatment of hip	Closed Treatment of Hip	February 2008	18			ACEP	3.82	Site of Service Anomaly	September 2007	000	3.82	0.76		0.79	2,917	FALSE			FALSE					TRUE	Decrease
27252	Closed treatment of hip	PE Subcommittee	April 2016	46			AAOS, ACEP,	PE Clinical staff pre-time	Emergent Procedures	October 2015	090	11.03	9.41		2.26	1,020	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
27265	Closed treatment of post hip	PE Subcommittee	April 2016	46			AAOS, ACEP,	PE Clinical staff pre-time	Emergent Procedures	October 2015	090	5.24	6.55		1.11	6,338	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
27266	Closed treatment of post hip	PE Subcommittee	April 2016	46			AAOS, ACEP,	PE Clinical staff pre-time	Emergent Procedures	October 2015	090	7.78	8.42		1.59	4,675	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
27279	Arthrodesis, sacroiliac joint,	Arthodesis - Sacroiliac	April 2018	09			AANS, AAOS,	9.03	CMS Request - Final Rule for 2018	July 2017	090	12.13	9.60		2.43	7,567	FALSE			FALSE					TRUE	Maintain
27324	Biopsy, soft tissue of thigh or	Soft Tissue Biopsy	September 2007	16			ACS, AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September 2007	090	5.04	6.35		1.16	634	FALSE			FALSE					TRUE	PE Only
27369	Injection procedure for	Knee Arthrography	April 2024	12	April 2028	RAW	AAOS, AAPA,	Refer to CPT Assistant. 0.96	Harvard Valued - Utilization Over	June 2017	000	0.77	0.33	4.63	0.09	20,020	TRUE			TRUE	In June 2017, the CPT Editorial deleted of	February 2018	EC-O	complete	FALSE	Maintain
27370	Injection of contrast for knee	Knee Arthrography	October 2017	05			ACR	Deleted from CPT	High Volume Growth1 / CMS Fastest	February 2008							TRUE	Clinical	Yes	TRUE	In October 2016, the RUC went through	June 2017	09	yes	TRUE	Deleted from
27446	Arthroplasty, knee, condyle and	Knee Arthroplasty	April 2021	18			AAOS, AAHKS	17.13	CMS High Expenditure Procedural	September 2011	090	17.13	13.95		3.51	12,428	FALSE			FALSE					TRUE	Decrease
27447	Arthroplasty, knee, condyle and	Hip/Knee Arthroplasty	April 2021	18			AAOS, AAHKS	19.60	CMS High Expenditure Procedural	September 2011	090	19.60	14.96		4.01	297,732	FALSE			FALSE					TRUE	Decrease
27502	Closed treatment of femoral	PE Subcommittee	April 2016	46			AAOS, ACEP,	PE Clinical staff pre-time	Emergent Procedures	October 2015	090	11.36	9.15		2.34	381	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
27510	Closed treatment of femoral	PE Subcommittee	April 2016	46			AAOS, ACEP,	PE Clinical staff pre-time	Emergent Procedures	October 2015	090	9.80	8.94		2.02	288	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
27550	Closed treatment of knee	PE Subcommittee	April 2016	46			AAOS, ACEP,	PE Clinical staff pre-time	Emergent Procedures	October 2015	090	5.98	7.30	8.61	1.23	241	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
27552	Closed treatment of knee	PE Subcommittee	April 2016	46			AAOS, ACEP,	PE Clinical staff pre-time	Emergent Procedures	October 2015	090	8.18	9.56		1.67	231	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
27615	Radical resection of tumor (eg,	Radical Resecion of Soft	February 2009	6			ACS, AAOS	15.54	Site of Service Anomaly	September 2007	090	15.72	11.44		3.38	230	FALSE			TRUE	CPT developed new coding structure for	June 2008	06	New code	TRUE	Increase
27619	Excision, tumor, soft tissue of	Excision of Subfascial Soft	February 2009	5			ACS, AAOS	6.80	Site of Service Anomaly	September 2007	090	6.91	6.19		1.19	439	FALSE			TRUE	CPT developed new coding structure for	June 2008	06	New code	TRUE	Decrease
27640	Partial excision (craterization,	Leg Bone Resection	February 2008	19			AOFAS, AAOS	12.10	Site of Service Anomaly	September 2007	090	12.24	10.70		2.22	1,463	FALSE			TRUE	CPT Editorial Panel addressed in June 2008	June 2008	07	Complete	TRUE	Maintain
27641	Partial excision (craterization,	Leg Bone Resection	February 2008	19			AOFAS, AAOS	9.72	Site of Service Anomaly	February 2008	090	9.84	8.33		1.59	775	FALSE			TRUE	CPT Editorial Panel addressed in June 2008	June 2008	07	Complete	TRUE	Decrease
27650	Repair, primary, open or	Achilles Tendon Repair	February 2008	20			AAOS, AOFAS,	9.00	Site of Service Anomaly	September 2007	090	9.21	9.30		1.43	2,176	FALSE			FALSE					TRUE	Decrease
27654	Repair, secondary, Achilles	Achilles Tendon Repair	April 2008	33			AOFAS, APMA,	10.32	Site of Service Anomaly	September 2007	090	10.53	9.59		1.57	2,928	FALSE			FALSE					TRUE	Maintain
27685	Lengthening or shortening of	Tendon Repair	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September 2007	090	6.69	6.55	12.21	0.93	3,704	FALSE			FALSE					TRUE	PE Only
27687	Gastrocnemius recession (eg,	Tendon Repair	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September 2007	090	6.41	6.45		0.95	6,168	FALSE			FALSE					TRUE	PE Only
27690	Transfer or transplant of single	Tendon Transfer	April 2008	34			AOFAS, APMA,	8.96	Site of Service Anomaly	September 2007	090	9.17	8.85		1.32	1,096	FALSE			FALSE					TRUE	Maintain
27691	Transfer or transplant of single	Tendon Transfer	April 2008	34			AOFAS, APMA,	10.28	Site of Service Anomaly	September 2007	090	10.49	10.28		1.75	3,958	FALSE			FALSE					TRUE	Maintain
27752	Closed treatment of tibial shaft	PE Subcommittee	April 2016	46			AAOS, ACEP,	PE Clinical staff pre-time	Emergent Procedures	October 2015	090	6.27	7.54	8.99	1.29	954	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
27762	Closed treatment of medial	PE Subcommittee	April 2016	46			AAOS, ACEP,	PE Clinical staff pre-time	Emergent Procedures	October 2015	090	5.47	7.06	8.57	1.13	313	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
27792	Open treatment of distal fibular	Treatment of Ankle	February 2011	18			AAOS, AOFAS,	9.71	Site of Service Anomaly	June 2010	090	8.75	9.25		1.62	6,199	FALSE			FALSE					TRUE	Maintain
27810	Closed treatment of bimalleolar	PE Subcommittee	April 2016	46			AAOS, ACEP,	PE Clinical staff pre-time	Emergent Procedures	October 2015	090	5.32	6.85	8.34	1.1	2,510	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
27814	Open treatment of bimalleolar	RAW	September 2014	21			AAOS	Maintain work RVU and adjust	Pre-Time Analysis	January 2014	090	10.62	10.53		2.04	8,512	FALSE			FALSE					TRUE	Maintain
27818	Closed treatment of	Treatment of Fracture	April 2016	46			AAOS, ACEP,	PE Clinical staff pre-time	Site of Service Anomaly (99238-	September 2007	090	5.69	6.77	8.45	1.17	3,355	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
27825	Closed treatment of fracture of	PE Subcommittee	April 2016	46			AAOS, ACEP,	PE Clinical staff pre-time	Emergent Procedures	October 2015	090	6.69	7.12	8.81	1.32	577	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
27840	Closed treatment of ankle	PE Subcommittee	April 2016	46			AAOS, ACEP,	PE Clinical staff pre-time	Emergent Procedures	October 2015	090	4.77	6.26		0.97	1,719	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
28001	Incision and drainage, bursa,	Treatment of Foot	October 2020	14			AAOS, AOFAS,	2.00	010-Day Global Post-Operative	April 2020	000	2.00	0.69	2.96	0.17	2,308	FALSE			FALSE					TRUE	Decrease
28002	Incision and drainage below	Treatment of Foot	October 2020	14			AAOS, AOFAS,	3.50	010-Day Global Post-Operative	January 2014	000	2.79	1.15	4.32	0.25	5,285	FALSE			FALSE					TRUE	Decrease
28003	Incision and drainage below	Treatment of Foot	October 2020	14			AAOS, AOFAS,	5.28	010-Day Global Post-Operative	April 2020	000	5.28	1.86	5.46	0.57	4,650	FALSE			FALSE					TRUE	Decrease
28111	Ostectomy, complete excision;	Ostectomy	September 2007	16			APMA, AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September 2007	090	5.15	3.97	8.58	0.52	847	FALSE			FALSE					TRUE	PE Only
28120	Partial excision (craterization,	Removal of Foot Bone	February 2011	19			AOFAS, APMA,	8.27	Site of Service Anomaly	September 2007	090	7.31	6.74	11.88	0.96	4,510	FALSE			FALSE					TRUE	Increase
28122	Partial excision (craterization,	Removal of Foot Bone	February 2011	19			AOFAS, APMA,	7.72	Site of Service Anomaly	September 2007	090	6.76	5.81	10.31	0.73	12,802	FALSE			FALSE					TRUE	Maintain
28124	Partial excision (craterization,	Toe Removal	September 2007	16			APMA, AAOS	Remove 99238	Site of Service Anomaly (99238-	September 2007	090	5.00	4.69	8.89	0.45	8,456	FALSE			FALSE					TRUE	PE Only
28285	Correction, hammertoe (eg,	Orthopaedic	October 2010	31			AAOS, AOFAS,	5.62	Harvard Valued - Utilization over	February 2010	090	5.62	5.52	10.02	0.59	56,245	FALSE			FALSE					TRUE	Increase
28289	Hallux rigidus correction with	Bunionectomy	January 2016	08			AAOS, AOFAS,	6.90	090-Day Global Post-Operative Visits	October 2015	090	6.90	6.28	12.98	0.8	4,177	FALSE			FALSE		October 2015	19	Complete	TRUE	Decrease
28290	Correction, hallux valgus	Bunionectomy	January 2016	08			AAOS, AOFAS,	Deleted from CPT	090-Day Global Post-Operative Visits	October 2015							FALSE			FALSE		October 2015	19	Complete	TRUE	Deleted from
28291	Hallux rigidus correction with	Bunionectomy	January 2016	08			AAOS, AOFAS,	8.01	090-Day Global Post-Operative Visits	October 2015	090	8.01	5.77	11.92	0.74	2,134	FALSE			FALSE		October 2015	19	Complete	TRUE	Decrease
28292	Correction, hallux valgus with	Bunionectomy	January 2016	08			AAOS, AOFAS,	7.44	090-Day Global Post-Operative Visits	October 2015	090	7.44	6.54	12.84	0.74	4,670	FALSE			FALSE		October 2015	19	Complete	TRUE	Decrease
28293	Correction, hallux valgus	Bunionectomy	January 2016	08			AAOS, AOFAS,	Deleted from CPT	090-Day Global Post-Operative Visits	January 2014							FALSE			TRUE	In January 2014, the RUC reviewed 090-day	October 2015	19	Complete	TRUE	Deleted from
28294	Correction, hallux valgus	Bunionectomy	January 2016	08			AAOS, AOFAS,	Deleted from CPT	090-Day Global Post-Operative Visits	October 2015							FALSE			FALSE		October 2015	19	Complete	TRUE	Deleted from
28295	Correction, hallux valgus with	Bunionectomy	January 2016	08			AAOS, AOFAS,	8.57	090-Day Global Post-Operative Visits	October 2015	090	8.57	8.43	21.64	1.23	368	FALSE			FALSE		October 2015	19	Complete	TRUE	Decrease
28296	Correction, hallux valgus with	Bunionectomy	January 2016	08			AAOS, AOFAS,	8.25	Site of Service Anomaly	September 2007	090	8.25	6.51	17.5	0.77	6,059	FALSE			FALSE		October 2015	19	Complete	TRUE	Decrease
28297	Correction, hallux valgus with	Bunionectomy	January 2016	08			AAOS, AOFAS,	9.29	090-Day Global Post-Operative Visits	October 2015	090	9.29	7.77	20.25	1.13	3,336	FALSE			FALSE		October 2015	19	Complete	TRUE	Decrease
28298	Correction, hallux valgus with	Bunionectomy	January 2016	08			AAOS, AOFAS,	7.75	Site of Service Anomaly (99238-	September 2007	090	7.75	6.69	16.39	0.94	2,809	FALSE			FALSE		October 2015	19	Complete	TRUE	Decrease
28299	Correction, hallux valgus with	Bunionectomy	January 2016	08			AAOS, AOFAS,	9.29	090-Day Global Post-Operative Visits	October 2015	090	9.29	7.64	20	1.08	4,278	FALSE			FALSE		October 2015	19	Complete	TRUE	Decrease
28300	Osteotomy; calcaneus (eg,	Osteotomy	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September 2007	090	9.73	8.41		1.56	2,236	FALSE			FALSE					TRUE	PE Only
28310	Osteotomy, shortening, angular	Osteotomy	September 2007	16			APMA, AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September 2007	090	5.57	4.83	10.23	0.63	1,632	FALSE			FALSE					TRUE	PE Only
28470	Closed treatment of metatarsal	Treatment of Metatarsal	September 2011	15			AAOS, APMA,	2.03	Harvard Valued - Utilization over	April 2011	090	2.03	4.06	4.45	0.29	21,974	FALSE			FALSE					TRUE	Maintain
28660	Closed treatment of	PE Subcommittee	April 2016	46			AAOS, ACEP,	PE Clinical staff pre-time	Emergent Procedures	October 2015	010	1.28	1.36	2.34	0.24	525	TRUE	Jan 2018	yes	FALSE					TRUE	PE Only
28725	Arthrodesis; subtalar	Foot Arthrodesis	February 2011	20			AOFAS, APMA,	12.18	Site of Service Anomaly	September 2007	090	11.22	10.50		1.84	4,163	FALSE			FALSE					TRUE	Maintain

28730	Arthrodesis, midtarsal or	Foot Arthrodesis	February 2011	20			AOFAS, APMA,	12.42	Site of Service Anomaly	September 2007	090	10.70	9.63		1.6	3,939	FALSE			FALSE					TRUE	Maintain
28740	Arthrodesis, midtarsal or	Arthrodesis	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September 2007	090	9.29	8.09	14.28	1.27	3,837	FALSE			FALSE					TRUE	PE Only
28750	Arthrodesis, great toe;	RAW	April 2024	12	September 2024	RAW		Review action plan	Different Performing Specialty from	April 2024	090	8.57	7.70	13.71	1.16	12,575	FALSE			FALSE					FALSE	
28820	Amputation, toe;	Toe Amputation	April 2019	11			AAOS, ACS,	4.10	Site of Service Anomaly - 2018	October 2018	000	3.51	1.38	4.97	0.41	25,047	FALSE			FALSE					TRUE	Decrease
28825	Amputation, toe;	Toe Amputation	April 2019	11			AAOS, ACS,	4.00	Site of Service Anomaly	September 2007	000	3.41	1.36	4.94	0.4	12,537	FALSE			FALSE					TRUE	Decrease
29075	Application, cast; elbow to	Application of Forearm	September 2011	16			AAOS, ASSH	0.77	Harvard Valued - Utilization over	April 2011	000	0.77	0.97	1.77	0.15	55,034	FALSE			FALSE					TRUE	Maintain
29105	Application of long arm splint	Application of Long Arm	April 2017	11			AAOS, ACEP,	0.80	CMS 000-Day Global Typically	July 2016	000	0.80	0.29	1.58	0.16	21,813	FALSE			FALSE					TRUE	Decrease
29200	Strapping; thorax	Strapping Procedures	January 2014	35			APTA	0.39	High Volume Growth2	April 2013	000	0.39	0.13	0.55	0.02	11,021	FALSE			FALSE					TRUE	Decrease
29220	Deleted from CPT	Strapping; low back	April 2008	57			AAFP	Deleted from CPT	High Volume Growth1	February 2008							TRUE	Deleted	Yes	TRUE	The specialty society was unable to	October 2008	10	Code	TRUE	Deleted from
29240	Strapping; shoulder (eg,	Strapping Procedures	January 2014	35			APTA	0.39	High Volume Growth2	April 2013	000	0.39	0.12	0.48	0.02	17,397	FALSE			FALSE					TRUE	Decrease
29260	Strapping; elbow or wrist	Strapping Procedures	January 2014	35			APTA	0.39	High Volume Growth2	October 2013	000	0.39	0.14	0.45	0.03	4,449	FALSE			FALSE					TRUE	Decrease
29280	Strapping; hand or finger	Strapping Procedures	January 2014	35			APTA	0.39	High Volume Growth2	October 2013	000	0.39	0.16	0.46	0.05	4,221	FALSE			FALSE					TRUE	Decrease
29445	Application of rigid total	Application of Rigid Leg	April 2016	17			AAOS, AHKNS,	1.78	High Volume Growth3	October 2015	000	1.78	0.97	1.9	0.2	22,583	FALSE			FALSE					TRUE	Maintain
29520	Strapping; hip	Strapping Procedures	January 2014	35			APTA	0.39	High Volume Growth2	April 2013	000	0.39	0.13	0.63	0.02	15,436	FALSE			FALSE					TRUE	Decrease
29530	Strapping; knee	Strapping Procedures	January 2014	35			APTA	0.39	High Volume Growth2	April 2013	000	0.39	0.12	0.47	0.02	23,217	FALSE			FALSE					TRUE	Decrease
29540	Strapping; ankle and/or foot	Strapping Lower	April 2017	41ii			APMA	0.39	Harvard Valued - Utilization over	October 2009	000	0.39	0.09	0.42	0.03	157,789	FALSE			FALSE					TRUE	Decrease
29550	Strapping; toes	Strapping Lower	April 2017	41ii			APMA	0.25	Harvard Valued - Utilization over	February 2010	000	0.25	0.06	0.31	0.02	41,976	FALSE			FALSE					TRUE	Decrease
29580	Strapping; Unna boot	Strapping Multi Layer	October 2016	13		RUC	ACS, APMA, SVS	0.55	CMS High Expenditure Procedural	July 2015	000	0.55	0.16	1.3	0.07	202,398	FALSE			FALSE					TRUE	Maintain
29581	Application of multi-layer	Strapping Multi Layer	October 2016	13			ACS, APMA, SVS	0.60	CMS High Expenditure Procedural	July 2015	000	0.60	0.18	2.03	0.01	205,717	FALSE			FALSE					TRUE	Maintain
29582	Application of multi-layer	New Technology Review	October 2015	21			APTA	Deleted from CPT	New Technology/New Services	October 2015							TRUE	Aug 2016	Yes	FALSE		September 2016	22	yes	TRUE	Deleted from
29583	Application of multi-layer	New Technology Review	October 2015	21			APTA	Deleted from CPT	New Technology/New Services	October 2015							TRUE	Aug 2016	Yes	FALSE		September 2016	22	yes	TRUE	Deleted from
29584	Application of multi-layer	New Technology Review	January 2022	20			APTA	Maintain	New Technology/New Services /	October 2015	000	0.35	0.10	2.04	0.01	3,946	TRUE	Aug 2016	Yes	FALSE					TRUE	Maintain
29590	Denis-Browne splint strapping	Dennis-Browne splint	April 2012	07			APMA	Deleted from CPT	Harvard Valued - Utilization over	February 2010							FALSE			TRUE	This service was identified as part of the	February 2012	08	Code	TRUE	Deleted from
29805	Arthroscopy, shoulder,	Arthroscopy	April 2008	51			AAOS	No NF PE inputs	CMS Request - Practice Expense	NA	090	6.03	7.05		1.18	332	FALSE			FALSE					TRUE	PE Only
29822	Arthroscopy, shoulder, surgical;	Shoulder Debridement	January 2020	11				7.03	CMS Fastest Growing	October 2008	090	7.03	8.07		1.4	6,743	FALSE			TRUE	In October 2018, AMA staff identified the	September 2019	14	yes	TRUE	Decrease
29823	Arthroscopy, shoulder, surgical;	Shoulder Debridement	January 2020	11				7.98	Harvard-Valued Annual Allowed	October 2012	090	7.98	8.49		1.57	35,593	FALSE			TRUE	In October 2018, AMA staff identified the	September 2019	14	yes	TRUE	Decrease
29824	Arthroscopy, shoulder, surgical;	RAW	October 2015	21			AAOS	8.82	Codes Reported Together 75% or	February 2010	090	8.98	9.84		1.77	28,094	FALSE			FALSE					TRUE	Maintain
29826	Arthroscopy, shoulder, surgical;	RAW	October 2015	21			AAOS	3.00	Codes Reported Together 75% or	February 2010	ZZZ	3.00	1.52		0.58	60,904	FALSE			FALSE					TRUE	Decrease
29827	Arthroscopy, shoulder, surgical;	RAW	September 2022	13			AAOS	15.59. Maintain work RVU and	CMS Fastest Growing/ Codes	October 2008	090	15.59	13.60		3.07	60,858	FALSE			FALSE					TRUE	Maintain
29828	Arthroscopy, shoulder, surgical;	RAW	September 2022	13			AAOS	13.16	Codes Reported Together 75% or	February 2010	090	13.16	11.96		2.59	19,448	FALSE			FALSE					TRUE	Maintain
29830	Arthroscopy, elbow, diagnostic,	Arthroscopy	April 2008	51			AAOS	No NF PE inputs	CMS Request - Practice Expense	NA	090	5.88	6.97		1.08	86	FALSE			FALSE					TRUE	PE Only
29840	Arthroscopy, wrist, diagnostic,	Arthroscopy	April 2008	51			AAOS	No NF PE inputs	CMS Request - Practice Expense	NA	090	5.68	7.04		1.05	68	FALSE			FALSE					TRUE	PE Only
29870	Arthroscopy, knee, diagnostic,	Arthroscopy	October 2009	13			AAOS	New PE non-facility inputs	CMS Request - Practice Expense	NA	090	5.19	6.32	10.58	1.03	339	FALSE			FALSE					TRUE	PE Only
29888	Arthroscopically aided anterior	ACL Repair	April 2008	38			AAOS	14.14	Site of Service Anomaly	September 2007	090	14.30	12.35		2.77	961	FALSE			FALSE					TRUE	Maintain
29900	Arthroscopy,	Arthroscopy	April 2008	51			AAOS	No NF PE inputs	CMS Request - Practice Expense	NA	090	5.88	8.37		1.22		FALSE			FALSE					TRUE	PE Only
2X005		Hand, Wrist & Forearm	September 2023	04			AAOS, ASPS,	13.90	Codes Reported Together 75% or	April 2022							FALSE			FALSE					TRUE	Decrease
30140	Submucous resection inferior	Resection of Inferior	October 2016	14		RUC	AAOHNS	3.00	Harvard Valued - Utilization over	October 2015	000	3.00	1.90	5.48	0.43	43,131	FALSE			FALSE					TRUE	Decrease
30465	Repair of nasal vestibular	Repair Nasal Stenosis	September 2007	16			AAO-HNS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September 2007	090	12.36	16.82		1.82	3,083	FALSE			FALSE					TRUE	PE Only
30901	Control nasal hemorrhage,	Control Nasal	April 2016	20			AAOHNS	1.10	Harvard Valued - Utilization over	October 2009	000	1.10	0.40	3.41	0.19	65,527	FALSE			FALSE					TRUE	Maintain
30903	Control nasal hemorrhage,	Control Nasal	April 2016	20			AAOHNS	1.54	CMS Request - Final Rule for 2016	July 2015	000	1.54	0.50	5.52	0.26	35,148	FALSE			FALSE					TRUE	Maintain
30905	Control nasal hemorrhage,	Control Nasal	April 2016	20			AAOHNS	1.97	CMS Request - Final Rule for 2016	July 2015	000	1.97	0.84	8.19	0.35	3,814	FALSE			FALSE					TRUE	Maintain
30906	Control nasal hemorrhage,	Control Nasal	April 2016	20			AAOHNS	2.45	CMS Request - Final Rule for 2016	July 2015	000	2.45	1.11	8.43	0.4	738	FALSE			FALSE					TRUE	Maintain
31231	Nasal endoscopy, diagnostic,	Nasal/Sinus Endoscopy	January 2012	19	September 2024	RAW	AAO-HNS	Review action plan. 1.10	MPC List / Codes Reported Together	October 2010	000	1.10	0.67	4.37	0.16	623,935	FALSE			FALSE					TRUE	Maintain
31237	Nasal/sinus endoscopy,	Nasal/Sinus Endoscopy	April 2013	19			AAO-HNS	2.60	CMS High Expenditure Procedural	September 2011	000	2.60	1.81	4.76	0.38	122,300	FALSE			FALSE					TRUE	Decrease
31238	Nasal/sinus endoscopy,	Nasal/Sinus Endoscopy	April 2013	19			AAO-HNS	2.74	CMS High Expenditure Procedural	January 2012	000	2.74	1.87	4.4	0.4	24,805	FALSE			FALSE					TRUE	Decrease
31239	Nasal/sinus endoscopy,	Nasal/Sinus Endoscopy	April 2013	19			AAO-HNS	9.04	CMS High Expenditure Procedural	January 2012	010	9.04	8.13		1.01	1,208	FALSE			FALSE					TRUE	Decrease
31240	Nasal/sinus endoscopy,	Nasal/Sinus Endoscopy	April 2013	19			AAO-HNS	2.61	CMS High Expenditure Procedural	January 2012	000	2.61	1.77		0.38	4,009	FALSE			FALSE					TRUE	Maintain
31241	Nasal/sinus endoscopy,	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	8.51	Codes Reported Together 75% or	April 2015	000	8.00	4.07		1.2	450	FALSE			FALSE		September 2016	24	yes	TRUE	Decrease
31253	Nasal/sinus endoscopy, surgical	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	9.00	Codes Reported Together 75% or	April 2015	000	9.00	4.57		1.31	6,322	FALSE			FALSE		September 2016	24	yes	TRUE	Decrease
31254	Nasal/sinus endoscopy, surgical	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	4.27	CMS Request - Final Rule for 2016	July 2015	000	4.27	2.37	8.25	0.61	10,594	FALSE			FALSE		September 2016	24	yes	TRUE	Decrease
31255	Nasal/sinus endoscopy, surgical	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	5.75	Codes Reported Together 75% or	April 2015	000	5.75	3.05		0.83	7,525	FALSE			TRUE	In April 2015, the Joint CPT/RUC	September 2016	24	yes	TRUE	Decrease
31256	Nasal/sinus endoscopy,	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	3.11	CMS Request - Final Rule for 2016	July 2015	000	3.11	1.82		0.44	10,541	FALSE			FALSE		September 2016	24	yes	TRUE	Decrease
31257	Nasal/sinus endoscopy, surgical	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	8.00	Codes Reported Together 75% or	April 2015	000	8.00	4.10		1.18	4,524	FALSE			FALSE		September 2016	24	yes	TRUE	Decrease
31259	Nasal/sinus endoscopy, surgical	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	8.48	Codes Reported Together 75% or	April 2015	000	8.48	4.32		1.23	6,853	FALSE			FALSE		September 2016	24	yes	TRUE	Decrease
31267	Nasal/sinus endoscopy,	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	4.68	CMS Request - Final Rule for 2016	July 2015	000	4.68	2.55		0.69	22,683	FALSE			FALSE		September 2016	24	yes	TRUE	Decrease
31276	Nasal/sinus endoscopy,	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	6.75	Codes Reported Together 75% or	April 2015	000	6.75	3.53		0.99	11,570	FALSE			TRUE	In April 2015, the Joint CPT/RUC	September 2016	24	yes	TRUE	Decrease
31287	Nasal/sinus endoscopy,	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	3.50	Codes Reported Together 75% or	April 2015	000	3.50	2.00		0.5	2,236	FALSE			TRUE	In April 2015, the Joint CPT/RUC	September 2016	24	yes	TRUE	Decrease
31288	Nasal/sinus endoscopy,	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	4.10	Codes Reported Together 75% or	April 2015	000	4.10	2.28		0.6	3,387	FALSE			TRUE	In April 2015, the Joint CPT/RUC	September 2016	24	yes	TRUE	Decrease
31295	Nasal/sinus endoscopy,	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	2.70	Codes Reported Together 75% or	April 2015	000	2.70	1.62	46.2	0.39	21,727	FALSE			FALSE					TRUE	Maintain
31296	Nasal/sinus endoscopy,	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	3.10	Codes Reported Together 75% or	April 2015	000	3.10	1.81	46.51	0.44	5,979	FALSE			TRUE	In April 2015, the Joint CPT/RUC	September 2016	24	yes	TRUE	Decrease
31297	Nasal/sinus endoscopy,	Nasal/Sinus Endoscopy	January 2017	07			AAOHNS	2.44	Codes Reported Together 75% or	April 2015	000	2.44	1.50	46.06	0.36	1,339	FALSE			TRUE	In April 2015, the Joint CPT/RUC	September 2016	24	yes	TRUE	Decrease
31298	Nasal/sinus endoscopy,	Nasal/Sinus Endoscopy	October 2020	24			AAOHNS	4.50	Codes Reported Together 75% or	April 2015	000	4.50	2.47	87.52	0.66	15,200	FALSE			FALSE		September 2016	24	yes	TRUE	Decrease
31500	Intubation, endotracheal,	Endotracheal Intubation	October 2018	27			ACEP, ASA	3.00	CMS High Expenditure Procedural	July 2015	000	3.00	0.74		0.43	218,803	TRUE	Oct 2016	yes	FALSE					TRUE	Increase
31525	Laryngoscopy direct, with or	RAW	April 2024	12	September 2024	RAW		Review action plan	Codes Reported Together 75% or	April 2024	000	2.63	1.77	4.52	0.39	29,696	FALSE			FALSE					FALSE	
31551	Laryngoplasty; for laryngeal	Laryngoplasty	January 2016	09			AAOHNS	21.50	090-Day Global Post-Operative Visits	October 2015	090	21.50	21.78		3.14	1	FALSE			FALSE		October 2015	13	Complete	TRUE	Decrease
31552	Laryngoplasty; for laryngeal	Laryngoplasty	January 2016	09			AAOHNS	20.50	090-Day Global Post-Operative Visits	October 2015	090	20.50	21.34		2.97	24	FALSE			FALSE		October 2015	13	Complete	TRUE	Decrease
31553	Laryngoplasty; for laryngeal	Laryngoplasty	January 2016	09			AAOHNS	22.00	090-Day Global Post-Operative Visits	October 2015	090	22.00	25.34		3.21		FALSE			FALSE		October 2015	13	Complete	TRUE	Decrease
31554	Laryngoplasty; for laryngeal	Laryngoplasty	January 2016	09			AAOHNS	22.00	090-Day Global Post-Operative Visits	October 2015	090	22.00	25.36		3.21	14	FALSE			FALSE		October 2015	13	Complete	TRUE	Decrease
31571	Laryngoscopy, direct, with	Laryngoscopy	September 2007	16			AAO-HNS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September 2007	000	4.26	2.53		0.62	5,189	FALSE			FALSE					TRUE	PE Only
31575	Laryngoscopy, flexible;		October 2015	08			AAO-HNS	1.00	MPC List / CMS High Expenditure	October 2010	000	0.94	0.98	2.8	0.14	536,063	FALSE			FALSE					TRUE	Decrease
31579	Laryngoscopy, flexible or rigid	Laryngoscopy	October 2015	08			AAO-HNS	1.94	CMS Fastest Growing / CMS High	October 2008	000	1.88	1.45	3.82	0.25	81,659	FALSE			FALSE					TRUE	Decrease
31580	Laryngoplasty; for laryngeal	Laryngoplasty	January 2016	09			AAO-HNS	14.60	090-Day Global Post-Operative Visits	April 2014	090	14.60	21.90		2.13	18	FALSE			TRUE	CPT code 31588 was identified via the 090-	October 2015	13	Complete	TRUE	Decrease
31582	Laryngoplasty; for laryngeal	Laryngoplasty	January 2015	09			AAO-HNS	Deleted from CPT	090-Day Global Post-Operative Visits	April 2014							FALSE			TRUE	CPT code 31588 was identified via the 090-	October 2015	13	Deleted	TRUE	Deleted from
31584	Laryngoplasty; with open	Laryngoplasty	January 2016	09			AAO-HNS	20.00	090-Day Global Post-Operative Visits	April 2014	090	17.58	22.30		2.57	12	FALSE			TRUE	CPT code 31588 was identified via the 090-	October 2015	13	Complete	TRUE	Decrease
31587	Laryngoplasty, cricoid split,	Laryngoplasty	January 2016	09			AAO-HNS	15.27	090-Day Global Post-Operative Visits	April 2014	090	15.27	18.89		2.22	6	FALSE			TRUE	CPT code 31588 was identified via the 090-	October 2015	13	Complete	TRUE	Decrease
31588	Laryngoplasty, not otherwise	Laryngoplasty	January 2016	09			AAO-HNS	Deleted from CPT	090-Day Global Post-Operative Visits	January 2014							FALSE			TRUE	CPT code 31588 was identified via the 090-	October 2015	13	Deleted	TRUE	Deleted from
31591	Laryngoplasty, medialization,	Laryngoplasty	January 2016	09			AAOHNS	15.60	090-Day Global Post-Operative Visits	October 2015	090	13.56	17.63		0.02	1,038	FALSE			FALSE		October 2015	13	Complete	TRUE	Decrease
31592	Cricotracheal resection	Laryngoplasty	January 2016	09			AAOHNS	25.00	090-Day Global Post-Operative Visits	October 2015	090	25.00	23.44		3.64	32	FALSE			FALSE		October 2015	13	Complete	TRUE	Decrease
31600	Tracheostomy, planned	Tracheostomy	April 2016	21			AAOHNS	5.56	CMS High Expenditure Procedural	July 2015	000	5.56	2.43		1.08	19,723	FALSE			FALSE					TRUE	Increase
31601	Tracheostomy, planned	Tracheostomy	April 2016	21			AAOHNS	8.00	CMS High Expenditure Procedural	July 2015	000	8.00	4.23		1.18	5	FALSE			FALSE					TRUE	Increase
31603	Tracheostomy, emergency	Tracheostomy	April 2016	21			AAOHNS	6.00	CMS High Expenditure Procedural	July 2015	000	6.00	2.39		1.12	587	FALSE			FALSE					TRUE	Increase
31605	Tracheostomy, emergency	Tracheostomy	April 2016	21			AAOHNS	6.45	CMS High Expenditure Procedural	July 2015	000	6.45	2.08		1.26	224	FALSE			FALSE					TRUE	Increase
31610	Tracheostomy, fenestration	Tracheostomy	October 2016	15		RUC	AAOHNS, ACS	12.00	CMS High Expenditure Procedural	July 2015	090	12.00	14.97		1.84	1,072	FALSE			FALSE					TRUE	Increase
31611	Construction of	Speech Prosthesis	February 2008	S			AAO-HNS	Reduce 99238 to 0.5	Site of Service Anomaly	September 2007	090	6.00	9.31		0.9	618	FALSE			FALSE					TRUE	PE Only
31620	Endobronchial ultrasound	Endobronchial	January 2015	05			ACCP, ATS	Deleted from CPT	High Volume Growth2	April 2013							FALSE			TRUE	In January 2014, the RUC recommends	October 2014	10	Complete	TRUE	Deleted from
31622	Bronchoscopy, rigid or flexible,	Bronchial Aspiration of	January 2015	05			ACCP, ATS	2.78	High Volume Growth2	April 2013	000	2.53	1.06	4.64	0.31	34,089	FALSE			FALSE		October 2014	10	Complete	TRUE	Maintain
31623	Bronchoscopy, rigid or flexible,	Diagnostic Bronchoscopy	October 2017	09			ATS, CHEST	2.63	High Volume Growth4	October 2016	000	2.63	1.01	5.35	0.23	17,295	FALSE			FALSE					TRUE	Maintain
31624	Bronchoscopy, rigid or flexible,	Diagnostic Bronchoscopy	October 2017	09			ATS, CHEST	2.63	High Volume Growth4	October 2017	000	2.63	1.05	4.77	0.24	95,863	FALSE			FALSE					TRUE	Maintain
31625	Bronchoscopy, rigid or flexible,	Endobronchial	January 2015	05			ATS, CHEST	3.36	High Volume Growth2	April 2013	000	3.11	1.17	7.02	0.3	13,281	FALSE			FALSE		October 2014	10	Complete	TRUE	Maintain
31626	Bronchoscopy, rigid or flexible,	Endobronchial	January 2015	05			ACCP, ATS	4.16	High Volume Growth2	April 2013	000	3.91	1.41	19.07	0.46	2,253	FALSE			FALSE		October 2014	10	Complete	TRUE	Maintain
31628	Bronchoscopy, rigid or flexible,	Endobronchial	January 2015	05			ACCP, ATS	3.80	High Volume Growth2	April 2013	000	3.55	1.29	7.25	0.31	29,879	FALSE			FALSE		October 2014	10	Complete	TRUE	Maintain
31629	Bronchoscopy, rigid or flexible,	Endobronchial	January 2015	05			ACCP, ATS	4.00	High Volume Growth2	April 2013	000	3.75	1.36	9.41	0.36	17,310	FALSE			FALSE		October 2014	10	Complete	TRUE	Decrease
31632	Bronchoscopy, rigid or flexible,	Endobronchial	January 2015	05			ACCP, ATS	1.03	High Volume Growth2	April 2013	ZZZ	1.03	0.31	0.81	0.09	4,114	FALSE			FALSE					TRUE	Maintain
31633	Bronchoscopy, rigid or flexible,	Endobronchial	January 2015	05			ACCP, ATS	1.32	High Volume Growth2	April 2013	ZZZ	1.32	0.39	0.95	0.13	1,283	FALSE			FALSE					TRUE	Maintain
31645	Bronchoscopy, rigid or flexible,	Bronchial Aspiration of	October 2016	08		RUC	ATS, CHEST	2.88	Harvard Valued - Utilization over	October 2015	000	2.88	1.15	5.04	0.29	33,070	FALSE			FALSE		May 2016	14	Complete	TRUE	Decrease
31646	Bronchoscopy, rigid or flexible,	Bronchial Aspiration of	October 2016	08		RUC	ATS, CHEST	2.78	Harvard Valued - Utilization over	October 2015	000	2.78	1.12		0.27	3,888	FALSE			FALSE		May 2016	14	Complete	TRUE	Increase
31652	Bronchoscopy, rigid or flexible,	Endobronchial	January 2015	05			ATS, ACCP	5.00	High Volume Growth2	October 2014	000	4.46	1.57	32.22	0.42	23,278	FALSE			FALSE		October 2014	10	Complete	TRUE	Decrease
31653	Bronchoscopy, rigid or flexible,	Endobronchial	January 2015	05			ATS, ACCP	5.50	High Volume Growth2	October 2014	000	4.96	1.71	33.07	0.48	15,529	FALSE			FALSE		October 2014	10	Complete	TRUE	Decrease
31654	Bronchoscopy, rigid or flexible,	Bronchial Aspiration of	January 2015	05			ATS, ACCP	1.70	High Volume Growth2	October 2014	ZZZ	1.40	0.43	2.07	0.13	13,207	FALSE			FALSE		October 2014	10	Complete	TRUE	Decrease
32201	Pneumonostomy; with	Drainage of Abscess	January 2013	04				Deleted from CPT	Codes Reported Together 75% or	January 2012							FALSE			FALSE		October 2012	06	Complete	TRUE	Deleted from
32405	Biopsy, lung or mediastinum,	Lung Biopsy-CT Guidance	April 2019	05			ACR, SIR	Deleted from CPT	Codes Reported Together 75%or	October 2017							FALSE			TRUE	In October 2017, maintaining the	February 2019	11	complete	TRUE	Deleted from
32408	Core needle biopsy, lung or	Lung Biopsy-CT Guidance	April 2019	05			ACR, SIR	4.00	Codes Reported Together 75%or	April 2019	000	3.18	0.96	21.68	0.32	54,771	FALSE			FALSE					TRUE	Increase
32420	Pneumocentesis, puncture of	Thoracentesis with Tube	September 2011	17			ACCP, ACR, ATS,	Deleted from CPT	Harvard Valued - Utilization over	September 2011							FALSE			TRUE	In September 2011, the specialty societies	February 2012	10	Complete	TRUE	Deleted from
32421	Thoracentesis, puncture of	Thoracentesis with Tube	September 2011	17			ACCP, ACR, ATS,	Deleted from CPT	Harvard Valued - Utilization over	September 2011							FALSE			TRUE	In September 2011, the specialty societies	February 2012	10	Complete	TRUE	Deleted from
32422	Thoracentesis with insertion of	Thoracentesis with Tube	September 2011	17			ACCP, ACR, ATS,	Deleted from CPT	Harvard Valued - Utilization over	April 2011							FALSE			TRUE	In September 2011, the specialty societies	February 2012	10	Complete	TRUE	Deleted from
32440	Removal of lung,	RAW Review	January 2013	34			ACCP, ATS, ACR,	No reliable way to determine	CMS Request to Re-Review Families	November 2011	090	27.28	12.42		6.7	132	FALSE			FALSE					TRUE	Remove from
32480	Removal of lung, other than	RAW Review	January 2013	34			ACCP, ATS, ACR,	No reliable way to determine	CMS Request to Re-Review Families	November 2011	090	25.82	11.65		6.27	2,488	FALSE			FALSE					TRUE	Remove from
32482	Removal of lung, other than	RAW Review	January 2013	34			ACCP, ATS, ACR,	No reliable way to determine	CMS Request to Re-Review Families	November 2011	090	27.44	12.62		6.69	153	FALSE			FALSE					TRUE	Remove from
32491	Removal of lung, other than	RAW Review	January 2012	30			ACCP, ATS, ACR,	Request further information	CMS Request to Re-Review Families	November 2011	090	25.24	12.16		6.23	9	FALSE			FALSE					TRUE	Remove from
32551	Tube thoracostomy, includes	Chest Tube	April 2012	10			ACCP, ATS, ACR,	3.50	Harvard Valued - Utilization over	April 2011	000	3.04	1.02		0.53	29,955	FALSE			TRUE	In September 2011, the specialty societies	February 2012	09	Complete	TRUE	Increase
32554	Thoracentesis, needle or	Chest Tube Interventions	October 2012	04			ACCP, ACR, ATS,	1.82	Harvard Valued - Utilization over	October 2012	000	1.82	0.58	4.98	0.21	9,826	FALSE			FALSE		February 2012	10	Complete	TRUE	Decrease
32555	Thoracentesis, needle or	Chest Tube Interventions	October 2012	04			ACCP, ACR, ATS,	2.27	Harvard Valued - Utilization over	October 2012	000	2.27	0.71	6.86	0.22	207,717	FALSE			FALSE		February 2012	10	Complete	TRUE	Decrease
32556	Pleural drainage, percutaneous,	Chest Tube Interventions	October 2012	04			ACCP, ACR, ATS,	2.50	Harvard Valued - Utilization over	October 2012	000	2.50	0.79	19.23	0.37	4,383	FALSE			FALSE		February 2012	10	Complete	TRUE	Decrease
32557	Pleural drainage, percutaneous,	Chest Tube Interventions	October 2012	04			ACCP, ACR, ATS,	3.62	Harvard Valued - Utilization over	October 2012	000	3.12	0.94	16.17	0.31	33,651	FALSE			FALSE		February 2012	10	Complete	TRUE	Decrease
32663	Thoracoscopy, surgical; with	RAW review	January 2013	34			STS	No reliable way to determine	CMS Fastest Growing	October 2008	090	24.64	10.60		6.05	8,316	FALSE			FALSE					TRUE	Remove from
33010	Pericardiocentesis; initial	Pericardiocentesis and	January 2019	04				Deleted from CPT	Negative IWPUT	September 2018							FALSE			FALSE		September 2018	14	Complete	TRUE	Deleted from

33011	Pericardiocentesis; subsequent	Pericardiocentesis and	January 2019	04				Deleted from CPT	Negative IWPUT	September 2018							FALSE			FALSE		September 2018	14	Complete		TRUE	Deleted from
33015	Tube pericardiostomy	Pericardiocentesis and	January 2019	04			ACC	Deleted from CPT	Negative IWPUT	April 2017							FALSE			TRUE	A RUC member requested that the	September 2018	14	Complete		TRUE	Deleted from
33016	Pericardiocentesis, including	Pericardiocentesis and	January 2019	04				5.00	Negative IWPUT	September 2018	000	4.40	1.50		0.97	4,118	FALSE			FALSE		September 2018	14	Complete		TRUE	Increase
33017	Pericardial drainage with	Pericardiocentesis and	January 2019	04				5.50	Negative IWPUT	September 2018	000	4.62	1.59		1.04	3,497	FALSE			FALSE		September 2018	14	Complete		TRUE	Increase
33018	Pericardial drainage with	Pericardiocentesis and	January 2019	04				6.00	Negative IWPUT	September 2018	000	5.40	1.83		1.24	5	FALSE			FALSE		September 2018	14	Complete		TRUE	Increase
33019	Pericardial drainage with	Pericardiocentesis and	January 2019	04				5.00	Negative IWPUT	September 2018	000	4.29	1.34		0.52	242	FALSE			FALSE		September 2018	14	Complete		TRUE	Increase
33020	Pericardiotomy for removal of	Pericardiotomy	April 2018	10			AATS, STS	14.31	Negative IWPUT	April 2018	090	14.31	6.70		3.36	151	FALSE			TRUE	In April 2018, the specialty societies agreed	May 2018	EC	Yes		TRUE	Decrease
33025	Creation of pericardial window	Pericardiotomy	April 2018	10			AATS, STS	13.20	Negative IWPUT	April 2017	090	13.20	6.44		3.17	3,426	FALSE			TRUE	In April 2018, the specialty societies agreed	May 2018	EC	Yes		TRUE	Decrease
33207	Insertion of new or	Pacemaker or Pacing	April 2011	10			ACC	8.05	Codes Reported Together 75% or	February 2010	090	7.80	4.52		1.77	9,237	FALSE			TRUE	33213 - This code, when originally	February 2011	13	Complete		TRUE	Maintain
33208	Insertion of new or	Pacemaker or Pacing	April 2011	10			ACC	8.77	Codes Reported Together 75% or	February 2010	090	8.52	4.80		1.93	89,069	FALSE			TRUE	33213 - This code, when originally	February 2011	13	Complete		TRUE	Maintain
33212	Insertion of pacemaker pulse	Pacemaker or Pacing	September 2011	04			ACC	5.26	Codes Reported Together 75% or	February 2010	090	5.01	3.39		1.15	210	FALSE			TRUE	33213 - This code, when originally	February 2011	13	Complete		TRUE	Decrease
33213	Insertion of pacemaker pulse	Pacemaker or Pacing	September 2011	04			ACC	5.53	CMS Fastest Growing / Codes	October 2008	090	5.28	3.51		1.21	879	FALSE			TRUE	33213 - This code, when originally	February 2011	13	Complete		TRUE	Decrease
33221	Insertion of pacemaker pulse	Pacemaker or Pacing	September 2011	04			ACC	5.80	Codes Reported Together 75% or	April 2011	090	5.55	3.76		1.25	218	FALSE			FALSE		February 2011	13			TRUE	Decrease
33227	Removal of permanent	Pacemaker or Pacing	September 2011	04			ACC	5.50	Codes Reported Together 75% or	April 2011	090	5.25	3.57		1.21	2,450	FALSE			FALSE		February 2011	13			TRUE	Decrease
33228	Removal of permanent	Pacemaker or Pacing	September 2011	04			ACC	5.77	Codes Reported Together 75% or	April 2011	090	5.52	3.69		1.26	31,716	FALSE			FALSE		February 2011	13			TRUE	Decrease
33229	Removal of permanent	Pacemaker or Pacing	September 2011	04			ACC	6.04	Codes Reported Together 75% or	April 2011	090	5.79	3.90		1.32	6,071	FALSE			FALSE		February 2011	13			TRUE	Decrease
33230	Insertion of implantable	Pacemaker or Pacing	September 2011	04			ACC	6.32	Codes Reported Together 75% or	April 2011	090	6.07	3.58		1.4	66	FALSE			FALSE		February 2011	13			TRUE	Decrease
33231	Insertion of implantable	Pacemaker or Pacing	September 2011	04			ACC	6.59	Codes Reported Together 75% or	April 2011	090	6.34	4.07		1.43	105	FALSE			FALSE		February 2011	13			TRUE	Decrease
33233	Removal of permanent	Pacemaker or Pacing	April 2011	10			ACC	3.39	Codes Reported Together 75% or	February 2010	090	3.14	3.06		0.72	7,278	FALSE			TRUE	33213 - This code, when originally	February 2011	13	Complete		TRUE	Maintain
33240	Insertion of implantable	Pacemaker or Pacing	September 2011	04			ACC	6.06	Codes Reported Together 75% or	February 2010	090	5.80	3.75		1.33	87	FALSE			TRUE	33213 - This code, when originally	February 2011	13	Complete		TRUE	Decrease
33241	Removal of implantable	Pacemaker or Pacing	April 2011	10			ACC	3.29	Codes Reported Together 75% or	February 2010	090	3.04	2.63		0.7	4,615	FALSE			TRUE	33213 - This code, when originally	February 2011	13	Complete		TRUE	Maintain
33249	Insertion or replacement of	Pacemaker or Pacing	April 2011	10			ACC	15.17	Codes Reported Together 75% or	February 2010	090	14.92	8.53		3.4	30,061	FALSE			TRUE	33213 - This code, when originally	February 2011	13	Complete		TRUE	Maintain
33262	Removal of implantable	Pacemaker or Pacing	September 2011	04			ACC	6.06	Codes Reported Together 75% or	April 2011	090	5.81	3.86		1.32	2,428	FALSE			FALSE		February 2011	13			TRUE	Decrease
33263	Removal of implantable	Pacemaker or Pacing	September 2011	04			ACC	6.33	Codes Reported Together 75% or	April 2011	090	6.08	3.95		1.39	5,122	FALSE			FALSE		February 2011	13			TRUE	Decrease
33264	Removal of implantable	Pacemaker or Pacing	September 2011	04			ACC	6.60	Codes Reported Together 75% or	April 2011	090	6.35	4.10		1.46	12,489	FALSE			FALSE		February 2011	13			TRUE	Decrease
33274	Transcatheter insertion or	Transcatheter Insertion	September 2023	12	September 2026	RAW	ACC, HRS	Maintain and Review in 3	Site of Service Anomaly - 2023	April 2023	090	7.80	4.51		1.77	12,586	FALSE			FALSE						FALSE	
33275	Transcatheter removal of	Transcatheter Insertion	September 2023	12	September 2026	RAW	ACC, HRS	Maintain and Review in 3	Site of Service Anomaly - 2023	September 2023	090	8.59	4.30		1.99	42	FALSE			FALSE						FALSE	
33276	Insertion of phrenic nerve	Phrenic Nerve	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023	090	9.50	5.39		2.16		FALSE			FALSE						FALSE	
33277	Insertion of phrenic nerve	Phrenic Nerve	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023	ZZZ	5.43	2.24		1.25		FALSE			FALSE						FALSE	
33278	Removal of phrenic nerve	Phrenic Nerve	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023	090	9.55	5.21		2.21		FALSE			FALSE						FALSE	
33279	Removal of phrenic nerve	Phrenic Nerve	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023	090	5.42	3.59		1.25		FALSE			FALSE						FALSE	
33280	Removal of phrenic nerve	Phrenic Nerve	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023	090	3.04	2.82		0.31		FALSE			FALSE						FALSE	
33281	Repositioning of phrenic nerve	Phrenic Nerve	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023	090	6.00	3.71		1.38		FALSE			FALSE						FALSE	
33282	Implantation of patient-	Implantation and	April 2013	20				3.50	CMS Request - Final Rule for 2013	October 2012							FALSE			FALSE		February 2017	12	yes		TRUE	Deleted from
33284	Removal of an implantable,	Implantation and	April 2013	20				3.00	CMS Request - Final Rule for 2013	October 2012							FALSE			FALSE		February 2017	12	yes		TRUE	Deleted from
33287	Removal and replacement of	Phrenic Nerve	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023	090	6.05	4.00		1.39		FALSE			FALSE						FALSE	
33288	Removal and replacement of	Phrenic Nerve	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023	090	8.51	4.61		1.96		FALSE			FALSE						FALSE	
33364	Transcatheter aortic valve	Transcatheter Aortic	April 2024	12	April 2025	RAW		Review action plan	RAW Flag Service with Less than 30	April 2018							FALSE			FALSE						FALSE	
33405	Replacement, aortic valve,	Valve Replacement and	April 2012	40			STS	41.32	CMS High Expenditure Procedural	September 2011	090	41.32	15.52		9.92	11,794	FALSE			FALSE						TRUE	Maintain
33430	Replacement, mitral valve, with	Valve Replacement and	April 2012	40			STS	50.93	High IWPUT / CMS High Expenditure	February 2008	090	50.93	19.24		12.2	6,190	FALSE			FALSE						TRUE	Maintain
33533	Coronary artery bypass, using	Valve Replacement and	April 2012	40			STS	34.98	CMS High Expenditure Procedural	September 2011	090	33.75	13.24		8.1	44,477	FALSE			FALSE						TRUE	Increase
33620	Application of right and left	New Technology Review	January 2019	37			STS	CPT Article published July	New Technology/New Services /	January 2015	090	30.00	11.11		7.43	64	TRUE	July 2016	Yes	FALSE						TRUE	Maintain
33621	Transthoracic insertion of	New Technology Review	January 2019	37			STS	CPT Article published July	New Technology/New Services /	January 2015	090	16.18	7.31		3.99		TRUE	July 2016	Yes	FALSE						TRUE	Maintain
33622	Reconstruction of complex	New Technology Review	January 2019	37			STS	CPT Article published July	New Technology/New Services /	January 2015	090	64.00	20.85		15.85	2	TRUE	July 2016	Yes	FALSE						TRUE	Maintain
33741	Transcatheter atrial septostomy	Atrial Septostomy	January 2020	13				14.00	CMS Request - Final Rule for 2019	September 2019	000	14.00	4.76		3.23	72	FALSE			FALSE		September 2019	16	yes		TRUE	Maintain
33745	Transcatheter intracardiac	Atrial Septostomy	January 2020	13				20.00	CMS Request - Final Rule for 2019	September 2019	000	20.00	6.81		4.61	8	FALSE			FALSE		September 2019	16	yes		TRUE	Maintain
33746	Transcatheter intracardiac	Atrial Septostomy	January 2020	13				10.50	CMS Request - Final Rule for 2019	September 2019	ZZZ	8.00	2.72		1.84		FALSE			FALSE		September 2019	16	yes		TRUE	Maintain
33863	Ascending aorta graft, with	Aortic Graft	February 2008	S			STS, AATS	Remove from screen	High IWPUT	February 2008	090	58.79	19.32		14.07	1,873	FALSE			FALSE						TRUE	Remove from
33945	Heart transplant, with or	ECMO-ECLS	April 2014	11			STS, AAP, ACC,	16.00	CMS Request - Final Rule for 2014	November 2014	090	89.50	31.71		21.52	702	FALSE			FALSE		February 2014	23	Complete		TRUE	Maintain
33946	Extracorporeal membrane	ECMO-ECLS	April 2014	11			STS, AAP, ACC,	6.00	CMS Request - Final Rule for 2014	November 2014	XXX	6.00	1.78		1.29	418	FALSE			FALSE		February 2014	23	Complete		TRUE	Maintain
33947	Extracorporeal membrane	ECMO-ECLS	April 2014	11			STS, AAP, ACC,	6.63	CMS Request - Final Rule for 2014	November 2013	XXX	6.63	1.97		1.44	1,309	FALSE			FALSE		February 2014	23	Complete		TRUE	Maintain
33948	Extracorporeal membrane	ECMO-ECLS	April 2014	11			STS, AAP, ACC,	4.73	CMS Request - Final Rule for 2014	November 2013	XXX	4.73	1.44		0.8	4,715	FALSE			FALSE		February 2014	23	Complete		TRUE	Maintain
33949	Extracorporeal membrane	ECMO-ECLS	April 2014	11			STS, AAP, ACC,	4.60	CMS Request - Final Rule for 2014	November 2013	XXX	4.60	1.40		0.81	5,755	FALSE			FALSE		February 2014	23	Complete		TRUE	Maintain
33951	Extracorporeal membrane	ECMO-ECLS	April 2014	11			STS, AAP, ACC,	8.15	CMS Request - Final Rule for 2014	November 2013	000	8.15	2.29		1.87		FALSE			FALSE		February 2014	23	Complete		TRUE	Maintain
33952	Extracorporeal membrane	ECMO-ECLS	April 2014	11			STS, AAP, ACC,	8.43	CMS Request - Final Rule for 2014	November 2013	000	8.15	2.51		1.84	1,293	FALSE			FALSE		February 2014	23	Complete		TRUE	Maintain
33953	Extracorporeal membrane	ECMO-ECLS	April 2014	11			STS, AAP, ACC,	9.83	CMS Request - Final Rule for 2014	November 2013	000	9.11	2.54		2.1		FALSE			FALSE		February 2014	23	Complete		TRUE	Maintain
33954	Extracorporeal membrane	ECMO-ECLS	April 2014	11			STS, AAP, ACC,	9.43	CMS Request - Final Rule for 2014	November 2014	000	9.11	2.64		2.17	240	FALSE			FALSE		February 2014	23	Complete		TRUE	Maintain
33956	Extracorporeal membrane	ECMO-ECLS	April 2014	11			STS, AAP, ACC,	16.00	CMS Request - Final Rule for 2014	November 2014	000	16.00	4.59		3.87	381	FALSE			FALSE		February 2014	23	Complete		TRUE	Maintain
33957	Extracorporeal membrane	ECMO-ECLS	April 2014	11			STS, AAP, ACC,	4.00	CMS Request - Final Rule for 2014	November 2014	000	3.51	1.05		0.8		FALSE			FALSE		February 2014	23	Complete		TRUE	Maintain
33958	Extracorporeal membrane	ECMO-ECLS	April 2014	11			STS, AAP, ACC,	4.05	CMS Request - Final Rule for 2014	November 2014	000	3.51	1.05		0.8	63	FALSE			FALSE		February 2014	23	Complete		TRUE	Maintain
33959	Extracorporeal membrane	ECMO-ECLS	April 2014	11			STS, AAP, ACC,	4.69	CMS Request - Final Rule for 2014	November 2014	000	4.47	1.31		1.05		FALSE			FALSE		February 2014	23	Complete		TRUE	Maintain
33960	Prolonged extracorporeal	ECMO-ECLS	April 2014	11			STS, AAP, ACC,	Deleted from CPT	CMS Request - Final Rule for 2014	July 2013							FALSE			TRUE	October 2013 the RUC recommended to	February 2014	23	Complete		TRUE	Deleted from
33961	Prolonged extracorporeal	ECMO-ECLS	April 2014	11			STS, AAP, ACC,	Deleted from CPT	CMS Request - Final Rule for 2014	July 2013							FALSE			TRUE	October 2013 the RUC recommended to	February 2014	23	Complete		TRUE	Deleted from
33962	Extracorporeal membrane	ECMO-ECLS	April 2014	11			STS, AAP, ACC,	4.73	CMS Request - Final Rule for 2014	November 2014	000	4.47	1.31		1.05	18	FALSE			FALSE		February 2014	23	Complete		TRUE	Maintain
33963	Extracorporeal membrane	ECMO-ECLS	April 2014	11			STS, AAP, ACC,	9.00	CMS Request - Final Rule for 2014	November 2014	000	9.00	2.51		2.08		FALSE			FALSE		February 2014	23	Complete		TRUE	Maintain
33964	Extracorporeal membrane	ECMO-ECLS	April 2014	11			STS, AAP, ACC,	9.50	CMS Request - Final Rule for 2014	November 2014	000	9.50	2.65		2.2	17	FALSE			FALSE		February 2014	23	Complete		TRUE	Maintain
33965	Extracorporeal membrane	ECMO-ECLS	April 2014	11			STS, AAP, ACC,	3.51	CMS Request - Final Rule for 2014	November 2014	000	3.51	1.05		0.8		FALSE			FALSE		February 2014	23	Complete		TRUE	Maintain
33966	Extracorporeal membrane	ECMO-ECLS	April 2014	11			STS, AAP, ACC,	4.50	CMS Request - Final Rule for 2014	November 2014	000	4.50	1.40		1.04	422	FALSE			FALSE		February 2014	23	Complete		TRUE	Maintain
33969	Extracorporeal membrane	ECMO-ECLS	April 2014	11			STS, AAP, ACC,	6.00	CMS Request - Final Rule for 2014	November 2014	000	5.22	1.50		1.21	1	FALSE			FALSE		February 2014	23	Complete		TRUE	Maintain
33984	Extracorporeal membrane	ECMO-ECLS	April 2014	11			STS, AAP, ACC,	6.38	CMS Request - Final Rule for 2014	November 2014	000	5.46	1.53		1.31	423	FALSE			FALSE		February 2014	23	Complete		TRUE	Maintain
33985	Extracorporeal membrane	ECMO-ECLS	April 2014	11			STS, AAP, ACC,	9.89	CMS Request - Final Rule for 2014	November 2014	000	9.89	2.75		2.28		FALSE			FALSE		February 2014	23	Complete		TRUE	Maintain
33986	Extracorporeal membrane	ECMO-ECLS	April 2014	11			STS, AAP, ACC,	10.00	CMS Request - Final Rule for 2014	November 2014	000	10.00	2.92		2.4	200	FALSE			FALSE		February 2014	23	Complete		TRUE	Maintain
33987	Arterial exposure with creation	ECMO-ECLS	April 2014	11			STS, AAP, ACC,	4.08	CMS Request - Final Rule for 2014	November 2014	ZZZ	4.04	1.08		0.94	38	FALSE			FALSE		February 2014	23	Complete		TRUE	Maintain
33988	Insertion of left heart vent by	ECMO-ECLS	April 2014	11			STS, AAP, ACC,	15.00	CMS Request - Final Rule for 2014	November 2014	000	15.00	4.11		3.47	23	FALSE			FALSE		February 2014	23	Complete		TRUE	Maintain
33989	Removal of left heart vent by	ECMO-ECLS	April 2014	11			STS, AAP, ACC,	9.50	CMS Request - Final Rule for 2014	November 2013	000	9.50	2.65		2.2	6	FALSE			FALSE		February 2014	23	Complete		TRUE	Maintain
34701	Endovascular repair of	Endovascular Repair	January 2017	10			SVS, SIR, STS,	23.71	Codes Reported Together 75%or	January 2017	090	23.71	6.68		5.72	597	FALSE			FALSE						TRUE	Decrease
34702	Endovascular repair of	Endovascular Repair	January 2017	10			SVS, SIR, STS,	36.00	Codes Reported Together 75%or	January 2017	090	36.00	9.08		8.85	79	FALSE			FALSE						TRUE	Decrease
34703	Endovascular repair of	Endovascular Repair	January 2017	10			SVS, SIR, STS,	26.52	Codes Reported Together 75%or	January 2017	090	26.52	7.16		6.43	585	FALSE			FALSE						TRUE	Decrease
34704	Endovascular repair of	Endovascular Repair	January 2017	10			SVS, SIR, STS,	45.00	Codes Reported Together 75%or	January 2017	090	45.00	10.97		10.89	89	FALSE			FALSE						TRUE	Decrease
34705	Endovascular repair of	Endovascular Repair	January 2017	10			SVS, SIR, STS,	29.58	Codes Reported Together 75%or	January 2017	090	29.58	7.85		7.17	9,807	FALSE			FALSE						TRUE	Decrease
34706	Endovascular repair of	Endovascular Repair	January 2017	10			SVS, SIR, STS,	45.00	Codes Reported Together 75%or	January 2017	090	45.00	10.51		10.96	571	FALSE			FALSE						TRUE	Decrease
34707	Endovascular repair of iliac	Endovascular Repair	January 2017	10			SVS, SIR, STS,	22.28	Codes Reported Together 75%or	January 2017	090	22.28	6.23		5.41	363	FALSE			FALSE						TRUE	Decrease
34708	Endovascular repair of iliac	Endovascular Repair	January 2017	10			SVS, SIR, STS,	36.50	Codes Reported Together 75%or	January 2017	090	36.50	7.56		9.11	77	FALSE			FALSE						TRUE	Decrease
34709	Placement of extension	Endovascular Repair	January 2017	10			SVS, SIR, STS,	6.50	Codes Reported Together 75%or	January 2017	ZZZ	6.50	1.32		1.57	2,121	FALSE			FALSE						TRUE	Decrease
34710	Delayed placement of distal or	Endovascular Repair	January 2017	10			SVS, SIR, STS,	15.00	Codes Reported Together 75%or	January 2017	090	15.00	4.67		3.63	941	FALSE			FALSE						TRUE	Decrease
34711	Delayed placement of distal or	Endovascular Repair	January 2017	10			SVS, SIR, STS,	6.00	Codes Reported Together 75%or	January 2017	ZZZ	6.00	1.11		1.47	254	FALSE			FALSE						TRUE	Decrease
34712	Transcatheter delivery of	Endovascular Repair	January 2017	10			SVS, SIR, STS,	12.00	Codes Reported Together 75%or	January 2017	090	12.00	4.34		2.86	635	FALSE			FALSE						TRUE	Decrease
34713	Percutaneous access and	Endovascular Repair	January 2017	10			SVS, SIR, STS,	2.50	Codes Reported Together 75%or	January 2017	ZZZ	2.50	0.49		0.6	15,069	FALSE			FALSE						TRUE	Decrease
34714	Open femoral artery exposure	Endovascular Repair	January 2017	10			SVS, SIR, STS,	5.25	Codes Reported Together 75%or	January 2017	ZZZ	5.25	1.35		1.27	412	FALSE			FALSE						TRUE	Decrease
34715	Open axillary/subclavian artery	Endovascular Repair	January 2017	10			SVS, SIR, STS,	6.00	Codes Reported Together 75%or	January 2017	ZZZ	6.00	1.22		1.49	178	FALSE			FALSE						TRUE	Decrease
34716	Open axillary/subclavian artery	Endovascular Repair	January 2017	10			SVS, SIR, STS,	7.19	Codes Reported Together 75%or	January 2017	ZZZ	7.19	1.96		1.72	1,381	FALSE			FALSE						TRUE	Decrease
34800	Endovascular repair of	Endovascular Repair	January 2017	10			AAOHNS	Deleted from CPT	Codes Reported Together 75%or	October 2015							FALSE			FALSE						TRUE	Deleted from
34802	Endovascular repair of	Endovascular Repair	January 2017	10			SVS, SIR, STS,	Deleted from CPT	Pre-Time Analysis / Codes Reported	January 2014							FALSE			TRUE	Referred to CPT for revision. In May 2016	September 2016		yes		TRUE	Deleted from
34803	Endovascular repair of	Endovascular Repair	January 2017	10			SVS, SIR, STS,	Deleted from CPT	Codes Reported Together 75%or	October 2015							FALSE			FALSE						TRUE	Deleted from
34804	Endovascular repair of	Endovascular Repair	January 2017	10			SVS, SIR, STS,	Deleted from CPT	Codes Reported Together 75%or	October 2015							FALSE			FALSE						TRUE	Deleted from
34805	Endovascular repair of	Endovascular Repair	January 2017	10			SVS, SIR, STS,	Deleted from CPT	Codes Reported Together 75%or	January 2017							FALSE			FALSE						TRUE	Deleted from
34806	Transcatheter placement of	Endovascular Repair	January 2017	10			SVS, SIR, STS,	Deleted from CPT	Codes Reported Together 75%or	January 2017							FALSE			FALSE						TRUE	Deleted from
34812	Open femoral artery exposure	Endovascular Repair	January 2017	10			SVS, SIR, STS,	4.13	Pre-Time Analysis	January 2014	ZZZ	4.13	0.85		1.03	4,768	FALSE			TRUE	Referred to CPT for revision. In May 2016	September 2016	27	yes		TRUE	Decrease
34820	Open iliac artery exposure for	Endovascular Repair	January 2017	10			SVS, SIR, STS,	7.00	Codes Reported Together 75%or	January 2017	ZZZ	7.00	1.09		1.73	40	FALSE			FALSE						TRUE	Decrease
34825	Placement of proximal or distal	Endovascular Repair	January 2017	10			SVS, SIR, STS,	Deleted from CPT	Pre-Time Analysis / Codes Reported	January 2014							FALSE			TRUE	Referred to CPT for revision. In May 2016	September 2016	27	yes		TRUE	Deleted from
34826	Placement of proximal or distal	Endovascular Repair	January 2017	10			SVS, SIR, STS,	Deleted from CPT	Codes Reported Together 75%or	January 2017							FALSE			FALSE						TRUE	Deleted from
34833	Open iliac artery exposure with	Endovascular Repair	January 2017	10			SVS, SIR, STS,	8.16	Codes Reported Together 75%or	January 2017	ZZZ	8.16	1.27		2.03	16	FALSE			FALSE						TRUE	Decrease
34834	Open brachial artery exposure	Endovascular Repair	January 2017	10			SVS, SIR, STS,	2.65	Codes Reported Together 75%or	January 2017	ZZZ	2.65	0.46		0.66	341	FALSE			FALSE						TRUE	Decrease
34900	Endovascular repair of iliac	Endovascular Repair	January 2017	10			SVS, SIR, STS,	Deleted from CPT	Codes Reported Together 75%or	January 2017							FALSE			FALSE						TRUE	Deleted from
35301	Thromboendarterectomy,	Thromboendarterectomy	January 2013	21			SVS	21.16	CMS High Expenditure Procedural	September 2011	090	21.16	6.59		5.35	23,542	FALSE			FALSE						TRUE	Increase
35450	Transluminal balloon	Open and Percutaneous	January 2016	15		RUC	ACR, SIR, SVS	Deleted from CPT	Codes Reported Together 75% or	October 2015							FALSE			FALSE						TRUE	Deleted from
35452	Transluminal balloon	Open and Percutaneous	January 2016	15		RUC	ACR, SIR, SVS	Deleted from CPT	Codes Reported Together 75% or	October 2015							FALSE			FALSE						TRUE	Deleted from
35454	Deleted from CPT	Endovascular	April 2010	07			ACC, ACR, SIR,	Deleted from CPT	CMS Fastest Growing	February 2010							FALSE			FALSE		February 2010	07			TRUE	Deleted from
35456	Deleted from CPT	Endovascular	April 2010	07			ACC, ACR, SIR,	Deleted from CPT	CMS Fastest Growing	February 2010							FALSE			FALSE		February 2010	07			TRUE	Deleted from
35458	Transluminal balloon	Open and Percutaneous	January 2016	15		RUC	ACR, SIR, SVS	Deleted from CPT	Codes Reported Together 75% or	October 2015							FALSE			FALSE						TRUE	Deleted from
35459	Deleted from CPT	Endovascular	April 2010	07			ACC, ACR, SIR,	Deleted from CPT	CMS Fastest Growing	February 2010							FALSE			FALSE		February 2010	07			TRUE	Deleted from
35460	Transluminal balloon	Open and Percutaneous	January 2016	15		RUC	ACR, SIR, SVS	Deleted from CPT	Codes Reported Together 75% or	October 2015							FALSE			FALSE						TRUE	Deleted from
35470	Deleted from CPT	Endovascular	April 2010	07			ACC, ACR, SIR,	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			TRUE	The code is part of a component coding	February 2010	07	Deleted-		TRUE	Deleted from
35471	Transluminal balloon	Open and Percutaneous	January 2016	15		RUC	ACR, SIR, SVS	Deleted from CPT	CMS Fastest Growing / Codes	October 2009							FALSE			TRUE	In January 2015, the Joint CPT/RUC	October 2015		Deleted		TRUE	Deleted from
35472	Transluminal balloon	Open and Percutaneous	January 2016	15		RUC	ACR, SIR, SVS	Deleted from CPT	CMS Fastest Growing / Codes	October 2009							FALSE			TRUE	The code is part of a component coding	Removed from CPT		Complete		TRUE	Deleted from
35473	Deleted from CPT	Endovascular	April 2010	07			ACC, ACR, SIR,	Deleted from CPT	CMS Fastest Growing	February 2010							FALSE			TRUE	The code is part of a component coding	February 2010	07	Deleted-		TRUE	Deleted from

35474	Deleted from CPT	Endovascular	April 2010	07			ACC, ACR, SIR,	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			TRUE	The code is part of a component coding	February 2010	07	Deleted-	TRUE	Deleted from
35475	Transluminal balloon	Open and Percutaneous	January 2016	15			ACR, SIR, SVS	Deleted from CPT	CMS Fastest Growing / CMS High	September 2011							FALSE			TRUE	In January 2015, the Joint CPT/RUC	October 2015		Deleted	TRUE	Deleted from
35476	Transluminal balloon	Open and Percutaneous	January 2016	15		RUC	ACR, SIR, SVS	Deleted from CPT	CMS Fastest Growing / CMS High	September 2011							FALSE			TRUE	In January 2015, the Joint CPT/RUC	October 2015		Deleted	TRUE	Deleted from
35490	Deleted from CPT	Endovascular	April 2010	07			SIR, ACR, SVS	Deleted from CPT	High Volume Growth1	April 2008							FALSE			TRUE	The RUC recommended that a CPT coding	February 2010	07	Deleted-	TRUE	Deleted from
35491	Deleted from CPT	Endovascular	April 2010	07			SIR, ACR, SVS	Deleted from CPT	High Volume Growth1	April 2008							FALSE			TRUE	The RUC recommended that a CPT coding	February 2010	07	Deleted-	TRUE	Deleted from
35492	Deleted from CPT	Endovascular	April 2010	07			SIR, ACR, SVS	Deleted from CPT	High Volume Growth1	April 2008							FALSE			TRUE	The RUC recommended that a CPT coding	February 2010	07	Deleted-	TRUE	Deleted from
35493	Deleted from CPT	Endovascular	April 2010	07			SIR, ACR, SVS	Deleted from CPT	High Volume Growth1	February 2008							FALSE			TRUE	The RUC recommended that a CPT coding	February 2010	07	Deleted-	TRUE	Deleted from
35494	Deleted from CPT	Endovascular	April 2010	07			SIR, ACR, SVS	Deleted from CPT	High Volume Growth1	April 2008							FALSE			TRUE	The RUC recommended that a CPT coding	February 2010	07	Deleted-	TRUE	Deleted from
35495	Deleted from CPT	Endovascular	April 2010	07			SIR, ACR, SVS	Deleted from CPT	High Volume Growth1	February 2008							FALSE			TRUE	The RUC recommended that a CPT coding	February 2010	07	Deleted-	TRUE	Deleted from
35701	Exploration not followed by	Exploration of Artery	January 2019	06			ACS, SVS	7.50	Negative IWPUT	January 2018	090	7.50	4.22		1.29	664	FALSE			TRUE	The RUC identified CPT code 35761 via the	September 2018	17	Complete	TRUE	Decrease
35702	Exploration not followed by	Exploration of Artery	January 2019	06				7.12	Negative IWPUT	September 2018	090	7.12	3.31		1.67	354	FALSE			FALSE		September 2018	17	Complete	TRUE	Decrease
35703	Exploration not followed by	Exploration of Artery	January 2019	06				7.50	Negative IWPUT	September 2018	090	7.50	2.95		1.79	531	FALSE			FALSE		September 2018	17	Complete	TRUE	Decrease
35721	Exploration (not followed by	Exploration of Artery	January 2019	06			ACS, SVS	Deleted from CPT	Negative IWPUT	January 2018							FALSE			TRUE	The RUC identified CPT code 35761 via the	September 2018	17	Complete	TRUE	Deleted from
35741	Exploration (not followed by	Exploration of Artery	January 2019	06			ACS, SVS	Deleted from CPT	Negative IWPUT	January 2018							FALSE			TRUE	The RUC identified CPT code 35761 via the	September 2018	17	Complete	TRUE	Deleted from
35761	Exploration (not followed by	Exploration of Artery	January 2019	06			ACS, SVS	Deleted from CPT	Negative IWPUT	April 2017							FALSE			TRUE	The RUC identified CPT code 35761 via the	September 2018	17	Complete	TRUE	Deleted from
36000	Introduction of needle or	Introduction of Needle or	April 2010	45			ACC, AUR, AAP,	CMS consider a bundled	Harvard Valued - Utilization over	October 2009	XXX	0.18	0.07	0.73	0.02		FALSE			TRUE	The specialty societies indicated they			Complete	TRUE	Maintain
36010	Introduction of catheter,	Introduction of Catheter	October 2013	18			ACR, SIR, SVS	Remove from re-review.	Codes Reported Together 75% or	February 2010	XXX	2.18	0.59	13.32	0.4	11,484	FALSE			FALSE		February 2011	15		TRUE	Remove from
36140	Introduction of needle or	Introduction of Needle or	October 2013	18			SVS, SIR, ACR,	Remove from re-review	Harvard Valued - Utilization over	April 2011	XXX	1.76	0.48	12.97	0.36	15,613	FALSE			FALSE					TRUE	Remove from
36145	Deleted from CPT	Arteriovenous Shunt	April 2009	9				Deleted from CPT	Codes Reported Together 95% or	February 2008							FALSE			TRUE	Referred to the CPT Editorial Panel for	February 2009	31	Code	TRUE	Deleted from
36147	Introduction of needle and/or	Dialysis Circuit -1	January 2016	14			ACR, RPA, SIR,	Deleted from CPT	Codes Reported Together 95% or	February 2008							FALSE			FALSE		October 2008	27	Complete	TRUE	Deleted from
36148	Introduction of needle and/or	Dialysis Circuit -1	January 2016	14			ACR, RPA, SIR,	Deleted from CPT	Codes Reported Together 95% or	February 2008							FALSE			FALSE		October 2008	27	Complete	TRUE	Deleted from
36215	Selective catheter placement,	Selective Catheter	April 2016	23			ACR, RPA, SIR,	4.17	Codes Reported Together 75% or	February 2010	000	4.17	1.44	25.76	0.6	29,794	FALSE			TRUE	The Workgroup recommends the			Complete	TRUE	Decrease
36216	Selective catheter placement,	Selective Catheter	April 2016	23			ACR, SIR, SVS	5.27	Codes Reported Together 75% or	February 2010	000	5.27	1.61	25.1	1.09	3,179	FALSE			TRUE	The Workgroup recommends the			Complete	TRUE	Maintain
36217	Selective catheter placement,	Selective Catheter	April 2016	23			ACR, SIR, SVS	6.29	Harvard Valued - Utilization over	April 2011	000	6.29	2.03	45.72	1.46	3,484	FALSE			TRUE	In September 2011, the specialty societies			Complete	TRUE	Maintain
36218	Selective catheter placement,	Selective Catheter	April 2016	23			ACR, SIR, SVS	1.01	CMS High Expenditure Procedural	July 2015	ZZZ	1.01	0.32	5	0.21	1,782	FALSE			FALSE					TRUE	Maintain
36221	Non-selective catheter	Cervicocerebral	April 2012	14			AAN, AANS,	4.51	Codes Reported Together 75% or	February 2010	000	3.92	1.05	24.32	0.88	1,228	FALSE			TRUE	The Workgroup recommends the	February 2012	12	Complete	TRUE	Decrease
36222	Selective catheter placement,	Cervicocerebral	April 2012	14			AAN, AANS,	6.00	Codes Reported Together 75% or	February 2010	000	5.28	1.84	29.94	1.3	5,149	FALSE			TRUE	The Workgroup recommends the	February 2012	12	Complete	TRUE	Decrease
36223	Selective catheter placement,	Cervicocerebral	October 2020	24			AAN, AANS,	6.50	Codes Reported Together 75% or	February 2010	000	5.75	2.34	42.25	1.64	25,259	FALSE			TRUE	The Workgroup recommends the	February 2012	12	Complete	TRUE	Decrease
36224	Selective catheter placement,	Cervicocerebral	October 2020	24			AAN, AANS,	7.55	Codes Reported Together 75% or	February 2010	000	6.25	2.77	53.13	1.91	33,266	FALSE			TRUE	The Workgroup recommends the	February 2012	12	Complete	TRUE	Decrease
36225	Selective catheter placement,	Cervicocerebral	April 2012	14			AAN, AANS,	6.50	Codes Reported Together 75% or	February 2010	000	5.75	2.27	39.76	1.63	9,323	FALSE			TRUE	The Workgroup recommends the	February 2012	12	Complete	TRUE	Decrease
36226	Selective catheter placement,	Cervicocerebral	April 2012	14			AAN, AANS,	7.55	Codes Reported Together 75% or	February 2010	000	6.25	2.73	51.59	1.88	28,071	FALSE			TRUE	The Workgroup recommends the	February 2012	12	Complete	TRUE	Decrease
36227	Selective catheter placement,	Cervicocerebral	April 2012	14			AAN, AANS,	2.32	Codes Reported Together 75% or	February 2010	ZZZ	2.09	0.86	4.56	0.63	15,940	FALSE			TRUE	The Workgroup recommends the	February 2012	12	Complete	TRUE	Decrease
36228	Selective catheter placement,	Cervicocerebral	April 2012	14			AAN, AANS,	4.25	Codes Reported Together 75% or	February 2010	ZZZ	4.25	1.77	32.91	1.36	1,884	FALSE			TRUE	The Workgroup recommends the	February 2012	12	Complete	TRUE	Decrease
36245	Selective catheter placement,	Selective Catheter	January 2013	22			ACC, ACR, SIR,	4.90	Harvard Valued - Utilization over	October 2009	XXX	4.65	1.40	31.02	0.83	30,297	FALSE			TRUE	An extensive lower extremity coding	February 2010 and	07 &	New code	TRUE	Decrease
36246	Selective catheter placement,	Vascular Injection	October 2012	27			SVS, SIR, ACR,	5.27	Harvard Valued - Utilization over	February 2010	000	5.02	1.32	18.52	1.04	26,912	FALSE			FALSE					TRUE	Maintain
36247	Selective catheter placement,	Vascular Injection	October 2012	27			SVS, SIR, ACR,	7.00	Harvard Valued - Utilization over	February 2010	000	6.04	1.62	34.69	1.03	60,850	FALSE			FALSE					TRUE	Increase
36248	Selective catheter placement,	Catheter Placement	October 2009	40			ACR, SIR	Remove from screen	CMS Fastest Growing	October 2008	ZZZ	1.01	0.27	2.3	0.12	29,154	FALSE			TRUE	The code is part of a component coding	February 2010	07	New code	TRUE	Remove from
36251	Selective catheter placement	Renal Angiography	April 2011	11			ACR, SIR	5.45	Codes Reported Together 75% or	February 2011	000	5.10	1.44	31.81	0.92	2,594	FALSE			FALSE					TRUE	Decrease
36252	Selective catheter placement	Renal Angiography	April 2011	11			ACR, SIR	7.38	Codes Reported Together 75% or	February 2011	000	6.74	2.20	32.81	1.49	4,570	FALSE			FALSE					TRUE	Decrease
36253	Superselective catheter	Renal Angiography	April 2011	11			ACR, SIR	7.55	Codes Reported Together 75% or	February 2011	000	7.30	2.11	50.84	0.88	1,700	FALSE			FALSE					TRUE	Decrease
36254	Superselective catheter	Renal Angiography	April 2011	11			ACR, SIR	8.15	Codes Reported Together 75% or	February 2011	000	7.90	2.54	48.56	1.72	204	FALSE			FALSE					TRUE	Decrease
36410	Venipuncture, age 3 years or	Venipunture	April 2010	36			ACP	0.18	Harvard Valued - Utilization over	October 2009	XXX	0.18	0.07	0.33	0.02	134,762	FALSE			FALSE					TRUE	Maintain
36475	Endovenous ablation therapy	Endovenous Ablation	April 2014	38			ACC, ACR, ACS,	5.30	High Volume Growth2	April 2013	000	5.30	1.70	25.26	1.15	83,381	FALSE			FALSE					TRUE	Decrease
36476	Endovenous ablation therapy	Endovenous Ablation	April 2014	38			ACC, ACR, ACS,	2.65	High Volume Growth2	October 2013	ZZZ	2.65	0.69	5.14	0.56	5,091	FALSE			FALSE					TRUE	Decrease
36478	Endovenous ablation therapy	Endovenous Ablation	April 2014	38			ACC, ACR, ACS,	5.30	High Volume Growth2	April 2013	000	5.30	1.76	22.57	1.09	32,008	FALSE			FALSE					TRUE	Decrease
36479	Endovenous ablation therapy	Endovenous Ablation	April 2014	38			ACC, ACR, ACS,	2.65	High Volume Growth2	April 2013	ZZZ	2.65	0.78	5.78	0.55	3,645	FALSE			FALSE					TRUE	Decrease
36481	Percutaneous portal vein	Interventional Radiology	February 2009	21			ACR, SIR	New PE Inputs	CMS Request - Practice Expense	NA	000	6.73	2.00	43.29	0.74	637	FALSE			FALSE					TRUE	PE Only
36511	Therapeutic apheresis; for	Therapeutic Apheresis	January 2017	12			CAP, RPA	2.00. Refer to CPT Assistant.	CMS Request - Final Rule for 2016	January 2017	000	2.00	1.15		0.13	333	TRUE	May	yes	FALSE		September 2016	30	yes	TRUE	Increase
36512	Therapeutic apheresis; for red	Therapeutic Apheresis	January 2017	12			CAP, RPA	2.00. Refer to CPT Assistant.	CMS Request - Final Rule for 2016	January 2017	000	2.00	1.00		0.12	2,732	TRUE	May	yes	FALSE		September 2016	30	yes	TRUE	Increase
36513	Therapeutic apheresis; for	Therapeutic Apheresis	January 2017	12			CAP, RPA	2.00. Refer to CPT Assistant.	CMS Request - Final Rule for 2016	January 2017	000	2.00	0.94		0.19	208	TRUE	May	yes	FALSE		September 2016	30	yes	TRUE	Increase
36514	Therapeutic apheresis; for	Therapeutic Apheresis	January 2024	11			AAFP, ASCO,	PE Only. 1.81. CPT Assistant	CMS Request - Final Rule for 2016 /	January 2017	000	1.81	0.79	17.98	0.15	21,488	TRUE	May	yes	FALSE		September 2016	30	yes	TRUE	Increase
36515	Therapeutic apheresis; with	Therapeutic Apheresis	January 2017	12			CAP, RPA	Deleted from CPT	CMS Request - Final Rule for 2016	January 2017							TRUE	May	yes	FALSE		September 2016	30	yes	TRUE	Deleted from
36516	Therapeutic apheresis; with	Therapeutic Apheresis	January 2024	11			AAFP, ASCO,	PE Only. 1.56. CPT Assistant	CMS Fastest Growing / CMS Request	October 2008	000	1.56	0.67	51.39	0.31	1,105	TRUE	Sep 2009	Yes	TRUE	CPT code 36516 was identified by Centers	September 2016	30	yes	TRUE	Increase
36522	Photopheresis, extracorporeal	Therapeutic Apheresis	January 2024	11			AAFP, ASCO,	PE Only. 1.75. CPT Assistant	CMS Request - Final Rule for 2016 /	January 2017	000	1.75	0.95	38.04	0.12	6,661	TRUE	May	yes	FALSE		September 2016	30	yes	TRUE	Increase
36555	Insertion of non-tunneled	Insertion of Catheter	October 2016	16		RUC	ACR, ASA	1.93	CMS High Expenditure Procedural	July 2015	000	1.93	0.39	3.51	0.16	24	FALSE			FALSE					TRUE	Decrease
36556	Insertion of non-tunneled	Insertion of Catheter	October 2016	16		RUC	ACR, ASA	1.75	CMS High Expenditure Procedural	July 2015	000	1.75	0.51	4.37	0.23	340,702	FALSE			FALSE					TRUE	Decrease
36557	Insertion of tunneled centrally	Insertion of Tunneled	January 2024	12	January 2025	RUC	ACR, ACS, APSA,	Refer to CPT	Site of Service Anomaly - 2023	April 2023	010	4.89	3.46	28	1.25	38	FALSE			TRUE	In April 2023, the Relativity Assessment	Sep 2024			FALSE	
36558	Insertion of tunneled centrally	Insertion of Tunneled	January 2024	12	January 2025	RUC	ACR, ACS, APSA,	Refer to CPT	Site of Service Anomaly - 2023	April 2023	010	4.59	2.40	19.07	0.64	99,678	FALSE			TRUE	In April 2023, the Relativity Assessment	Sep 2024			FALSE	
36560	Insertion of tunneled centrally	Insertion of Tunneled	January 2024	12	January 2025	RUC	ACR, ACS, APSA,	Refer to CPT	Site of Service Anomaly - 2023	April 2023	010	6.04	3.88	28.84	1.55	13	FALSE			TRUE	In April 2023, the Relativity Assessment	Sep 2024			FALSE	
36561	Insertion of tunneled centrally	Insertion of Tunneled	January 2024	12	January 2025	RUC	ACR, ACS, APSA,	Refer to CPT	Site of Service Anomaly - 2023	April 2023	010	5.79	3.06	21.99	0.96	113,563	FALSE			TRUE	In April 2023, the Relativity Assessment	Sep 2024			FALSE	
36563	Insertion of tunneled centrally	Insertion of Tunneled	January 2024	12	January 2025	RUC	ACR, ACS, OEIS,	Refer to CPT	Site of Service Anomaly - 2023	April 2023	010	5.99	3.50	25.09	1.23	202	FALSE			TRUE	In April 2023, the Relativity Assessment	Sep 2024			FALSE	
36565	Insertion of tunneled centrally	Insertion of Tunneled	January 2024	12	January 2025	RUC	ACR, ACS, OEIS,	Refer to CPT	Site of Service Anomaly - 2023	April 2023	010	5.79	2.94	17.45	1.25	660	FALSE			TRUE	In April 2023, the Relativity Assessment	Sep 2024			FALSE	
36566	Insertion of tunneled centrally	Insertion of Tunneled	January 2024	12	January 2025	RUC	OEIS, SIR, SVS	Refer to CPT	Site of Service Anomaly - 2023	April 2023	010	6.29	3.14	116.57	1.12	297	FALSE			TRUE	In April 2023, the Relativity Assessment	Sep 2024			FALSE	
36568	Insertion of peripherally	PICC Line Procedures	September 2022	13			ACR, SIR	2.11	Identified in RUC review of other	October 2016	000	2.11	0.34		0.25		FALSE			TRUE	In October 2016, The RUC noted that CPT	September 2017	16	Complete	TRUE	Decrease
36569	Insertion of peripherally	PICC Line Procedures	September 2022	13			ACR, SIR	1.90.	CMS High Expenditure Procedural	July 2015	000	1.90	0.60		0.29	9,219	FALSE			TRUE	In October 2016, The RUC noted that CPT	September 2017	16	Complete	TRUE	Decrease
36572	Insertion of peripherally	PICC Line Procedures	September 2022	13			ACR, SIR, SVS	2.00	CMS High Expenditure Procedural	September 2017	000	1.82	0.33	8.97	0.23	17	FALSE			FALSE					TRUE	Decrease
36573	Insertion of peripherally	PICC Line Procedures	September 2022	13			ACR, SIR, SVS	1.90	CMS High Expenditure Procedural	September 2017	000	1.70	0.57	9.39	0.17	58,842	FALSE			FALSE					TRUE	Decrease
36584	Replacement, complete, of a	PICC Line Procedures	September 2022	13			ACR, SIR	1.47	Identified in RUC review of other	October 2016	000	1.20	0.39	8.25	0.12	2,717	FALSE			TRUE	In October 2016, The RUC noted that CPT	September 2017	16	Complete	TRUE	Decrease
36620	Arterial catheterization or	Insertion of Catheter	April 2018	33			ACR, ASA	1.00	CMS High Expenditure Procedural	July 2015	000	1.00	0.21		0.09	515,373	FALSE			FALSE					TRUE	Decrease
36818	Arteriovenous anastomosis,	Arteriovenous	October 2013	10			ACS, SVS	13.00	CMS Request - Final Rule for 2013	November 2012	090	12.39	4.82		3.05	2,970	FALSE			FALSE					TRUE	Increase
36819	Arteriovenous anastomosis,	Arteriovenous	October 2013	10			ACS, SVS	15.00	CMS Request - Final Rule for 2013	November 2012	090	13.29	4.85		3.31	4,319	FALSE			FALSE					TRUE	Increase
36820	Arteriovenous anastomosis,	Arteriovenous	October 2013	10			ACS, SVS	13.99	Site of Service Anomaly / CMS	September 2007	090	13.07	5.04		3.23	888	FALSE			FALSE					TRUE	Decrease
36821	Arteriovenous anastomosis,	Arteriovenous	October 2013	10			ACS, SVS	11.90	Site of Service Anomaly / CMS	September 2007	090	11.90	4.56		2.93	21,155	FALSE			FALSE					TRUE	Decrease
36822	Insertion of cannula(s) for	ECMO-ECLS	April 2014	11			STS, AAP, ACC,	Deleted from CPT	CMS Request - Final Rule for 2014	February 2011							FALSE			TRUE	Added as part of 33960 and 33961 family.	February 2014	23	Complete	TRUE	Deleted from
36825	Creation of arteriovenous	Arteriovenous	October 2013	10			ACS, SVS	15.93	Site of Service Anomaly / CMS	September 2007	090	14.17	5.62		3.53	1,140	FALSE			FALSE					TRUE	Increase
36830	Creation of arteriovenous	Arteriovenous	October 2013	10			ACS, SVS	11.90	CMS Request - Final Rule for 2013	November 2012	090	12.03	4.58		2.97	12,221	FALSE			FALSE					TRUE	Decrease
36834	Deleted from CPT	Aneurysm Repair	September 2007	16			AVA, ACS	Deleted from CPT	Site of Service Anomaly	September 2007							FALSE			TRUE	The RUC referred the service to CPT for	February 2009	18	Code	TRUE	Deleted from
36870	Thrombectomy, percutaneous,	Dialysis Circuit -1	January 2016	14		RUC	ACR, SIR, SVS	Deleted from CPT	Site of Service Anomaly (99238-	September 2007							FALSE			TRUE	The RUC reviewed the 2010 Medicare	October 2015	27	Complete	TRUE	Deleted from
36901	Introduction of needle(s)	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA, SIR,	3.36	Codes Reported Together 75% or	October 2015	000	3.36	1.03	16.92	0.51	40,164	FALSE			FALSE		October 2015	27	Complete	TRUE	Decrease
36902	Introduction of needle(s)	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA, SIR,	4.83	Codes Reported Together 75% or	October 2015	000	4.83	1.44	29.98	0.72	122,237	FALSE			FALSE		October 2015	27	Complete	TRUE	Decrease
36903	Introduction of needle(s)	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA, SIR,	6.39	Codes Reported Together 75% or	October 2015	000	6.39	1.77	117.09	1.03	12,740	FALSE			FALSE		October 2015	27	Complete	TRUE	Decrease
36904	Percutaneous transluminal	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA, SIR,	7.50	Codes Reported Together 75% or	October 2015	000	7.50	2.10	44.54	1.12	2,202	FALSE			FALSE		October 2015	27	Complete	TRUE	Decrease
36905	Percutaneous transluminal	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA, SIR,	9.00	Codes Reported Together 75% or	October 2015	000	9.00	2.63	56.61	1.24	22,013	FALSE			FALSE		October 2015	27	Complete	TRUE	Decrease
36906	Percutaneous transluminal	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA, SIR,	10.42	Codes Reported Together 75% or	October 2015	000	10.42	2.93	146.55	1.51	8,498	FALSE			FALSE		October 2015	27	Complete	TRUE	Decrease
36907	Transluminal balloon	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA, SIR,	3.00	Codes Reported Together 75% or	October 2015	ZZZ	3.00	0.80	13.88	0.45	42,805	FALSE			FALSE		October 2015	27	Complete	TRUE	Decrease
36908	Transcatheter placement of	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA, SIR,	4.25	Codes Reported Together 75% or	October 2015	ZZZ	4.25	1.07	36.57	0.71	3,119	FALSE			FALSE		October 2015	27	Complete	TRUE	Decrease
36909	Dialysis circuit permanent	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA, SIR,	4.12	Codes Reported Together 75% or	October 2015	ZZZ	4.12	1.06	50.75	0.67	3,804	FALSE			FALSE		October 2015	27	Complete	TRUE	Decrease
37183	Revision of transvenous	Interventional Radiology	February 2009	21			ACR, SIR	New PE inputs	CMS Request - Practice Expense	NA	000	7.74	2.31	161.66	0.8	756	FALSE			FALSE					TRUE	PE Only
37191	Insertion of intravascular vena	IVC Transcatheter	April 2011	12			ACR, SIR, SVS	4.71	Codes Reported Together 75% or	February 2011	000	4.46	1.33	54.11	0.63	20,415	FALSE			FALSE		February 2011	15		TRUE	Decrease
37192	Repositioning of intravascular	IVC Transcatheter	April 2011	12			ACR, SIR, SVS	8.00	Codes Reported Together 75% or	February 2011	000	7.10	1.20	28.86	1.75	20	FALSE			FALSE		February 2011	15		TRUE	Decrease
37193	Retrieval (removal) of	IVC Transcatheter	April 2011	12			ACR, SIR, SVS	8.00	Codes Reported Together 75% or	February 2011	000	7.10	1.93	35.84	1.06	5,734	FALSE			FALSE		February 2011	15		TRUE	Decrease
37201	Transcatheter therapy, infusion	Bundle Thrombolysis	April 2012	15			ACR, SIR, SVS	Deleted from CPT	Codes Reported Together 75% or	February 2010							FALSE			TRUE	The Workgroup accepts the specialties'	October 2011	18	Complete	TRUE	Deleted from
37203	Transcatheter retrieval,	Transcatheter Procedures	September 2011	07			ACC, ACR, SIR,	Deleted from CPT	Codes Reported Together 75% or	February 2010							FALSE			TRUE	The Workgroup acceptedthe specialties'	June 2011		Complete	TRUE	Deleted from
37204	Transcatheter occlusion or	Embolization and	April 2013	08			ACC, ACR, SIR,	Deleted from CPT	Codes Reported Together 75% or	February 2010							FALSE			TRUE	In February 2010, the CPT Editorial Panel	February 2013	09	Complete	TRUE	Deleted from
37205	Transcatheter placement of an	Endovascular	April 2010	07			SVS, ACS, SIR,	Deleted from CPT	High Volume Growth1 / Codes	February 2010							FALSE			TRUE	In February 2010, the CPT Editorial Panel	February 2013	10	Complete	TRUE	Deleted from
37206	Transcatheter placement of an	Endovascular	April 2010	07			SVS, ACS, SIR,	Deleted from CPT	High Volume Growth1	February 2010							FALSE			TRUE	In February 2010, the CPT Editorial Panel	February 2013	10	Complete	TRUE	Deleted from
37207	Transcatheter placement of an	Endovascular	April 2010	07			SVS, ACS, SIR,	Deleted from CPT	High Volume Growth1	February 2010							FALSE			TRUE	In February 2010, the CPT Editorial Panel	February 2013	10	Complete	TRUE	Deleted from
37208	Transcatheter placement of an	Endovascular	April 2010	07			SVS, ACS, SIR,	Deleted from CPT	High Volume Growth1	February 2010							FALSE			TRUE	In February 2010, the CPT Editorial Panel	February 2013	10	Complete	TRUE	Deleted from
37209	Exchange of a previously placed	Bundle Thrombolysis	April 2012	15			ACR, SIR, SVS	Deleted from CPT	Codes Reported Together 75% or	February 2010							FALSE			TRUE	The Workgroup accepts the specialties'	October 2011	18	Complete	TRUE	Deleted from
37210	Uterine fibroid embolization	Embolization and	April 2013	08			ACR, SIR, SVS	Deleted from CPT	Codes Reported Together 75% or	February 2010							FALSE			TRUE		February 2013	09	Complete	TRUE	Deleted from
37211	Transcatheter therapy, arterial	Bundle Thrombolysis	April 2012	15			ACR, SIR, SVS	8.00	Codes Reported Together 75% or	February 2010	000	7.75	2.06		1.47	7,474	FALSE			FALSE					TRUE	Decrease
37212	Transcatheter therapy, venous	Bundle Thrombolysis	April 2012	15			ACR, SIR, SVS	7.06	Codes Reported Together 75% or	February 2010	000	6.81	1.84		1.18	1,269	FALSE			FALSE					TRUE	Decrease
37213	Transcatheter therapy, arterial	Bundle Thrombolysis	April 2012	15			ACR, SIR, SVS	5.00	Codes Reported Together 75% or	February 2010	000	4.75	1.16		0.81	1,278	FALSE			FALSE					TRUE	Decrease
37214	Transcatheter therapy, arterial	Bundle Thrombolysis	April 2012	15			ACR, SIR, SVS	3.04	Codes Reported Together 75% or	February 2010	000	2.49	0.61		0.45	3,458	FALSE			FALSE					TRUE	Decrease
37220	Revascularization,	Endovascular	April 2024	12	September 2024	RAW	ACC, ACR, OEIS,	Refer to CPT. 8.15	High Volume Growth1	February 2010	000	7.90	2.00	64.01	1.74	10,830	FALSE			TRUE	In October 2018, 37225, 37227 and 37229	Sep 2024			TRUE	Decrease
37221	Revascularization,	Endovascular	April 2024	12	September 2024	RAW	ACC, ACR, OEIS,	Refer to CPT. 10.00	High Volume Growth1	February 2010	000	9.75	2.38	78.45	2.21	25,781	FALSE			TRUE	In October 2018, 37225, 37227 and 37229	Sep 2024			FALSE	Decrease
37222	Revascularization,	Endovascular	April 2024	12	September 2024	RAW	ACC, ACR, OEIS,	Refer to CPT. 3.73	High Volume Growth1	February 2010	ZZZ	3.73	0.84	13.64	0.81	2,977	FALSE			TRUE	In October 2018, 37225, 37227 and 37229	Sep 2024			FALSE	Decrease
37223	Revascularization,	Endovascular	April 2024	12	September 2024	RAW	ACC, ACR, OEIS,	Refer to CPT. 4.25	High Volume Growth1	February 2010	ZZZ	4.25	0.93	32.06	0.98	3,639	FALSE			TRUE	In October 2018, 37225, 37227 and 37229	Sep 2024			FALSE	Decrease
37224	Revascularization,	Endovascular	April 2024	12	September 2024	RAW	ACC, ACR, OEIS,	Refer to CPT. 9.00	High Volume Growth1	February 2010	000	8.75	2.20	74.89	1.99	27,252	FALSE			TRUE	In October 2018, 37225, 37227 and 37229	Sep 2024			FALSE	Decrease
37225	Revascularization,	Endovascular	April 2024	12	September 2024	RAW	ACC, ACR, OEIS,	Refer to CPT.	High Volume Growth1 / PE Screen -	February 2010	000	11.75	3.12	242.42	2.54	38,629	FALSE			TRUE	In October 2018, 37225, 37227 and 37229	Sep 2024			FALSE	Decrease
37226	Revascularization,	Endovascular	April 2024	12	September 2024	RAW	ACC, ACR, OEIS,	Refer to CPT. 10.49	High Volume Growth1	February 2010	000	10.24	2.52	225.22	2.33	17,660	FALSE			TRUE	In October 2018, 37225, 37227 and 37229	Sep 2024			FALSE	Decrease
37227	Revascularization,	Endovascular	April 2024	12	September 2024	RAW	ACC, ACR, OEIS,	Refer to CPT. 14.50	High Volume Growth1 / PE Screen -	February 2010	000	14.25	3.51	310.49	3.07	19,666	FALSE			TRUE	In October 2018, 37225, 37227 and 37229	Sep 2024			FALSE	Decrease
37228	Revascularization,	Endovascular	April 2024	12	September 2024	RAW	ACC, ACR, OEIS,	Refer to CPT. 11.00	High Volume Growth1	February 2010	000	10.75	2.60	108.21	2.38	27,661	FALSE			TRUE	In October 2018, 37225, 37227 and 37229	Sep 2024			FALSE	Decrease
37229	Revascularization,	Endovascular	April 2024	12	September 2024	RAW	ACC, ACR, OEIS,	Refer to CPT. 14.05	High Volume Growth1 / PE Screen -	February 2010	000	13.80	3.56	244.61	2.79	37,918	FALSE			TRUE	In October 2018, 37225, 37227 and 37229	Sep 2024			FALSE	Decrease
37230	Revascularization,	Endovascular	April 2024	12	September 2024	RAW	ACC, ACR, OEIS,	Refer to CPT. 13.80	High Volume Growth1	February 2010	000	13.55	3.65	245.11	2.96	2,077	FALSE			TRUE	In October 2018, 37225, 37227 and 37229	Sep 2024			FALSE	Decrease
37231	Revascularization,	Endovascular	April 2024	12	September 2024	RAW	ACC, ACR, OEIS,	Refer to CPT. 15.00	High Volume Growth1	February 2010	000	14.75	3.92	327.98	2.68	3,076	FALSE			TRUE	In October 2018, 37225, 37227 and 37229	Sep 2024			FALSE	Decrease

37232	Revascularization,	Endovascular	April 2024	12	September 2024	RAW	ACC, ACR, OEIS,	Refer to CPT. 4.00	High Volume Growth1	February 2010	ZZZ	4.00	0.97	19.32	0.82	12,223	FALSE			TRUE	In October 2018, 37225, 37227 and 37229	Sep 2024			FALSE	Decrease
37233	Revascularization,	Endovascular	April 2024	12	September 2024	RAW	ACC, ACR, OEIS,	Refer to CPT. 6.50	High Volume Growth1	February 2010	ZZZ	6.50	1.61	23.26	1.25	9,179	FALSE			TRUE	In October 2018, 37225, 37227 and 37229	Sep 2024			FALSE	Decrease
37234	Revascularization,	Endovascular	April 2024	12	September 2024	RAW	ACC, ACR, OEIS,	Refer to CPT. 5.50	High Volume Growth1	February 2010	ZZZ	5.50	1.50	100	1.18	288	FALSE			TRUE	In October 2018, 37225, 37227 and 37229	Sep 2024			FALSE	Decrease
37235	Revascularization,	Endovascular	April 2024	12	September 2024	RAW	ACC, ACR, OEIS,	Refer to CPT. 7.80	High Volume Growth1	February 2010	ZZZ	7.80	1.79	106.98	1.1	304	FALSE			TRUE	In October 2018, 37225, 37227 and 37229	Sep 2024			FALSE	Decrease
37236	Transcatheter placement of an	Transcatheter Placement	April 2013	09			SVS, ACS, SIR,	9.00	Codes Reported Together 75% or	February 2013	000	8.75	2.18	70.03	1.91	9,863	FALSE			FALSE		February 2013	10	Complete	TRUE	Decrease
37237	Transcatheter placement of an	Transcatheter Placement	April 2013	09			SVS, ACS, SIR,	4.25	Codes Reported Together 75% or	February 2013	ZZZ	4.25	0.94	32.73	0.96	1,094	FALSE			FALSE		February 2013	10	Complete	TRUE	Decrease
37238	Transcatheter placement of an	Transcatheter Placement	April 2013	09			SVS, ACS, SIR,	6.29	Codes Reported Together 75% or	February 2013	000	6.04	1.70	94.05	1.2	10,117	FALSE			FALSE		February 2013	10	Complete	TRUE	Decrease
37239	Transcatheter placement of an	Transcatheter Placement	April 2013	09			SVS, ACS, SIR,	3.34	Codes Reported Together 75% or	February 2013	ZZZ	2.97	0.82	47.06	0.59	3,903	FALSE			FALSE		February 2013	10	Complete	TRUE	Decrease
37241	Vascular embolization or	Embolization and	April 2013	08			SVS, ACS, SIR,	9.00	Codes Reported Together 75% or	February 2010	000	8.75	2.39	125.62	1.29	1,429	FALSE			FALSE		February 2013	09		TRUE	Decrease
37242	Vascular embolization or	Embolization and	April 2013	08			SVS, ACS, SIR,	11.98	Codes Reported Together 75% or	February 2010	000	9.80	2.50	196.02	1.54	8,173	FALSE			FALSE		February 2013	09		TRUE	Decrease
37243	Vascular embolization or	Embolization and	April 2013	08			SVS, ACS, SIR,	14.00	Codes Reported Together 75% or	February 2010	000	11.74	3.29	238.31	1.23	14,498	FALSE			FALSE		February 2013	09		TRUE	Decrease
37244	Vascular embolization or	Embolization and	April 2013	08			SVS, ACS, SIR,	14.00	Codes Reported Together 75% or	February 2010	000	13.75	3.92	176.71	1.5	13,397	FALSE			FALSE		February 2013	09		TRUE	Decrease
37246	Transluminal balloon	Open and Percutaneous	January 2016	15		RUC	ACR, SIR, SVS	7.00	Codes Reported Together 75% or	October 2015	000	7.00	1.83	45.02	1.31	6,249	FALSE			FALSE		October 2015	24	Complete	TRUE	Decrease
37247	Transluminal balloon	Open and Percutaneous	January 2016	15		RUC	ACR, SIR, SVS	3.50	Codes Reported Together 75% or	October 2015	ZZZ	3.50	0.87	13.16	0.68	686	FALSE			FALSE		October 2015	24	Complete	TRUE	Decrease
37248	Transluminal balloon	Open and Percutaneous	January 2016	15		RUC	ACR, SIR, SVS	6.00	Codes Reported Together 75% or	October 2015	000	6.00	1.74	32.86	0.91	12,112	FALSE			FALSE		October 2015	24	Complete	TRUE	Decrease
37249	Transluminal balloon	Open and Percutaneous	January 2016	15		RUC	ACR, SIR, SVS	2.97	Codes Reported Together 75% or	October 2015	ZZZ	2.97	0.74	9.51	0.53	3,705	FALSE			FALSE		October 2015	24	Complete	TRUE	Decrease
37250	Intravascular ultrasound (non-	Intravascular Ultrasound	January 2015	07			ACC, SCAI, SIR,	Deleted from CPT	Final Rule for 2015	July 2014							FALSE			TRUE	A CCP was submitted for the 2014 October	October 2014	13	Complete	TRUE	Deleted from
37251	Intravascular ultrasound (non-	Intravascular Ultrasound	January 2015	07			ACC,SCAI, SIR,	Deleted from CPT	Final Rule for 2015	July 2014							FALSE			TRUE	A CCP was submitted for the 2014 October	October 2014	13	Complete	TRUE	Deleted from
37252	Intravascular ultrasound	Intravascular Ultrasound	October 2018	14			ACC,SCAI, SIR,	1.80	Final Rule for 2015 / Work	July 2014	ZZZ	1.80	0.44	25.7	0.35	69,562	FALSE			FALSE		October 2014	13	Complete	TRUE	Decrease
37253	Intravascular ultrasound	Intravascular Ultrasound	October 2018	14			ACC,SCAI, SIR,	1.44	Final Rule for 2015 / Work	July 2014	ZZZ	1.44	0.35	3.41	0.27	106,729	FALSE			FALSE		October 2014	13	Complete	TRUE	Decrease
37609	Ligation or biopsy, temporal	Ligation	September 2007	16			SVS, ACS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September 2007	010	3.05	2.42	5.65	0.64	9,940	FALSE			FALSE					TRUE	PE Only
37619	Ligation of inferior vena cava	Ligation of Inferior Vena	April 2011	13			ACS, SVS	37.60	Codes Reported Together 75% or	February 2011	090	30.00	13.78		7.73	14	FALSE			FALSE		February 2011	15		TRUE	Increase
37620	Interruption, partial or	Major Vein Revision	April 2010	45			ACR, SIR, SVS	Deleted from CPT	Codes Reported Together 75% or	February 2010							FALSE			TRUE	The Workgroup accepts the specialties'	February 2011	15	Code	TRUE	Deleted from
37760	Ligation of perforator veins,	Perorator Vein Ligation	April 2009	10			SVS, ACS	10.69	Site of Service Anomaly	September 2007	090	10.78	3.54		2.68	38	FALSE			TRUE	The RUC referred the service to CPT for	February 2009	19	Complete	TRUE	Maintain
37761	Ligation of perforator vein(s),	Perforator Vein Ligation	April 2009	10			SVS, ACS	9.00	Site of Service Anomaly	April 2009	090	9.13	4.55		2.22	223	FALSE			FALSE					TRUE	Increase
37765	Stab phlebectomy of varicose	Stab Phlebectomy of	April 2018	12			ACS, SIR, SVS	4.80	High Volume Growth1 / CMS Fastest	February 2008	010	4.80	2.09	6.66	1.09	10,636	FALSE			FALSE					TRUE	Decrease
37766	Stab phlebectomy of varicose	Stab Phlebectomy of	April 2018	12			ACS, SIR, SVS	6.00	High Volume Growth1 / CMS Fastest	February 2008	010	6.00	2.43	7.41	1.35	7,773	FALSE			FALSE					TRUE	Decrease
37785	Ligation, division, and/or	Ligation	September 2007	16			APMA, SVS, ACS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September 2007	090	3.93	2.68	5.55	0.97	810	FALSE			FALSE					TRUE	PE Only
38220	Diagnostic bone marrow;	Diagnostic Bone Marrow	April 2016	06			ASCO, ASH, CAP	1.20	CMS High Expenditure Procedural	February 2016	XXX	1.20	0.69	3.42	0.1	4,284	FALSE			FALSE		February 2016	16	Complete	TRUE	Decrease
38221	Diagnostic bone marrow;	Diagnostic Bone Marrow	April 2016	06			ASCO, ASH, CAP	1.28	CMS High Expenditure Procedural	July 2015	XXX	1.28	0.70	3.5	0.1	6,771	FALSE			TRUE	Prior to the January 2016 RUC meeting, the	February 2016	16	Complete	TRUE	Decrease
38222	Diagnostic bone marrow;	Diagnostic Bone Marrow	September 2023	22			ASCO, ASH, CAP	1.44	CMS High Expenditure Procedural	February 2016	XXX	1.44	0.66	3.7	0.12	116,990	FALSE			FALSE		February 2016	16	Complete	TRUE	Decrease
38505	Biopsy or excision of lymph	Needle Biopsy of Lymph	October 2020	15			ACR, SIR	1.59	Harvard Valued - Utilization over	October 2019	000	1.59	0.78	3.46	0.16	35,416	FALSE			FALSE					TRUE	Increase
38542	Dissection, deep jugular	Jugular Node Dissection	April 2008	40			ACS, AAO-HNS	7.85	Site of Service Anomaly	September 2007	090	7.95	6.47		1.39	459	FALSE			FALSE					TRUE	Increase
38570	Laparoscopy, surgical; with	Laparoscopy	September 2014	12			AUA	9.34	010-Day Global Post-Operative Visits	January 2014	010	8.49	5.55		1.49	7,249	FALSE			FALSE					TRUE	Maintain
38571	Laparoscopy, surgical; with	Laparoscopy	September 2023	22	September 2024	RUC	AUA	Refer to CPT to bundle. 12.00	CMS Fastest Growing / 010-Day	October 2008	010	12.00	6.21		1.56	17,170	FALSE			TRUE	In April 2023, the RAW identified codes	May 2024			FALSE	Decrease
38572	Laparoscopy, surgical; with	Laparoscopy	September 2014	12			ACOG	15.60	010-Day Global Post-Operative Visits	January 2014	010	15.60	8.86		2.46	1,419	FALSE			FALSE					TRUE	Decrease
38792	Injection procedure;	Radioactive Tracer	January 2018	23				0.65	Negative IWPUT	April 2017	000	0.65	0.22	1.74	0.08	28,784	FALSE			FALSE					TRUE	Increase
39400	Mediastinoscopy, includes	Mediastinoscopy with	January 2015	08			STS	Deleted from CPT	Pre-Time Analysis	January 2014							FALSE			TRUE	Referred to CPT for revision	October 2014	14	Complete	TRUE	Deleted from
39401	Mediastinoscopy; includes	Mediastinoscopy with	January 2015	08			STS	5.44	Pre-Time Analysis	October 2014	000	5.44	2.38		1.29	238	FALSE			FALSE		October 2014	14	Complete	TRUE	Decrease
39402	Mediastinoscopy; with lymph	Mediastinoscopy with	January 2015	08			STS	7.50	Pre-Time Analysis	October 2014	000	7.25	2.88		1.76	2,102	FALSE			FALSE		October 2014	14	Complete	TRUE	Increase
40490	Biopsy of lip	Biopsy of Lip	September 2011	21			AAO-HNS, AAD	1.22	Harvard Valued - Utilization over	April 2011	000	1.22	0.71	2.33	0.13	27,498	FALSE			FALSE					TRUE	Maintain
40650	Repair lip, full thickness;	PE Subcommittee	April 2016	46			AAOS, ACEP,	PE Clinical staff pre-time	Emergent Procedures	October 2015	090	3.78	5.10	10.06	0.74	309	TRUE	Nov 2016 yes		FALSE					TRUE	PE Only
40800	Drainage of abscess, cyst,	RAW	April 2014	52				Maintain	010-Day Global Post-Operative Visits	January 2014	010	1.23	2.22	4.72	0.13	2,729	FALSE			FALSE					TRUE	Maintain
40801	Drainage of abscess, cyst,	Ostectomy	January 2020	37			APMA, AAOS	Maintain. Reduced 99238 to	Site of Service Anomaly (99238-	September 2007	010	2.63	3.08	5.87	0.27	1,050	FALSE			FALSE					TRUE	PE Only
40808	Biopsy, vestibule of mouth	Biopsy of Mouth Lesion	April 2018	13			AAOHNS,	1.05	Negative IWPUT	April 2017	010	1.05	1.51	3.92	0.13	9,065	FALSE			FALSE					TRUE	Increase
40812	Excision of lesion of mucosa	RAW	April 2014	52				Maintain	010-Day Global Post-Operative Visits	January 2014	010	2.37	2.85	5.7	0.26	6,982	FALSE			FALSE					TRUE	Maintain
40820	Destruction of lesion or scar of	RAW	April 2014	52				Maintain	010-Day Global Post-Operative Visits	January 2014	010	1.34	3.53	6.31	0.14	1,304	FALSE			FALSE					TRUE	Maintain
41530	Submucosal ablation of the	Submucosal ablation of	April 2015	26		RUC	AAO-HNS	3.50	Final Rule for 2015	July 2014	000	3.50	7.36	23.34	0.48	100	FALSE			FALSE					TRUE	Decrease
42145	Palatopharyngoplasty (eg,	Palatopharyngoplasty	April 2008	41			AAO-HNS	9.63	Site of Service Anomaly	September 2007	090	9.78	9.57		1.44	398	FALSE			FALSE					TRUE	Maintain
42415	Excision of parotid tumor or	Excise Parotid	February 2011	27			ACS, AAO-HNS	18.12	Site of Service Anomaly	September 2007	090	17.16	12.17		2.57	4,610	FALSE			FALSE					TRUE	Maintain
42420	Excision of parotid tumor or	Excise Parotid	February 2011	27			ACS, AAO-HNS	21.00	Site of Service Anomaly	September 2007	090	19.53	13.25		2.89	1,320	FALSE			FALSE					TRUE	Maintain
42440	Excision of submandibular	Submandibular Gland	October 2010	64			AAO-HNS, ACS	7.13	Site of Service Anomaly	September 2007	090	6.14	5.55		0.92	1,504	FALSE			FALSE					TRUE	Maintain
43191	Esophagoscopy, rigid, transoral;	Esophagoscopy	October 2012	10			AAO-HNS, ASGE,	2.78	MPC List	September 2011	000	2.49	1.79		0.38	2,124	FALSE			FALSE					TRUE	Increase
43192	Esophagoscopy, rigid, transoral;	Esophagoscopy	October 2012	10			AAO-HNS, ASGE,	3.21	MPC List	September 2011	000	2.79	1.89		0.41	201	FALSE			FALSE					TRUE	Increase
43193	Esophagoscopy, rigid, transoral;	Esophagoscopy	October 2012	10			AAO-HNS, ASGE,	3.36	MPC List	September 2011	000	2.79	1.87		0.41	201	FALSE			FALSE					TRUE	Increase
43194	Esophagoscopy, rigid, transoral;	Esophagoscopy	October 2012	10			AAO-HNS, ASGE,	3.99	MPC List	September 2011	000	3.51	1.61		0.56	106	FALSE			FALSE					TRUE	Increase
43195	Esophagoscopy, rigid, transoral;	Esophagoscopy	October 2012	10			AAO-HNS, ASGE,	3.21	MPC List	September 2011	000	3.07	2.02		0.45	561	FALSE			FALSE					TRUE	Increase
43196	Esophagoscopy, rigid, transoral;	Esophagoscopy	October 2012	10			AAO-HNS, ASGE,	3.36	MPC List	September 2011	000	3.31	2.10		0.45	324	FALSE			FALSE					TRUE	Increase
43197	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AAO-HNS, ASGE,	1.59	MPC List	September 2011	000	1.52	0.68	3.96	0.24	1,115	FALSE			FALSE					TRUE	Maintain
43198	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AAO-HNS, ASGE,	1.89	MPC List	September 2011	000	1.82	0.84	4.27	0.25	282	FALSE			FALSE					TRUE	Maintain
43200	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AAO-HNS, AGA,	1.59	MPC List	September 2011	000	1.42	0.98	6.26	0.22	3,562	FALSE			FALSE		May 2012			TRUE	Maintain
43201	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AGA, ASGE,	1.90	MPC List	September 2011	000	1.72	1.12	5.83	0.24	170	FALSE			FALSE		May 2012			TRUE	Decrease
43202	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AAO-HNS, AGA,	1.89	MPC List	September 2011	000	1.72	1.11	8.71	0.23	1,704	FALSE			FALSE		May 2012			TRUE	Maintain
43204	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AGA, ASGE,	2.89	MPC List	September 2011	000	2.33	1.39		0.27	5	FALSE			FALSE		May 2012			TRUE	Decrease
43205	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AGA, ASGE,	3.00	MPC List	September 2011	000	2.44	1.44		0.29	76	FALSE			FALSE		May 2012			TRUE	Decrease
43206	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AGA, ASGE,	2.39	MPC List	September 2011	000	2.29	1.37	6.54	0.26	15	FALSE			FALSE					TRUE	Decrease
43211	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AGA, ASGE,	4.58	MPC List	September 2011	000	4.20	2.23		0.49	81	FALSE			FALSE					TRUE	Decrease
43212	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AGA, ASGE,	3.73	MPC List	September 2011	000	3.40	1.63		0.55	488	FALSE			FALSE					TRUE	Decrease
43213	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AGA, ASGE,	5.00	MPC List	September 2011	000	4.63	2.31	31	0.74	143	FALSE			FALSE					TRUE	Decrease
43214	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AGA, ASGE,	3.78	MPC List	September 2011	000	3.40	1.83		0.52	193	FALSE			FALSE					TRUE	Decrease
43215	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AAO-HNS, AGA,	2.60	MPC List	September 2011	000	2.44	1.37	8.93	0.38	660	FALSE			FALSE		May 2012			TRUE	Maintain
43216	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AGA, ASGE,	2.40	MPC List	September 2011	000	2.30	1.38	9.65	0.27	216	FALSE			FALSE		May 2012			TRUE	Maintain
43217	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AGA, ASGE,	2.90	MPC List	September 2011	000	2.80	1.60	9.46	0.33	29	FALSE			FALSE		May 2012			TRUE	Maintain
43219	Esophagoscopy, rigid or	Esophagoscopy	October 2012	10			AGA, ASGE,	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		May 2012			TRUE	Deleted from
43220	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AGA, ASGE,	2.10	MPC List	September 2011	000	2.00	1.23	24.43	0.27	1,664	FALSE			FALSE		May 2012			TRUE	Maintain
43226	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AAO-HNS, AGA,	2.34	MPC List	September 2011	000	2.24	1.27	8.95	0.36	1,280	FALSE			FALSE		May 2012			TRUE	Maintain
43227	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AGA, ASGE,	3.26	MPC List	September 2011	000	2.89	1.62	14.48	0.37	115	FALSE			FALSE		May 2012			TRUE	Decrease
43228	Esophagoscopy, rigid or	Esophagoscopy	October 2012	10			AGA, ASGE,	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		May 2012			TRUE	Deleted from
43229	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AGA, ASGE,	3.72	MPC List	September 2011	000	3.49	1.88	17.23	0.44	1,235	FALSE			FALSE					TRUE	Decrease
43231	Esophagoscopy, flexible,	Esophagoscopy	April 2013	10			AGA, ASGE,	3.19	MPC List	September 2011	000	2.80	1.53		0.31	568	FALSE			FALSE		May 2012			TRUE	Maintain
43232	Esophagoscopy, flexible,	Esophagoscopy	April 2013	10			AGA, ASGE,	3.83	MPC List	September 2011	000	3.59	1.87		0.41	286	FALSE			FALSE		May 2012			TRUE	Decrease
43233	Esophagogastroduodenoscopy,	EGD	January 2013	08			AGA, ASGE,	4.45	MPC List	October 2012	000	4.07	2.07		0.63	1,079	FALSE			FALSE		October 2012	14	Complete	TRUE	Decrease
43234	Upper gastrointestinal	Esophagoscopy	April 2013	10			AGA, ASGE,	Deleted from CPT	MPC List	September 2011							FALSE			TRUE	Several specific codes identified by CMS	February 2012	11	Complete	TRUE	Deleted from
43235	Esophagogastroduodenoscopy,	EGD	January 2013	08			AGA, ASGE,	2.26	MPC List / CMS High Expenditure	October 2010	000	2.09	1.28	6.28	0.26	241,095	FALSE			FALSE		October 2012	14	Complete	TRUE	Decrease
43236	Esophagogastroduodenoscopy,	EGD	January 2013	08			AGA, ASGE,	2.57	CMS Fastest Growing / MPC List	October 2008	000	2.39	1.41	9.33	0.3	13,129	TRUE	Apr 2009	Yes	FALSE		October 2012	14	Complete	TRUE	Decrease
43237	Esophagogastroduodenoscopy,	EGD	April 2013	11			AGA, ASGE,	3.85	MPC List	September 2011	000	3.47	1.90		0.4	18,516	FALSE			TRUE	In the Panel Action memo from the	February 2013	12	Complete	TRUE	Decrease
43238	Esophagogastroduodenoscopy,	EGD	April 2013	11			AGA, ASGE,	4.50	MPC List	September 2011	000	4.16	2.20		0.48	15,935	FALSE			TRUE	In the Panel Action memo from the	February 2013	12	Complete	TRUE	Decrease
43239	Esophagogastroduodenoscopy,	EGD with Biopsy	April 2019	12			ACG, ACS, AGA,	2.39	MPC List / CMS Request - Final Rule	October 2010	000	2.39	1.41	8.59	0.3	1,190,694	FALSE			FALSE					TRUE	Maintain
43240	Esophagogastroduodenoscopy,	EGD	April 2013	11			AGA, ASGE,	7.25	MPC List	September 2011	000	7.15	3.54		0.85	1,137	FALSE			TRUE	In the Panel Action memo from the	February 2013	12	Complete	TRUE	Increase
43241	Esophagogastroduodenoscopy,	EGD	January 2013	08			AGA, ASGE,	2.59	MPC List	September 2011	000	2.49	1.39		0.33	4,116	FALSE			FALSE		October 2012			TRUE	Maintain
43242	Esophagogastroduodenoscopy,	EGD	April 2013	11			AGA, ASGE, ACG	5.39	CMS Fastest Growing / MPC List	October 2008	000	4.73	2.46		0.55	23,327	TRUE	Mar	Yes	TRUE	In the Panel Action memo from the	February 2013	12	Complete	TRUE	Decrease
43243	Esophagogastroduodenoscopy,	EGD	January 2013	08			AGA, ASGE,	4.37	MPC List	September 2011	000	4.27	2.17		0.57	360	FALSE			FALSE		October 2012			TRUE	Decrease
43244	Esophagogastroduodenoscopy,	EGD	January 2013	08			AGA, ASGE,	4.50	MPC List	September 2011	000	4.40	2.31		0.51	17,560	FALSE			FALSE		October 2012			TRUE	Decrease
43245	Esophagogastroduodenoscopy,	EGD	January 2013	08			AGA, ASGE,	3.18	MPC List	September 2011	000	3.08	1.67	14.2	0.44	12,033	FALSE			FALSE		October 2012			TRUE	Maintain
43246	Esophagogastroduodenoscopy,	EGD	April 2013	11			AGA, ASGE,	4.32	MPC List	September 2011	000	3.56	1.81		0.55	54,284	FALSE			FALSE		October 2012			TRUE	Maintain
43247	Esophagogastroduodenoscopy,	EGD	January 2013	08			AGA, ASGE,	3.27	MPC List	September 2011	000	3.11	1.71	7.98	0.4	22,490	FALSE			FALSE		October 2012			TRUE	Decrease
43248	Esophagogastroduodenoscopy,	EGD	January 2013	08			AGA, ASGE,	3.01	MPC List	September 2011	000	2.91	1.64	9.11	0.36	86,763	FALSE			FALSE		October 2012			TRUE	Decrease
43249	Esophagogastroduodenoscopy,	EGD	January 2013	08			AGA, ASGE,	2.77	MPC List	September 2011	000	2.67	1.53	29.03	0.34	114,199	FALSE			FALSE		October 2012			TRUE	Decrease
43250	Esophagogastroduodenoscopy,	EGD	January 2013	08			AGA, ASGE,	3.07	MPC List	September 2011	000	2.97	1.63	10.05	0.43	2,839	FALSE			FALSE		October 2012			TRUE	Decrease
43251	Esophagogastroduodenoscopy,	EGD	April 2013	11			AGA, ASGE,	3.57	MPC List	September 2011	000	3.47	1.89	10.9	0.42	39,239	FALSE			FALSE		October 2012			TRUE	Decrease
43253	Esophagogastroduodenoscopy,	EGD	April 2013	11			AGA, ASGE,	5.39	MPC List	February 2012	000	4.73	2.45		0.55	1,982	FALSE			TRUE	In the Panel Action memo from the	February 2013	12	Complete	TRUE	Decrease
43254	Esophagogastroduodenoscopy,	EGD	January 2013	08			AGA, ASGE,	5.25	MPC List	October 2012	000	4.87	2.51		0.57	5,670	FALSE			FALSE		October 2012	14	Complete	TRUE	Decrease
43255	Esophagogastroduodenoscopy,	EGD	January 2013	08			AGA, ASGE,	4.20	MPC List	September 2011	000	3.56	1.93	14.71	0.41	52,448	FALSE			FALSE		October 2012			TRUE	Decrease
43256	Upper gastrointestinal	EGD	January 2013	08			AGA, ASGE,	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		October 2012			TRUE	Deleted from
43257	Esophagogastroduodenoscopy,	EGD	January 2013	08			AGA, ASGE,	4.25	MPC List	September 2011	000	4.15	2.15		0.61	103	FALSE			FALSE		October 2012			TRUE	Decrease
43258	Upper gastrointestinal	EGD	January 2013	08			AGA, ASGE,	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		October 2012	14	Complete	TRUE	Deleted from
43259	Esophagogastroduodenoscopy,	EGD	April 2013	11			AGA, ASGE, ACG	4.74	CMS Fastest Growing	October 2008	000	4.04	2.15		0.46	28,838	TRUE	Mar	Yes	TRUE	In the Panel Action memo from the	February 2013	12	Complete	TRUE	Decrease
43260	Endoscopic retrograde	ERCP	April 2013	12			AGA, ASGE,	5.95	MPC List	September 2011	000	5.85	2.95		0.7	3,498	FALSE			TRUE	Several specific codes identified by CMS	February 2013	13	Complete	TRUE	Maintain
43261	Endoscopic retrograde	ERCP	April 2013	12			AGA, ASGE,	6.25	MPC List	September 2011	000	6.15	3.08		0.74	6,123	FALSE			FALSE		January 2013	13		TRUE	Decrease
43262	Endoscopic retrograde	ERCP	April 2013	12			AGA, ASGE,	6.60	MPC List	September 2011	000	6.50	3.24		0.76	24,597	FALSE			FALSE		January 2013	13		TRUE	Decrease
43263	Endoscopic retrograde	ERCP	April 2013	12			AGA, ASGE,	7.28	MPC List	September 2011	000	6.50	3.25		0.77	15	FALSE			FALSE		February 2013	13		TRUE	Maintain
43264	Endoscopic retrograde	ERCP	April 2013	12			AGA, ASGE,	6.73	Harvard Valued - Utilization over	April 2011	000	6.63	3.30		0.78	51,524	FALSE			FALSE		February 2013	13		TRUE	Decrease
43265	Endoscopic retrograde	ERCP	April 2013	12			AGA, ASGE,	8.03	MPC List	September 2011	000	7.93	3.87		0.94	2,139	FALSE			FALSE		February 2013	13		TRUE	Decrease
43266	Esophagogastroduodenoscopy,	EGD	January 2013	08			AGA, ASGE,	4.40	MPC List	October 2012	000	3.92	1.98		0.52	5,751	FALSE			FALSE		October 2012	14	Complete	TRUE	Decrease
43267	Endoscopic retrograde	ERCP	April 2013	12			AGA, ASGE,	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		February 2013	13		TRUE	Deleted from
43268	Endoscopic retrograde	ERCP	April 2013	12			AGA, ASGE,	Deleted from CPT	Harvard Valued - Utilization over	April 2011							FALSE			FALSE		February 2013	13		TRUE	Deleted from

43269	Endoscopic retrograde	ERCP	April 2013	12			AGA, ASGE,	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		February 2013	13		TRUE	Deleted from
43270	Esophagogastroduodenoscopy,	EGD	January 2013	08			AGA, ASGE,	4.39	MPC List	October 2012	000	4.01	2.13	17.29	0.47	17,190	FALSE			FALSE		October 2012	14	Complete	TRUE	Decrease
43271	Endoscopic retrograde	ERCP	April 2013	12			AGA, ASGE,	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		February 2013	13		TRUE	Deleted from
43272	Endoscopic retrograde	ERCP	April 2013	12			AGA, ASGE,	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		February 2013	13		TRUE	Deleted from
43273	Endoscopic cannulation of	ERCP	April 2013	12			AGA, ASGE,	2.24	MPC List	September 2011	ZZZ	2.24	1.00		0.26	7,021	FALSE			FALSE		February 2013	13		TRUE	Maintain
43274	Endoscopic retrograde	ERCP	April 2013	12			AGA, ASGE,	8.74	MPC List	September 2011	000	8.48	4.11		1.02	39,080	FALSE			FALSE		February 2013	13		TRUE	Decrease
43275	Endoscopic retrograde	ERCP	April 2013	12			AGA, ASGE,	6.96	MPC List	September 2011	000	6.86	3.40		0.81	12,813	FALSE			FALSE		February 2013	13		TRUE	Decrease
43276	Endoscopic retrograde	ERCP	April 2013	12			AGA, ASGE,	9.10	MPC List	September 2011	000	8.84	4.27		1.06	15,738	FALSE			FALSE		February 2013	13		TRUE	Decrease
43277	Endoscopic retrograde	ERCP	April 2013	12			AGA, ASGE,	7.11	MPC List	September 2011	000	6.90	3.42		0.81	5,248	FALSE			FALSE		February 2013	13		TRUE	Decrease
43278	Endoscopic retrograde	ERCP	April 2013	12			AGA, ASGE,	8.08	MPC List	September 2011	000	7.92	3.87		0.95	443	FALSE			FALSE		February 2013	13		TRUE	Decrease
43450	Dilation of esophagus, by	Dilation of Esophagus	October 2012	17			AGA, ASGE,	1.30	MPC List	September 2011	000	1.28	0.93	4.18	0.16	54,759	FALSE			FALSE					TRUE	Decrease
43453	Dilation of esophagus, over	Dilation of Esophagus	October 2012	17			AGA, ASGE,	1.51	MPC List	September 2011	000	1.41	0.98	22.13	0.19	1,055	FALSE			FALSE		May 2012			TRUE	Maintain
43456	Dilation of esophagus, by	Dilation of Esophagus	October 2012	17			AGA, ASGE,	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		October 2012	14	Complete	TRUE	Deleted from
43458	Dilation of esophagus with	Dilation of Esophagus	October 2012	17			AGA, ASGE,	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		October 2012	14	Complete	TRUE	Deleted from
43760	Change of gastrostomy tube,	Gastrostomy Tube	January 2018	11			ACEP, ACG, ACS,	Deleted from CPT	CMS 000-Day Global Typically	July 2016							FALSE			TRUE	In April 2017, the RUC noted that the	September 2017	18	Complete	TRUE	Deleted from
43762	Replacement of gastrostomy	Gastrostomy Tube	January 2022	20	January 2026	RAW	ACEP, ACG, ACS,	0.75. CPT Assistant article	CMS 000-Day Global Typically	September 2017	000	0.75	0.22	5.87	0.14	44,809	TRUE	June	Yes	FALSE					TRUE	Decrease
43763	Replacement of gastrostomy	Gastrostomy Tube	January 2022	20	January 2026	RAW	ACEP, ACG, ACS,	1.41. CPT Assistant article.	CMS 000-Day Global Typically	September 2017	000	1.41	0.93	8.32	0.27	2,091	TRUE	June	Yes	FALSE					TRUE	Decrease
44143	Colectomy, partial; with end	RAW	January 2016	54				99214 visit appropriate.	High Level E/M in Global Period	October 2015	090	27.79	15.00		6.55	8,038	FALSE			FALSE					TRUE	Remove from
44205	Laparoscopy, surgical;	Laproscopic Procedures	October 2008	26			ACS, ASCRS	Remove from screen	CMS Fastest Growing	October 2008	090	22.95	12.02		4.79	10,367	FALSE			FALSE					TRUE	Remove from
44207	Laparoscopy, surgical;	Laproscopic Procedures	October 2008	26			ACS, ASCRS	Remove from screen	CMS Fastest Growing	February 2008	090	31.92	15.55		6.37	8,494	FALSE			FALSE					TRUE	Remove from
44380	Ileoscopy, through stoma;	Ileoscopy	October 2013	04			AGA, ASGE,	0.97	MPC List	September 2011	000	0.87	0.73	4.93	0.11	1,458	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
44381	Ileoscopy, through stoma; with	Ileoscopy	October 2013	04			AGA, ASGE,	1.48	MPC List	May 2013	000	1.38	0.96	27.57	0.18	134	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
44382	Ileoscopy, through stoma; with	Ileoscopy	October 2013	04			AGA, ASGE,	1.27	MPC List	September 2011	000	1.17	0.88	7.61	0.15	1,204	FALSE			FALSE		May 2013		Complete	TRUE	Maintain
44383	Ileoscopy, through stoma; with	Ileoscopy	October 2013	04			AGA, ASGE,	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		May 2013		Complete	TRUE	Deleted from
44384	Ileoscopy, through stoma; with	Ileoscopy	October 2013	04			AGA, ASGE,	3.11	MPC List	May 2013	000	2.85	1.30		0.35	61	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
44385	Endoscopic evaluation of small	Pouchoscopy	October 2013	05			ACG, ACS, AGA,	1.30	MPC List	September 2011	000	1.20	0.80	5.12	0.17	914	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
44386	Endoscopic evaluation of small	Pouchoscopy	October 2013	05			ACG, ACS, AGA,	1.60	MPC List	September 2011	000	1.50	0.96	7.61	0.19	1,755	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
44388	Colonoscopy through stoma;	Colonoscopy through	January 2014	08			ASCRS, ACS,	2.82	MPC List	September 2011	000	2.72	1.49	6.35	0.41	3,230	FALSE			TRUE	Several specific codes identified by CMS	October 2013	17	Complete	TRUE	Maintain
44389	Colonoscopy through stoma;	Colonoscopy through	January 2014	08			ASCRS, ACS,	3.12	MPC List	September 2011	000	3.02	1.65	8.91	0.4	2,137	FALSE			TRUE	Several specific codes identified by CMS	October 2013	17	Complete	TRUE	Decrease
44390	Colonoscopy through stoma;	Colonoscopy through	January 2014	08			ASCRS, ACS,	3.82	MPC List	September 2011	000	3.74	2.02	7.94	0.44	22	FALSE			TRUE	Several specific codes identified by CMS	October 2013	17	Complete	TRUE	Maintain
44391	Colonoscopy through stoma;	Colonoscopy through	January 2014	08			ASCRS, ACS,	4.22	MPC List	September 2011	000	4.12	2.17	14.45	0.51	152	FALSE			TRUE	Several specific codes identified by CMS	October 2013	17	Complete	TRUE	Decrease
44392	Colonoscopy through stoma;	Colonoscopy through	January 2014	08			ASCRS, ACS,	3.63	MPC List	September 2011	000	3.53	1.78	7.55	0.6	209	FALSE			TRUE	Several specific codes identified by CMS	October 2013	17	Complete	TRUE	Decrease
44393	Colonoscopy through stoma;	Colonoscopy through	January 2014	08			ASCRS, ACS,	Deleted from CPT	MPC List	September 2011							FALSE			TRUE	Several specific codes identified by CMS	October 2013	17	Complete	TRUE	Deleted from
44394	Colonoscopy through stoma;	Colonoscopy through	January 2014	08			ASCRS, ACS,	4.13	MPC List	September 2011	000	4.03	2.08	8.56	0.54	1,836	FALSE			TRUE	Several specific codes identified by CMS	October 2013	17	Complete	TRUE	Decrease
44397	Colonoscopy through stoma;	Colonoscopy through	January 2014	08			ASCRS, ACS,	Deleted from CPT	MPC List	September 2011							FALSE			TRUE	Several specific codes identified by CMS	October 2013	17	Complete	TRUE	Deleted from
44401	Colonoscopy through stoma;	Colonoscopy through	January 2014	08			ASCRS, ACS,	4.44	MPC List	September 2011	000	4.34	2.29	65.33	0.51	59	FALSE			TRUE		October 2013	17	Complete	TRUE	Decrease
44402	Colonoscopy through stoma;	Colonoscopy through	January 2014	08			ASCRS, ACS,	4.96	MPC List	January 2014	000	4.70	2.45		0.55	8	FALSE			FALSE		October 2013	17	Complete	TRUE	Decrease
44403	Colonoscopy through stoma;	Colonoscopy through	January 2014	08			ASCRS, ACS,	5.81	MPC List	January 2014	000	5.50	2.80		0.66	60	FALSE			TRUE		October 2013	17	Complete	TRUE	Decrease
44404	Colonoscopy through stoma;	Colonoscopy through	January 2014	08			ASCRS, ACS,	3.13	MPC List	January 2014	000	3.02	1.65	9.18	0.4	171	FALSE			TRUE		October 2013	17	Complete	TRUE	Decrease
44405	Colonoscopy through stoma;	Colonoscopy through	January 2014	08			ASCRS, ACS,	3.33	MPC List	January 2014	000	3.23	1.79	12.97	0.39	50	FALSE			TRUE		October 2013	17	Complete	TRUE	Decrease
44406	Colonoscopy through stoma;	Colonoscopy through	January 2014	08			ASCRS, ACS,	4.41	MPC List	January 2014	000	4.10	2.18		0.48		FALSE			TRUE		October 2013	17	Complete	TRUE	Decrease
44407	Colonoscopy through stoma;	Colonoscopy through	January 2014	08			ASCRS, ACS,	5.06	MPC List	January 2014	000	4.96	2.56		0.58		FALSE			TRUE		October 2013	17	Complete	TRUE	Decrease
44408	Colonoscopy through stoma;	Colonoscopy through	January 2014	08			ASCRS, ACS,	4.24	MPC List	January 2014	000	4.14	2.20		0.48	44	FALSE			TRUE		October 2013	17	Complete	TRUE	Decrease
44901	Incision and drainage of	Drainage of Abscess	January 2013	04				Deleted from CPT	Codes Reported Together 75% or	January 2012							FALSE			FALSE		October 2012	06	Complete	TRUE	Deleted from
44970	Laparoscopy, surgical,	Laproscopic Procedures	October 2008	26			ACS	Remove from screen	CMS Fastest Growing	October 2008	090	9.45	6.39		2.34	19,437	FALSE			FALSE					TRUE	Remove from
45170	Deleted from CPT	Rectal Tumor Excision	February 2009	11			ACS, ASCRS,	Deleted from CPT	Site of Service Anomaly	September 2007							FALSE			TRUE	CPT code 45170 Excision of rectal tumor,	October 2008	18	Code	TRUE	Deleted from
45171	Excision of rectal tumor,	Rectal Tumor Excision	February 2009	11			ACS, ASCRS,	8.00	Site of Service Anomaly	September 2007	090	8.13	8.92		1.55	2,047	FALSE			FALSE					TRUE	Decrease
45172	Excision of rectal tumor,	Rectal Tumor Excision	February 2009	11			ACS, ASCRS,	12.00	Site of Service Anomaly	September 2007	090	12.13	10.47		2.15	1,666	FALSE			FALSE					TRUE	Decrease
45300	Proctosigmoidoscopy, rigid;	Diagnostic	April 2017	13			ACS, ASCRS,	0.80	CMS 000-Day Global Typically	July 2016	000	0.80	0.51	2.92	0.13	15,380	FALSE			FALSE					TRUE	Maintain
45330	Sigmoidoscopy, flexible;	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS, AGA,	0.84	Harvard Valued - Utilization over	April 2011	000	0.84	0.73	4.63	0.12	39,725	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45331	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS, AGA,	1.14	MPC List	September 2011	000	1.14	0.86	7.29	0.15	28,532	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45332	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS, AGA,	1.85	MPC List	September 2011	000	1.76	1.13	6.32	0.24	281	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45333	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS, AGA,	1.65	MPC List	September 2011	000	1.55	1.01	8.04	0.24	467	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45334	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS, AGA,	2.10	MPC List	September 2011	000	2.00	1.24	12.44	0.24	2,918	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45335	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS, AGA,	1.15	MPC List	September 2011	000	1.04	0.81	7.53	0.14	2,482	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45337	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS, AGA,	2.20	MPC List	September 2011	000	2.10	1.01		0.27	1,620	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45338	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS, AGA,	2.15	MPC List	September 2011	000	2.05	1.25	6.66	0.26	4,729	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45339	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS, AGA,	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		May 2013		Complete	TRUE	Deleted from
45340	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS, AGA,	1.35	MPC List	September 2011	000	1.25	0.90	12.18	0.18	929	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45341	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	January 2014	09			AGA, ASGE,	2.43	MPC List	September 2011	000	2.12	1.30		0.25	1,784	FALSE			TRUE	Several specific codes identified by CMS	October 2013	16	Complete	TRUE	Increase
45342	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	January 2014	09			AGA, ASGE,	3.08	MPC List	September 2011	000	2.98	1.66		0.4	370	FALSE			TRUE	Several specific codes identified by CMS	October 2013	16	Complete	TRUE	Decrease
45345	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS, AGA,	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		May 2013		Complete	TRUE	Deleted from
45346	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS, AGA,	2.97	MPC List	May 2013	000	2.81	1.58	64.69	0.35	886	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45347	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	October 2013	06			ACG, ACS, AGA,	2.98	MPC List	May 2013	000	2.72	1.50		0.33	532	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45349	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	April 2014	13			AGA, ASGE,	3.83	MPC List	January 2014	000	3.52	1.91		0.41	636	FALSE			TRUE		October 2013	16	Complete	TRUE	Decrease
45350	Sigmoidoscopy, flexible; with	Flexible Sigmoidoscopy	April 2014	13			AGA, ASGE,	1.78	MPC List	January 2014	000	1.68	1.09	18.07	0.23	1,100	FALSE			TRUE		October 2013	16	Complete	TRUE	Decrease
45355	Colonoscopy, rigid or flexible,	Colonoscopy via stoma	January 2014	08			AGA, ASGE,	Deleted from CPT	MPC List	September 2011							FALSE			FALSE		February 2014	32	Complete	TRUE	Deleted from
45378	Colonoscopy, flexible;	Colonoscopy	January 2014	10			AGA, ASGE,	3.36	CMS High Expenditure Procedural	September 2011	000	3.26	1.77	6.51	0.42	252,515	FALSE			TRUE	Several specific codes identified by CMS	October 2013	18	Complete	TRUE	Decrease
45379	Colonoscopy, flexible; with	Colonoscopy	January 2014	10			AGA, ASGE,	4.37	MPC List	September 2011	000	4.28	2.23	8.21	0.52	850	FALSE			TRUE	Several specific codes identified by CMS	October 2013	18	Complete	TRUE	Decrease
45380	Colonoscopy, flexible; with	Colonoscopy	January 2014	10			AGA, ASGE,	3.66	MPC List	October 2010	000	3.56	1.92	8.99	0.44	922,055	FALSE			TRUE	Several specific codes identified by CMS	October 2013	18	Complete	TRUE	Decrease
45381	Colonoscopy, flexible; with	Colonoscopy	January 2018	31			AGA, ASGE,	3.67	CMS Fastest Growing / MPC List /	October 2008	000	3.56	1.91	9.26	0.44	64,291	TRUE	Jun 2010	Yes	TRUE	Several specific codes identified by CMS	October 2013	18	Complete	TRUE	Decrease
45382	Colonoscopy, flexible; with	Colonoscopy	January 2014	10			AGA, ASGE,	4.76	MPC List	September 2011	000	4.66	2.41	14.66	0.55	20,188	FALSE			TRUE	Several specific codes identified by CMS	October 2013	18	Complete	TRUE	Decrease
45383	Colonoscopy, flexible, proximal	Colonoscopy	January 2014	10			AGA, ASGE,	Deleted from CPT	MPC List	September 2011							FALSE			TRUE	Several specific codes identified by CMS	October 2013	18	Complete	TRUE	Deleted from
45384	Colonoscopy, flexible; with	Colonoscopy	January 2014	10			AGA, ASGE,	4.17	MPC List	September 2011	000	4.07	2.05	9.93	0.62	44,803	FALSE			TRUE	Several specific codes identified by CMS	October 2013	18	Complete	TRUE	Decrease
45385	Colonoscopy, flexible; with	Colonoscopy	April 2019	13			AGA, ASGE,	4.57	MPC List / Codes Reported Together	October 2010	000	4.57	2.36	8.47	0.56	974,423	FALSE			TRUE	Several specific codes identified by CMS	October 2013	18	Complete	TRUE	Maintain
45386	Colonoscopy, flexible; with	Colonoscopy	January 2014	10			AGA, ASGE,	3.87	MPC List	September 2011	000	3.77	2.00	13.95	0.48	1,836	FALSE			TRUE	Several specific codes identified by CMS	October 2013	18	Complete	TRUE	Decrease
45387	Colonoscopy, flexible, proximal	Colonoscopy	January 2014	10			AGA, ASGE,	Deleted from CPT	MPC List	September 2011							FALSE			TRUE	Several specific codes identified by CMS	October 2013	18	Complete	TRUE	Deleted from
45388	Colonoscopy, flexible; with	Colonoscopy	January 2014	10			AGA, ASGE,	4.98	MPC List	January 2014	000	4.88	2.46	66.99	0.63	18,936	FALSE			FALSE		October 2013	18	Complete	TRUE	Decrease
45389	Colonoscopy, flexible; with	Colonoscopy	January 2014	10			AGA, ASGE,	5.50	MPC List	January 2014	000	5.24	2.66		0.63	400	FALSE			FALSE		October 2013	18	Complete	TRUE	Decrease
45390	Colonoscopy, flexible; with	Colonoscopy	January 2014	10			AGA, ASGE,	6.35	MPC List	January 2014	000	6.04	3.03		0.72	26,316	FALSE			FALSE		October 2013	18	Complete	TRUE	Decrease
45391	Colonoscopy, flexible; with	Colonoscopy	January 2014	10			AGA, ASGE,	4.95	MPC List	September 2011	000	4.64	2.41		0.54	687	FALSE			TRUE	Several specific codes identified by CMS	October 2013	18	Complete	TRUE	Decrease
45392	Colonoscopy, flexible; with	Colonoscopy	January 2014	10			AGA, ASGE,	5.60	MPC List	September 2011	000	5.50	2.80		0.66	97	FALSE			TRUE	Several specific codes identified by CMS	October 2013	18	Complete	TRUE	Decrease
45393	Colonoscopy, flexible; with	Colonoscopy	January 2014	10			AGA, ASGE,	4.78	MPC List	January 2014	000	4.68	2.12		0.61	1,870	FALSE			FALSE		October 2013	18	Complete	TRUE	Decrease
45398	Colonoscopy, flexible; with	Colonoscopy	January 2014	10			AGA, ASGE,	4.30	MPC List	January 2014	000	4.20	2.12	19.69	0.63	3,282	FALSE			FALSE		October 2013	18	Complete	TRUE	Decrease
46020	Placement of seton	Placement/Removal of	October 2020	16			ACS, ASCRS (col)	3.50	010-Day Global Post-Operative	October 2019	000	1.86	1.29		0.35	1,274	FALSE			FALSE					TRUE	Increase
46030	Removal of anal seton, other	Placement/ Removal of	October 2020	16			ACS, ASCRS (col)	2.00	010-Day Global Post-Operative	April 2020	000	1.48	0.87	5.89	0.24	286	FALSE			FALSE					TRUE	Increase
46200	Fissurectomy, including	Fissurectomy	September 2007	16			ACS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September 2007	090	3.59	6.06	10.13	0.61	758	FALSE			FALSE					TRUE	PE Only
46500	Injection of sclerosing solution,	Hemorrhoid Injection	January 2018	24			ACS, ASCRS	2.00	010-Day Global Post-Operative Visits	January 2014	010	1.74	3.54	7.38	0.26	12,398	FALSE			FALSE					TRUE	Increase
47011	Hepatotomy; for percutaneous	Drainage of Abscess	January 2013	04				Deleted from CPT	Codes Reported Together 75% or	January 2012							FALSE			FALSE		October 2012	06	Complete	TRUE	Deleted from
47135	Liver allotransplantation,	Liver Allotransplantation	September 2014	14			ACS, ASTS	91.78	090-Day Global Post-Operative Visits	January 2014	090	90.00	48.63		22.89	1,407	FALSE			FALSE					TRUE	Increase
47136	Liver allotransplantation;	RAW	April 2014	52			ACS, ASTS	Deleted from CPT	090-Day Global Post-Operative Visits	April 2014							FALSE			TRUE	Identified as part of 47135 family. Specialty	October 2014	16	Complete	TRUE	Deleted from
47382	Ablation, 1 or more liver	Interventional Radiology	October 2008	13			ACR, SIR	New PE Inputs	CMS Request - Practice Expense	NA	010	14.97	4.96	90.71	1.58	2,601	FALSE			FALSE					TRUE	PE Only
47490	Cholecystostomy,	Cholecystostomy	October 2009	04			ACR	4.76	CMS Fastest Growing	October 2008	010	4.76	4.56		0.47	12,012	FALSE			TRUE	This service was referred to CPT to include	June 2009	17	CPT	TRUE	Decrease
47500	Injection procedure for	Percutaneous Biliary	October 2015	06		RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75% or	October 2012							FALSE			TRUE	The Joint Workgroup recommends	February 2015	16	Complete	TRUE	Deleted from
47505	Injection procedure for	Percutaneous Biliary	October 2015	06		RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75% or	October 2012							FALSE			TRUE	The Joint Workgroup recommends	February 2015	16	Complete	TRUE	Deleted from
47510	Introduction of percutaneous	Percutaneous Biliary	October 2015	06		RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75% or	October 2012							FALSE			TRUE	The Joint Workgroup recommends	February 2015	16	Complete	TRUE	Deleted from
47511	Introduction of percutaneous	Percutaneous Biliary	October 2015	06		RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75% or	October 2012							FALSE			TRUE	The Joint Workgroup recommends	February 2015	16	Complete	TRUE	Deleted from
47525	Change of percutaneous biliary	Percutaneous Biliary	October 2015	06		RUC	ACR, SIR	Deleted from CPT	High IWPUT	February 2008							FALSE			FALSE		February 2015	16		TRUE	Deleted from
47530	Revision and/or reinsertion of	Percutaneous Biliary	October 2015	06		RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75% or	February 2015							FALSE			FALSE		February 2015	16		TRUE	Deleted from
47531	Injection procedure for	Percutaneous Biliary	October 2015	04		RUC	ACR, SIR	1.30	Codes Reported Together 75% or	February 2015	000	1.30	0.63	11.05	0.13	6,459	FALSE			FALSE		February 2015	16		TRUE	Increase
47532	Injection procedure for	Percutaneous Biliary	October 2015	04		RUC	ACR, SIR	4.50	Codes Reported Together 75% or	February 2015	000	4.25	1.42	20.04	0.47	393	FALSE			FALSE		February 2015	16		TRUE	Increase
47533	Placement of biliary drainage	Percutaneous Biliary	October 2015	04		RUC	ACR, SIR	5.63	Codes Reported Together 75% or	February 2015	000	5.38	1.71	28.32	0.55	1,183	FALSE			FALSE		February 2015	16		TRUE	Increase
47534	Placement of biliary drainage	Percutaneous Biliary	October 2015	04		RUC	ACR, SIR	7.85	Codes Reported Together 75% or	February 2015	000	7.60	2.32	29.25	0.77	3,944	FALSE			FALSE		February 2015	16		TRUE	Increase
47535	Conversion of external biliary	Percutaneous Biliary	October 2015	04		RUC	ACR, SIR	4.20	Codes Reported Together 75% or	February 2015	000	3.95	1.33	21.73	0.4	383	FALSE			FALSE		February 2015	16		TRUE	Increase
47536	Exchange of biliary drainage	Percutaneous Biliary	October 2015	04		RUC	ACR, SIR	2.86	Codes Reported Together 75% or	February 2015	000	2.61	0.95	15.8	0.27	13,161	FALSE			FALSE		February 2015	16		TRUE	Increase
47537	Removal of biliary drainage	Percutaneous Biliary	October 2015	04		RUC	ACR, SIR	1.85	Codes Reported Together 75% or	February 2015	000	1.84	0.78	12.43	0.19	1,952	FALSE			FALSE		February 2015	16		TRUE	Increase
47538	Placement of stent(s) into a bile	Percutaneous Biliary	October 2015	04		RUC	ACR, SIR	5.00	Codes Reported Together 75% or	February 2015	000	4.75	1.56	104.71	0.49	781	FALSE			FALSE		February 2015	16		TRUE	Increase
47539	Placement of stent(s) into a bile	Percutaneous Biliary	October 2015	04		RUC	ACR, SIR	9.00	Codes Reported Together 75% or	February 2015	000	8.75	2.66	113.95	0.94	120	FALSE			FALSE		February 2015	16		TRUE	Increase
47540	Placement of stent(s) into a bile	Percutaneous Biliary	October 2015	04		RUC	ACR, SIR	9.28	Codes Reported Together 75% or	February 2015	000	9.03	2.73	113.39	0.96	151	FALSE			FALSE		February 2015	16		TRUE	Increase
47541	Placement of access through	Percutaneous Biliary	October 2015	04		RUC	ACR, SIR	7.00	Codes Reported Together 75% or	February 2015	000	6.75	2.27	26.81	0.72	135	FALSE			FALSE		February 2015	16		TRUE	Increase
47542	Balloon dilation of biliary	Percutaneous Biliary	October 2015	04		RUC	ACR, SIR	2.85	Codes Reported Together 75% or	February 2015	ZZZ	2.85	0.78	11.5	0.3	1,031	FALSE			FALSE		February 2015	16		TRUE	Increase
47543	Endoluminal biopsy(ies) of	Percutaneous Biliary	October 2015	04		RUC	ACR, SIR	3.00	Codes Reported Together 75% or	February 2015	ZZZ	3.00	0.84	8.24	0.31	615	FALSE			FALSE		February 2015	16		TRUE	Increase
47544	Removal of calculi/debris from	Percutaneous Biliary	October 2015	04		RUC	ACR, SIR	3.28	Codes Reported Together 75% or	February 2015	ZZZ	3.28	0.90	20.93	0.35	281	FALSE			TRUE	The committee noted that while the CPT	February 2015	16	Complete	TRUE	Increase
47560	Laparoscopy, surgical; with	RAW	October 2013	18				Deleted from CPT	CMS Request - Final Rule for 2014	July 2013							FALSE			FALSE					TRUE	Maintain
47562	Laparoscopy, surgical;	RAW review	September 2014	21			ACS	Maintain work RVU and adjust	CMS High Expenditure Procedural	September 2011	090	10.47	6.81		2.64	75,951	FALSE			FALSE					TRUE	Maintain
47563	Laparoscopy, surgical;	RAW review	October 2013	18				No further action. 12.11	CMS High Expenditure Procedural	September 2011	090	11.47	7.29		2.89	31,109	FALSE			FALSE					TRUE	Maintain

47600	Cholecystectomy;	Cholecystectomy	April 2012	36			ACS, SAGES	20.00	CMS Request - Final Rule for 2012	September 2011	090	17.48	10.36		4.34	5,266	FALSE			FALSE						TRUE	Increase
47605	Cholecystectomy; with	Cholecystectomy	April 2012	36			ACS, SAGES	21.00	CMS Request - Final Rule for 2012	September 2011	090	18.48	10.75		4.64	719	FALSE			FALSE						TRUE	Increase
48102	Biopsy of pancreas,	Percutaneous Needle	September 2007	16			SIR	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September 2007	010	4.70	1.74	10.02	0.47	583	FALSE			FALSE						TRUE	PE Only
48511	External drainage, pseudocyst	Drainage of Abscess	January 2013	04				Deleted from CPT	Codes Reported Together 75% or	January 2012							FALSE			FALSE		October 2012	06	Complete		TRUE	Deleted from
49021	Drainage of peritoneal abscess	Drainage of Abscess	January 2013	04			ACR, SIR	Deleted from CPT	Codes Reported Together 75% or	January 2012							FALSE			FALSE		October 2012	06	Complete		TRUE	Deleted from
49041	Drainage of subdiaphragmatic	Drainage of Abscess	January 2013	04			ACR, SIR	Deleted from CPT	Codes Reported Together 75% or	January 2012							FALSE			FALSE		October 2012	06	Complete		TRUE	Deleted from
49061	Drainage of retroperitoneal	Drainage of Abscess	January 2013	04			ACR, SIR	Deleted from CPT	Codes Reported Together 75% or	January 2012							FALSE			FALSE		October 2012	06	Complete		TRUE	Deleted from
49080	Peritoneocentesis, abdominal	Peritoneocentesis	October 2010	5			ACR, AGA, ASGE,	Deleted from CPT	Harvard Valued - Utilization over	October 2009							FALSE			TRUE	The specialty reported to the Five-Year	June 2010	09	Complete		TRUE	Deleted from
49081	Peritoneocentesis, abdominal	Peritoneocentesis	October 2010	5			ACR, AGA, ASGE,	Deleted from CPT	Harvard Valued - Utilization over	February 2010							FALSE			FALSE		June 2010	09			TRUE	Deleted from
49082	Abdominal paracentesis	Abdominal Paracentesis	October 2010	05			ACR, ACS, AGA,	1.35	Harvard Valued - Utilization over	February 2010	000	1.24	0.75	4.92	0.19	9,041	FALSE			FALSE		June 2010	09			TRUE	Decrease
49083	Abdominal paracentesis	Abdominal Paracentesis	October 2010	05			ACR, ACS, AGA,	2.00	Harvard Valued - Utilization over	February 2010	000	2.00	0.92	6.51	0.2	242,716	FALSE			FALSE		June 2010	09			TRUE	Decrease
49084	Peritoneal lavage, including	Abdominal Paracentesis	October 2010	05			ACR, ACS, AGA,	2.50	Harvard Valued - Utilization over	February 2010	000	2.00	0.72		0.45	1,495	FALSE			FALSE		June 2010	09			TRUE	Increase
49405	Image-guided fluid collection	Drainage of Abscess	January 2013	04			ACR, SIR	4.25	Codes Reported Together 75% or	January 2012	000	4.00	1.27	21.7	0.4	4,897	FALSE			FALSE		October 2012	06	Complete		TRUE	Decrease
49406	Image-guided fluid collection	Drainage of Abscess	January 2013	04			ACR, SIR	4.25	Codes Reported Together 75% or	January 2012	000	4.00	1.27	21.71	0.4	28,883	FALSE			FALSE		October 2012	06	Complete		TRUE	Decrease
49407	Image-guided fluid collection	Drainage of Abscess	January 2013	04			ACR, SIR	4.50	Codes Reported Together 75% or	January 2012	000	4.25	1.28	17.55	0.48	149	FALSE			FALSE		October 2012	06	Complete		TRUE	Decrease
49418	Insertion of tunneled	Intraperitoneal Catheter	April 2010	11			ACS, ACR, SIR	4.21	Site of Service Anomaly	February 2010	000	3.96	1.46	24.53	0.43	6,786	FALSE			FALSE		February 2010	30			TRUE	Decrease
49420	Deleted from CPT	Insertion of	October 2009	40			ACS	Deleted from CPT	Site of Service Anomaly	April 2008							FALSE			TRUE	At the April 2008 RUC meeting, the	February 2010	30	Deleted		TRUE	Deleted from
49421	Insertion of tunneled	Intraperitoneal Catheter	April 2010	11			ACS, ACR, SIR	4.21	Site of Service Anomaly	September 2007	000	4.21	1.51		1.01	1,077	FALSE			TRUE	At the April 2008 RUC meeting, the	February 2010	30	Revised		TRUE	Decrease
49422	Removal of tunneled	Removal of	April 2017	14			ACS, SVS	4.00	Site of Service Anomaly - 2016	October 2016	000	4.00	1.63		0.95	10,313	FALSE			FALSE						TRUE	Decrease
49436	Delayed creation of exit site	Delayed Creation of Exit	January 2022	16	January 2027	RAW	ACS	PE Inputs	CMS Request - Final Rule for 2022	November 2021	010	2.72	2.20	12.67	0.69	246	FALSE			FALSE						TRUE	PE Only
49505	Repair initial inguinal hernia,	RAW review	January 2012	30			ACS	Reaffirmed	CMS High Expenditure Procedural	September 2011	090	7.96	5.85		2.01	37,728	FALSE			FALSE						TRUE	Maintain
49507	Repair initial inguinal hernia,	Hernia Repair	February 2011	29			ACS	10.05	Site of Service Anomaly	September 2007	090	9.09	6.40		2.28	8,147	FALSE			FALSE						TRUE	Maintain
49521	Repair recurrent inguinal	Hernia Repair	February 2011	29			ACS	12.44	Site of Service Anomaly	September 2007	090	11.48	7.26		2.88	1,465	FALSE			FALSE						TRUE	Maintain
49560	Repair initial incisional or	Anterior Abdominal	April 2021	09			ACS, ASCRS	Deleted from CPT	Site of Service Anomaly - 2019	February 2021	090					14,923	FALSE			FALSE		February 2021	18	complete		TRUE	Deleted from
49561	Repair initial incisional or	Anterior Abdominal	April 2021	09			ACS, ASCRS	Deleted from CPT	Site of Service Anomaly - 2019	February 2021	090					9,579	FALSE			FALSE		February 2021	18	complete		TRUE	Deleted from
49565	Repair recurrent incisional or	Anterior Abdominal	April 2021	09			ACS, ASCRS	Deleted from CPT	Site of Service Anomaly - 2019	October 2019	090					3,102	FALSE			TRUE	In October 2019, the Relativity Assessment	February 2021	18	complete		TRUE	Deleted from
49566	Repair recurrent incisional or	Anterior Abdominal	April 2021	09			ACS, ASCRS	Deleted from CPT	Site of Service Anomaly - 2019	February 2021	090					2,432	FALSE			FALSE		February 2021	18	complete		TRUE	Deleted from
49568	Implantation of mesh or other	Anterior Abdominal	April 2021	09			ACS, ASCRS	Deleted from CPT	Site of Service Anomaly - 2019	February 2021	ZZZ					18,598	FALSE			FALSE		February 2021	18	complete		TRUE	Deleted from
49570	Repair epigastric hernia (eg,	Anterior Abdominal	April 2021	09			ACS, ASCRS	Deleted from CPT	Site of Service Anomaly - 2019	February 2021	090					452	FALSE			FALSE		February 2021	18	complete		TRUE	Deleted from
49572	Repair epigastric hernia (eg,	Anterior Abdominal	April 2021	09			ACS, ASCRS	Deleted from CPT	Site of Service Anomaly - 2019	February 2021	090					389	FALSE			FALSE		February 2021	18	complete		TRUE	Deleted from
49580	Repair umbilical hernia,	Anterior Abdominal	April 2021	09			ACS, ASCRS	Deleted from CPT	Site of Service Anomaly - 2019	February 2021	090					2	FALSE			FALSE		February 2021	18	complete		TRUE	Deleted from
49582	Repair umbilical hernia,	Anterior Abdominal	April 2021	09			ACS, ASCRS	Deleted from CPT	Site of Service Anomaly - 2019	February 2021	090					-	FALSE			FALSE		February 2021	18	complete		TRUE	Deleted from
49585	Repair umbilical hernia, age 5	Anterior Abdominal	April 2021	09			ACS, ASCRS	Deleted from CPT	Site of Service Anomaly - 2019	February 2021	090					14,177	FALSE			FALSE		February 2021	18	complete		TRUE	Deleted from
49587	Repair umbilical hernia, age 5	Anterior Abdominal	April 2021	09			ACS, ASCRS	Deleted from CPT	Site of Service Anomaly	September 2007	090					6,075	FALSE			FALSE		February 2021	18	complete		TRUE	Deleted from
49590	Repair spigelian hernia	Anterior Abdominal	April 2021	09			ACS, ASCRS	Deleted from CPT	Site of Service Anomaly - 2019	February 2021	090					506	FALSE			FALSE		February 2021	18	complete		TRUE	Deleted from
49591	Repair of anterior abdominal	Anterior Abdominal	April 2021	09			ACS, ASCRS	6.27	Site of Service Anomaly - 2019	February 2021	000	5.96	2.80		1.49		FALSE			FALSE		February 2021	18	complete		TRUE	Decrease
49592	Repair of anterior abdominal	Anterior Abdominal	April 2021	09			ACS, ASCRS	9.00	Site of Service Anomaly - 2019	February 2021	000	8.46	3.65		2.13		FALSE			FALSE		February 2021	18	complete		TRUE	Decrease
49593	Repair of anterior abdominal	Anterior Abdominal	April 2021	09			ACS, ASCRS	10.80	Site of Service Anomaly - 2019	February 2021	000	10.26	4.33		2.56		FALSE			FALSE		February 2021	18	complete		TRUE	Decrease
49594	Repair of anterior abdominal	Anterior Abdominal	April 2021	09			ACS, ASCRS	14.00	Site of Service Anomaly - 2019	February 2021	000	13.46	5.48		3.38		FALSE			FALSE		February 2021	18	complete		TRUE	Decrease
49595	Repair of anterior abdominal	Anterior Abdominal	April 2021	09			ACS, ASCRS	14.88	Site of Service Anomaly - 2019	February 2021	000	13.94	5.68		3.45		FALSE			FALSE		February 2021	18	complete		TRUE	Decrease
49596	Repair of anterior abdominal	Anterior Abdominal	April 2021	09			ACS, ASCRS	20.00	Site of Service Anomaly - 2019	February 2021	000	18.67	7.38		4.55		FALSE			FALSE		February 2021	18	complete		TRUE	Decrease
49613	Repair of anterior abdominal	Anterior Abdominal	April 2021	09			ACS, ASCRS	7.75	Site of Service Anomaly - 2019	February 2021	000	7.42	3.39		1.82		FALSE			FALSE		February 2021	18	complete		TRUE	Decrease
49614	Repair of anterior abdominal	Anterior Abdominal	April 2021	09			ACS, ASCRS	10.79	Site of Service Anomaly - 2019	February 2021	000	10.25	4.31		2.54		FALSE			FALSE		February 2021	18	complete		TRUE	Decrease
49615	Repair of anterior abdominal	Anterior Abdominal	April 2021	09			ACS, ASCRS	12.00	Site of Service Anomaly - 2019	February 2021	000	11.46	4.83		2.83		FALSE			FALSE		February 2021	18	complete		TRUE	Decrease
49616	Repair of anterior abdominal	Anterior Abdominal	April 2021	09			ACS, ASCRS	16.50	Site of Service Anomaly - 2019	February 2021	000	15.55	6.26		3.88		FALSE			FALSE		February 2021	18	complete		TRUE	Decrease
49617	Repair of anterior abdominal	Anterior Abdominal	April 2021	09			ACS, ASCRS	16.97	Site of Service Anomaly - 2019	February 2021	000	16.03	6.55		3.89		FALSE			FALSE		February 2021	18	complete		TRUE	Decrease
49618	Repair of anterior abdominal	Anterior Abdominal	April 2021	09			ACS, ASCRS	24.00	Site of Service Anomaly - 2019	February 2021	000	22.67	8.87		5.54		FALSE			FALSE		February 2021	18	complete		TRUE	Decrease
49621	Repair of parastomal hernia,	Anterior Abdominal	April 2021	09			ACS, ASCRS	14.24	Site of Service Anomaly - 2019	February 2021	000	13.70	5.45		3.04		FALSE			FALSE		February 2021	18	complete		TRUE	Decrease
49622	Repair of parastomal hernia,	Anterior Abdominal	April 2021	09			ACS, ASCRS	18.00	Site of Service Anomaly - 2019	February 2021	000	17.06	6.58		3.72		FALSE			FALSE		February 2021	18	complete		TRUE	Decrease
49623	Removal of total or near total	Anterior Abdominal	April 2021	09			ACS, ASCRS	5.00	Site of Service Anomaly - 2019	February 2021	ZZZ	3.75	1.34		0.79		FALSE			FALSE		February 2021	18	complete		TRUE	Decrease
49652	Laparoscopy, surgical, repair,	Anterior Abdominal	April 2021	09			ACS, ASCRS	Deleted from CPT	Site of Service Anomaly	June 2010	090					9,196	FALSE			FALSE		February 2021	18	complete		TRUE	Deleted from
49653	Laparoscopy, surgical, repair,	Anterior Abdominal	April 2021	09			ACS, ASCRS	Deleted from CPT	Site of Service Anomaly	June 2010	090					6,826	FALSE			FALSE		February 2021	18	complete		TRUE	Deleted from
49654	Laparoscopy, surgical, repair,	Anterior Abdominal	April 2021	09			ACS, ASCRS	Deleted from CPT	Site of Service Anomaly	June 2010	090					6,939	FALSE			FALSE		February 2021	18	complete		TRUE	Deleted from
49655	Laparoscopy, surgical, repair,	Anterior Abdominal	April 2021	09			ACS, ASCRS	Deleted from CPT	Site of Service Anomaly	June 2010	090					4,967	FALSE			FALSE		February 2021	18	complete		TRUE	Deleted from
49656	Laparoscopy, surgical, repair,	Anterior Abdominal	April 2021	09			ACS, ASCRS	Deleted from CPT	Site of Service Anomaly - 2019	February 2021	090					1,392	FALSE			FALSE		February 2021	18	complete		TRUE	Deleted from
49657	Laparoscopy, surgical, repair,	Anterior Abdominal	April 2021	09			ACS, ASCRS	Deleted from CPT	Site of Service Anomaly - 2019	February 2021	090					1,546	FALSE			FALSE		February 2021	18	complete		TRUE	Deleted from
50021	Drainage of perirenal or renal	Drainage of Abscess	January 2013	04				Deleted from CPT	Codes Reported Together 75% or	January 2012							FALSE			FALSE		October 2012	06	Complete		TRUE	Deleted from
50080	Percutaneous nephrolithotomy	Percutaneous	January 2022	08			AUA	13.50	Site of Service Anomaly - 2019	October 2019	090	12.41	6.86		1.52	2,029	FALSE			TRUE	In January 2020, the specialty societies	September 2021	22	complete		TRUE	Decrease
50081	Percutaneous nephrolithotomy	Percutaneous	January 2022	08			AUA	22.00	Site of Service Anomaly - 2019	October 2019	090	20.91	9.98		2.55	5,760	FALSE			TRUE	In January 2020, the specialty societies	September 2021	22	complete		TRUE	Decrease
50200	Renal biopsy; percutaneous, by	Interventional Radiology	October 2008	13			ACR, SIR	New PE Inputs	CMS Request - Practice Expense	NA	000	2.38	1.10	12.58	0.24	31,892	FALSE			FALSE						TRUE	PE Only
50360	Renal allotransplantation,	Renal Allotransplantation	April 2013	21			ACR, SIR	40.90	Harvard-Valued Annual Allowed	July 2012	090	39.88	23.36		9.87	10,485	FALSE			FALSE						TRUE	Maintain
50387	Removal and replacement of	Genitourinary Catheter	January 2015	09			ACR, SIR	2.00	Codes Reported Together 75% or	October 2012	000	1.75	0.49	14.32	0.18	7,656	FALSE			FALSE		October 2014	18	Complete		TRUE	Maintain
50392	Introduction of intracatheter or	Genitourinary Catheter	January 2015	09			ACR, SIR	Deleted from CPT	Codes Reported Together 75% or	October 2012							FALSE			TRUE	The Joint Workgroup recommends	October 2014	18	Complete		TRUE	Deleted from
50393	Introduction of ureteral	Genitourinary Catheter	January 2015	09			ACR, SIR	Deleted from CPT	Codes Reported Together 75% or	October 2012							FALSE			TRUE	The Joint Workgroup recommends	October 2014	18	Complete		TRUE	Deleted from
50394	Injection procedure for	Genitourinary Catheter	January 2015	09			ACR, SIR	Deleted from CPT	Codes Reported Together 75% or	October 2012							FALSE			TRUE	The Joint Workgroup recommends	October 2014	18	Complete		TRUE	Deleted from
50395	Introduction of guide into renal	Dilation of Urinary Tract	January 2018	12			ACR, SIR	Deleted from CPT	Codes Reported Together 75% or	October 2014							FALSE			TRUE	In January 2015, the specialties indicated	September 2017	19	complete		TRUE	Deleted from
50398	Change of nephrostomy or	Genitourinary Catheter	January 2015	09			ACR, SIR	Deleted from CPT	Codes Reported Together 75% or	October 2012							FALSE			TRUE	The Joint Workgroup recommends	October 2014	18	Complete		TRUE	Deleted from
50430	Injection procedure for	Genitourinary Catheter	January 2015	09			ACR, SIR	3.15	Codes Reported Together 75% or	October 2014	000	2.90	1.29	15.52	0.31	810	FALSE			FALSE		October 2014	18	Complete		TRUE	Increase
50431	Injection procedure for	Genitourinary Catheter	January 2015	09			ACR, SIR	1.42	Codes Reported Together 75% or	October 2014	000	1.10	0.73	8.31	0.12	7,040	FALSE			FALSE		October 2014	18	Complete		TRUE	Increase
50432	Placement of nephrostomy	Dilation of Urinary Tract	January 2018	12			ACR, SIR	4.00	Codes Reported Together 75% or	October 2014	000	4.00	1.56	22.33	0.4	28,826	FALSE			FALSE		October 2014	18	Complete		TRUE	Maintain
50433	Placement of nephroureteral	Dilation of Urinary Tract	January 2018	12				5.05	Codes Reported Together 75% or	September 2017	000	5.05	1.83	27.71	0.52	5,403	FALSE			FALSE						TRUE	Maintain
50434	Convert nephrostomy catheter	Genitourinary Catheter	January 2015	09			ACR, SIR	4.20	Codes Reported Together 75% or	October 2014	000	3.75	1.41	22.57	0.4	2,094	FALSE			FALSE		October 2014	18	Complete		TRUE	Increase
50435	Exchange nephrostomy	Genitourinary Catheter	January 2015	09			ACR, SIR	2.00	Codes Reported Together 75% or	October 2014	000	1.82	0.91	15.59	0.19	48,218	FALSE			FALSE		October 2014	18	Complete		TRUE	Increase
50436	Dilation of existing tract,	Dilation of Urinary Tract	January 2018	12				3.37	Codes Reported Together 75% or	September 2017	000	2.78	1.31		0.29	395	FALSE			FALSE						TRUE	Decrease
50437	Dilation of existing tract,	Dilation of Urinary Tract	January 2018	12				5.44	Codes Reported Together 75% or	September 2017	000	4.85	1.93		0.47	528	FALSE			FALSE						TRUE	Decrease
50542	Laparoscopy, surgical; ablation	Laproscopic Procedures	October 2008	26			AUA	Remove from screen	CMS Fastest Growing	October 2008	090	21.36	10.53		2.63	99	FALSE			FALSE						TRUE	Remove from
50548	Laparoscopy, surgical;	Laproscopic Procedures	October 2008	26			AUA	Remove from screen	CMS Fastest Growing	October 2008	090	25.36	11.31		3.15	2,106	FALSE			FALSE						TRUE	Remove from
50590	Lithotripsy, extracorporeal	Lithotripsy	April 2012	42			AUA	9.77	CMS High Expenditure Procedural	September 2011	090	9.77	6.17	11.28	1.21	41,182	FALSE			FALSE						TRUE	Maintain
50605	Ureterotomy for insertion of	Ureterotomy	October 2015	21		RAW	AUA, SIR	Review action plan at the RAW	CMS Fastest Growing / CPT	October 2008	090	16.79	9.56		3.87	2,207	TRUE	Dec 2009	Yes	FALSE						TRUE	Maintain
50606	Endoluminal biopsy of ureter	Genitourinary Catheter	April 2015	08			ACR, SIR	3.16	Codes Reported Together 75% or	October 2014	ZZZ	3.16	0.51	10.72	0.39	56	FALSE			TRUE		October 2014	18	Complete		TRUE	Increase
50693	Placement of ureteral stent,	Genitourinary Catheter	January 2015	09			ACR, SIR	4.60	Codes Reported Together 75% or	October 2014	000	3.96	1.57	24.91	0.4	3,391	FALSE			FALSE		October 2014	18	Complete		TRUE	Increase
50694	Placement of ureteral stent,	Genitourinary Catheter	January 2015	09			ACR, SIR	6.00	Codes Reported Together 75% or	October 2014	000	5.25	1.97	27.05	0.52	695	FALSE			FALSE		October 2014	18	Complete		TRUE	Increase
50695	Placement of ureteral stent,	Genitourinary Catheter	January 2015	09			ACR, SIR	7.55	Codes Reported Together 75% or	October 2014	000	6.80	2.44	31.93	0.69	940	FALSE			FALSE		October 2014	18	Complete		TRUE	Increase
50705	Ureteral embolization or	Genitourinary Catheter	April 2015	08			ACR, SIR	4.03	Codes Reported Together 75% or	October 2014	ZZZ	4.03	0.65	49.19	0.49	58	FALSE			TRUE		October 2014	18	Complete		TRUE	Increase
50706	Balloon dilation, ureteral	Genitourinary Catheter	April 2015	08			ACR, SIR	3.80	Codes Reported Together 75% or	October 2014	ZZZ	3.80	1.05	20.45	0.4	1,097	FALSE			TRUE		October 2014	18	Complete		TRUE	Increase
51040	Cystostomy, cystotomy with	Cystostomy	September 2007	16			AUA	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September 2007	090	4.49	3.76		0.55	4,128	FALSE			FALSE						TRUE	PE Only
51102	Aspiration of bladder; with	Urological Procedures	April 2008	45			AUA	2.70	Site of Service Anomaly	September 2007	000	2.70	1.21	4.15	0.31	12,977	FALSE			FALSE						TRUE	Decrease
51700	Bladder irrigation, simple,	Bladder Catheter	January 2016	32			AUA	0.60	CMS High Expenditure Procedural	July 2015	000	0.60	0.21	1.62	0.08	172,260	FALSE			FALSE						TRUE	Decrease
51701	Insertion of non-indwelling	Bladder Catheter	January 2016	32			AUA	0.50	CMS High Expenditure Procedural	July 2015	000	0.50	0.19	0.77	0.07	139,810	FALSE			FALSE						TRUE	Maintain
51702	Insertion of temporary	Bladder Catheter	January 2016	32			AUA	0.50	CMS High Expenditure Procedural	July 2015	000	0.50	0.19	1.31	0.06	218,125	FALSE			FALSE						TRUE	Maintain
51703	Insertion of temporary	Bladder Catheter	January 2016	32			AUA	1.47	CMS High Expenditure Procedural	July 2015	000	1.47	0.61	2.84	0.18	50,484	FALSE			FALSE						TRUE	Maintain
51720	Bladder instillation of	Treatment of Bladder	January 2016	33			AUA	0.87	CMS High Expenditure Procedural	July 2015	000	0.87	0.31	1.68	0.11	157,422	FALSE			FALSE						TRUE	Decrease
51726	Complex cystometrogram (ie,	Urodynamic Studies	April 2009	16			AUA, ACOG	1.71	Codes Reported Together 95% or	February 2008	000	1.71	NA	7.13	0.17	2,860	FALSE			TRUE	Referred to the CPT Editorial Panel for	February 2009	24	Complete		TRUE	Maintain
51727	Complex cystometrogram (ie,	Urodynamic Studies	April 2009	16			AUA, ACOG	2.11	Codes Reported Together 95% or	February 2009	000	2.11	NA	8.62	0.25	1,764	FALSE			FALSE						TRUE	Decrease
51728	Complex cystometrogram (ie,	Urodynamic Studies	September 2022	13		RAW	AUA, ACOG	Refer to CPT Assistant. 2.11	Codes Reported Together 95% or	February 2009	000	2.11	NA	8.59	0.21	80,110	TRUE			FALSE						FALSE	Decrease
51729	Complex cystometrogram (ie,	Urodynamic Studies	September 2022	13		RAW	AUA, ACOG	Refer to CPT Assistant. 2.51	Codes Reported Together 95% or	February 2009	000	2.51	NA	8.71	0.29	49,749	TRUE			FALSE						FALSE	Decrease
51736	Simple uroflowmetry (UFR) (eg,	Uroflowmetry	October 2010	11			AUA	0.17	Harvard Valued - Utilization over	February 2010	XXX	0.17	NA	0.22	0.02	9,095	FALSE			FALSE						TRUE	Decrease
51741	Complex uroflowmetry (eg,	Uroflowmetry	September 2022	13		RAW	AUA	Refer to CPT Assistant. 0.17	Harvard Valued - Utilization over	October 2009	XXX	0.17	NA	0.23	0.03	329,247	TRUE			FALSE						FALSE	Decrease
51772	Deleted from CPT	Urodynamic Studies	April 2009	16			AUA	Deleted from CPT	Codes Reported Together 95% or	February 2008							FALSE			TRUE	Referred to the CPT Editorial Panel for	February 2009	24	Code		TRUE	Deleted from
51784	Electromyography studies	Electromyography	September 2022	13		RAW	AUA	Refer to CPT Assistant. 0.75.	Codes Reported Together 75% or	October 2012	XXX	0.75	NA	1.1	0.08	119,552	TRUE			TRUE	The Joint Workgroup referred to CPT	February 2014	34	Complete		FALSE	Decrease
51792	Stimulus evoked response (eg,	Urinary Reflex Studies	January 2019	37			AUA	CPT edits and CPT Assistant	Codes Reported Together 75% or	October 2012	000	1.10	NA	6.95	0.17	4,062	TRUE	Feb 2014	Yes	TRUE	The Joint Workgroup referred to CPT	February 2014	34	Complete		TRUE	Maintain
51795	Deleted from CPT	Urology Studies	February 2008	S				Deleted from CPT	Codes Reported Together 95% or	February 2008							FALSE			TRUE	Referred to the CPT Editorial Panel for	February 2009	24	Code		TRUE	Deleted from
51797	Voiding pressure studies, intra-	Urology Studies	February 2008	S				0.80	Codes Reported Together 95% or	February 2008	ZZZ	0.80	NA	4.79	0.08	93,588	FALSE			TRUE	Referred to the CPT Editorial Panel for	February 2009	24	Code		TRUE	Maintain
51798	Measurement of post-voiding	Voiding Pressure Studies	April 2016	25			AUA	PE Only	CMS High Expenditure Procedural	July 2015	XXX	0.00	NA	0.33	0.01	1,883,773	FALSE			FALSE						TRUE	PE Only
52000	Cystourethroscopy (separate	Cystourethroscopy	January 2016	35			AUA, ACOG	1.75	MPC List / CMS High Expenditure	October 2010	000	1.53	0.66	5.47	0.19	770,017	FALSE			FALSE						TRUE	Decrease
52214	Cystourethroscopy, with	Cystourethroscopy	October 2017	19			AUA	3.50	High Volume Growth1 / CPT	June 2008	000	3.50	1.23	18.39	0.42	15,192	TRUE	Aug 2009	Yes	FALSE						TRUE	Decrease
52224	Cystourethroscopy, with	Cystourethroscopy	October 2017	19			AUA	4.05	High Volume Growth1 / CPT	February 2008	000	4.05	1.42	18.77	0.49	27,619	TRUE	Aug 2009	Yes	FALSE						TRUE	Increase
52234	Cystourethroscopy, with	Cystourethroscopy and	January 2021	29			AUA	4.62	Harvard Valued - Utilization over	September 2011	000	4.62	2.07		0.56	23,602	TRUE	May	Yes	FALSE						TRUE	Maintain
52235	Cystourethroscopy, with	Cystourethroscopy and	October 2017	19			AUA	5.44	Harvard Valued - Utilization over	April 2011	000	5.44	2.40		0.67	30,890	TRUE	May	Yes	FALSE						TRUE	Maintain
52240	Cystourethroscopy, with	Cystourethroscopy and	January 2021	29			AUA	8.75	Harvard Valued - Utilization over	September 2011	000	7.50	3.13		0.92	19,470	TRUE	May	Yes	FALSE						TRUE	Decrease
52281	Cystourethroscopy, with	Cystourethroscopy	April 2010	38			AUA	2.80	Harvard Valued - Utilization over	October 2009	000	2.75	1.41	6.7	0.34	49,376	FALSE			FALSE						TRUE	Maintain
52287	Cystourethroscopy, with		January 2020	37				Remove from Screen	High Volume Growth6	October 2019	000	3.20	1.38	8.01	0.41	60,498	FALSE			FALSE						TRUE	Remove from
52332	Cystourethroscopy, with	Cystourethroscopy	April 2013	13			AUA	2.82	Harvard Valued - Utilization over	October 2009	000	2.82	1.43	8.82	0.35	135,354	FALSE			TRUE	The Joint Workgroup recommends a	February 2013	15	Complete		TRUE	Maintain
52334	Cystourethroscopy with	Dilation of Urinary Tract	January 2018	12				3.37	Codes Reported Together 75% or	September 2017	000	3.37	1.62		0.4	234	FALSE			FALSE						TRUE	Decrease
52341	Cystourethroscopy; with	Urological Procedures	October 2010	65			AUA	5.35	Site of Service Anomaly	April 2008	000	5.35	2.37		0.66	1,850	FALSE			FALSE						TRUE	Decrease
52342	Cystourethroscopy; with	Urological Procedures	October 2010	65			AUA	5.85	Site of Service Anomaly	April 2008	000	5.85	2.55		0.72	143	FALSE			FALSE						TRUE	Decrease

52343	Cystourethroscopy; with	Urological Procedures	October 2010	65			AUA	6.55	Site of Service Anomaly	April 2008	000	6.55	2.79		0.79	24	FALSE			FALSE						TRUE	Decrease
52344	Cystourethroscopy with	Urological Procedures	October 2010	65			AUA	7.05	Site of Service Anomaly	September 2007	000	7.05	2.97		0.87	3,092	FALSE			FALSE						TRUE	Decrease
52345	Cystourethroscopy with	Urological Procedures	October 2010	65			AUA	7.55	Site of Service Anomaly	April 2008	000	7.55	3.14		0.93	403	FALSE			FALSE						TRUE	Decrease
52346	Cystourethroscopy with	Urological Procedures	October 2010	65			AUA	8.58	Site of Service Anomaly	April 2008	000	8.58	3.50		1.06	415	FALSE			FALSE						TRUE	Decrease
52351	Cystourethroscopy, with	Cystourethroscopy and	September 2011	23			AUA	5.75	Harvard Valued - Utilization over	September 2011	000	5.75	2.47		0.71	21,054	FALSE			FALSE						TRUE	Decrease
52352	Cystourethroscopy, with	Cystourethroscopy and	September 2011	23			AUA	6.75	Harvard Valued - Utilization over	September 2011	000	6.75	2.86		0.82	19,659	FALSE			FALSE						TRUE	Decrease
52353	Cystourethroscopy, with	Cystourethroscopy	April 2013	13			AUA	7.50	Harvard Valued - Utilization over	April 2011	000	7.50	3.12		0.92	10,320	FALSE			TRUE	The Joint Workgroup recommends a	February 2013	15	Complete		TRUE	Decrease
52354	Cystourethroscopy, with	Cystourethroscopy and	September 2011	23			AUA	8.58	Harvard Valued - Utilization over	September 2011	000	8.00	3.30		0.98	8,347	FALSE			FALSE						TRUE	Increase
52355	Cystourethroscopy, with	Cystourethroscopy and	September 2011	23			AUA	10.00	Harvard Valued - Utilization over	September 2011	000	9.00	3.65		1.11	733	FALSE			FALSE						TRUE	Increase
52356	Cystourethroscopy, with	Cystourethroscopy	April 2013	13			AUA	8.00	Codes Reported Together 75% or	January 2013	000	8.00	3.26		0.98	82,797	FALSE			FALSE						TRUE	Decrease
52400	Cystourethroscopy with	Urological Procedures	October 2010	65			AUA	8.69	Site of Service Anomaly	September 2007	090	8.69	4.46		1.08	64	FALSE			FALSE						TRUE	Decrease
52442	Cystourethroscopy, with	PE Subcommittee	October 2020	24			AUA, AACU	Maintain	PE Units Screen	April 2020	ZZZ	1.01	0.36	24.51	0.12	90,771	FALSE			FALSE						TRUE	Maintain
52500	Transurethral resection of	Urological Procedures	October 2010	65			AUA	8.14	Site of Service Anomaly	September 2007	090	8.14	5.67		1.01	2,334	FALSE			FALSE						TRUE	Decrease
52601	Transurethral electrosurgical	Transurethral	April 2016	26			AUA	13.16	Site of Service Anomaly - 2015	October 2015	090	13.16	6.96		1.61	39,607	FALSE			FALSE						TRUE	Decrease
52640	Transurethral resection; of	Urological Procedures	April 2008	45			AUA	4.79	Site of Service Anomaly	September 2007	090	4.79	4.37		0.58	1,129	FALSE			FALSE						TRUE	Decrease
52648	Laser vaporization of prostate,	Laser Surgery of Prostate	April 2008	57			AUA	Remove from screen	High Volume Growth1	February 2008	090	12.15	7.08	34.57	1.49	14,767	FALSE			FALSE						TRUE	Remove from
53445	Insertion of inflatable	Urological Procedures	February 2011	31			AUA	13.00	Site of Service Anomaly	September 2007	090	13.00	8.07		1.59	1,959	FALSE			FALSE						TRUE	Decrease
53850	Transurethral destruction of	Transurethral Destruction	April 2012	43			AUA	10.08	CMS High Expenditure Procedural	September 2011	090	5.42	4.64	36.11	0.66	950	FALSE			FALSE						TRUE	Maintain
54405	Insertion of multi-component,	Urological Procedures	April 2008	45			AUA	14.39	Site of Service Anomaly	September 2007	090	14.52	7.84		1.76	4,474	FALSE			FALSE						TRUE	Maintain
54410	Removal and replacement of all	Urological Procedures	February 2011	31			AUA	15.18	Site of Service Anomaly	September 2007	090	15.18	8.78		1.85	1,130	FALSE			FALSE						TRUE	Decrease
54520	Orchiectomy, simple (including	Removal of Testical	September 2007	16			AUA	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September 2007	090	5.30	3.87		0.72	1,941	FALSE			FALSE						TRUE	PE Only
54530	Orchiectomy, radical, for	Urological Procedures	October 2010	65			AUA	8.46	Site of Service Anomaly	September 2007	090	8.46	5.76		1.08	1,012	FALSE			FALSE						TRUE	Decrease
55700	Biopsy, prostate; needle or	Prostate Biopsy Services	September 2022	13	September 2024	RUC	ACR, AUA	Refer to CPT. 2.50	CMS High Expenditure Procedural	July 2015	000	2.50	1.05	4.42	0.31	139,388	FALSE			TRUE	In April 2022, the Workgroup identified	May 2024				FALSE	Decrease
55706	Biopsies, prostate, needle,	RAW	April 2014	52				Maintain	010-Day Global Post-Operative Visits	January 2014	010	6.28	4.23		0.75	3,387	FALSE			FALSE						TRUE	Maintain
55840	Prostatectomy, retropubic		April 2014	31			AUA	21.36	CMS Request - Final Rule for 2014	October 2013	090	21.36	10.82		2.65	1,119	FALSE			FALSE						TRUE	Decrease
55842	Prostatectomy, retropubic		April 2014	31			AUA	24.16	CMS Request - Final Rule for 2014	October 2013	090	21.36	10.81		2.64	78	FALSE			FALSE						TRUE	Decrease
55845	Prostatectomy, retropubic	RAW	April 2014	31			AUA	29.07	CMS Request - Final Rule for 2014	July 2013	090	25.18	12.17		3.12	497	FALSE			FALSE						TRUE	Decrease
55866	Laparoscopy, surgical	Laparoscopic Radical	September 2023	22	September 2024	RUC	AUA	Refer to CPT to bundle. 26.80	New Technology / CMS Fastest	September 2007	090	22.46	10.33		2.74	19,034	FALSE			TRUE	In April 2023, the RAW identified codes	May 2024				FALSE	Decrease
55873	Cryosurgical ablation of the	Cryoablation of Prostate	February 2009	25			AUA	13.45	CMS Request - Practice Expense	September 2007	090	13.60	7.59	154.94	1.65	1,134	FALSE			FALSE						TRUE	Decrease
56515	Destruction of lesion(s), vulva;	Destruction of Lesions	September 2007	16			ACOG	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September 2007	010	3.08	2.85	4.81	0.5	2,361	FALSE			FALSE						TRUE	PE Only
56620	Vulvectomy simple; partial	Partial Removal of Vulva	February 2008	D			ACOG	7.35	Site of Service Anomaly	September 2007	090	7.53	9.01		1.27	2,801	FALSE			FALSE						TRUE	Decrease
57150	Irrigation of vagina and/or	Vaginal Treatments	April 2017	15			ACOG	0.50	CMS 000-Day Global Typically	July 2016	000	0.50	0.19	1.16	0.08	18,396	FALSE			FALSE						TRUE	Decrease
57155	Insertion of uterine tandem	RAW	January 2017	30			ACOG, ASTRO	5.40	Site of Service Anomaly / Different	September 2007	000	5.15	2.88	6.37	0.45	2,436	FALSE			TRUE	ACOG conducted original survey however,	October 2009	33	Complete		TRUE	Decrease
57156	Insertion of a vaginal radiation	RAW	January 2017	30			ACOG, ASTRO	2.69	Site of Service Anomaly	September 2007	000	2.69	1.61	3.98	0.22	15,742	FALSE			FALSE		October 2009	33			TRUE	Decrease
57160	Fitting and insertion of pessary	Vaginal Treatments	April 2017	15			ACOG	0.89	CMS 000-Day Global Typically	July 2016	000	0.89	0.34	1.21	0.14	74,056	FALSE			FALSE						TRUE	Maintain
57240	Anterior colporrhaphy, repair of	Colporrhaphy with	January 2017	14			ACOG	10.08	Site of Service Anomaly - 2015	October 2015	090	10.08	6.86		1.57	6,757	FALSE			TRUE	In October 2015, CPT code 57240 was	September 2016	35	yes		TRUE	Decrease
57250	Posterior colporrhaphy, repair	Colporrhaphy with	January 2017	14			ACOG	10.08	Site of Service Anomaly - 2015	April 2016	090	10.08	6.88		1.63	8,365	FALSE			TRUE	In October 2015, CPT code 57240 was	September 2016	35	yes		TRUE	Decrease
57260	Combined anteroposterior	Colporrhaphy with	January 2017	14			ACOG	13.25	Site of Service Anomaly - 2015	April 2016	090	13.25	8.07		2.15	8,276	FALSE			TRUE	In October 2015, CPT code 57240 was	September 2016	35	yes		TRUE	Decrease
57265	Combined anteroposterior	Colporrhaphy with	January 2017	14			ACOG	15.00	Site of Service Anomaly - 2015	April 2016	090	15.00	8.79		2.45	3,521	FALSE			TRUE	In October 2015, CPT code 57240 was	September 2016	35	yes		TRUE	Decrease
57282	Colpopexy, vaginal; extra-	Colpopexy	January 2020	26				13.48	Site of Service Anomaly - 2019	October 2019	090	11.63	7.46		1.83	6,291	FALSE			FALSE						TRUE	Increase
57283	Colpopexy, vaginal; intra-	Colpopexy	January 2020	26				13.51	Site of Service Anomaly - 2019	October 2019	090	11.66	7.51		1.9	4,959	FALSE			FALSE						TRUE	Increase
57287	Removal or revision of sling for	Urological Procedures	February 2008	C			AUA	10.97	Site of Service Anomaly	September 2007	090	11.15	9.58		1.68	1,342	FALSE			FALSE						TRUE	Decrease
57288	Sling operation for stress	Sling Operation for Stress	February 2008	O			ACOG, AUA	12.00	New Technology	September 2007	090	12.13	8.44		1.85	19,924	FALSE			FALSE						TRUE	Decrease
57425	Laparoscopy, surgical,	Laparoscopic Colopexy	January 2020	27				18.02	Site of Service Anomaly - 2019	October 2019	090	17.03	9.56		2.67	10,619	FALSE			FALSE						TRUE	Increase
58100	Endometrial sampling (biopsy)	Biopsy of Uterus Lining	April 2017	16			ACOG	1.21	CMS 000-Day Global Typically	July 2016	000	1.21	0.48	1.65	0.2	59,384	FALSE			FALSE						TRUE	Decrease
58110	Endometrial sampling (biopsy)	Biopsy of Uterus Lining	April 2017	16			ACOG	0.77	CMS 000-Day Global Typically	April 2017	ZZZ	0.77	0.30	0.61	0.13	663	FALSE			FALSE						TRUE	Maintain
58555	Hysteroscopy, diagnostic	Hysteroscopy	January 2016	37			ACOG	3.07	CMS Request - Practice Expense	NA	000	2.65	1.44	7.75	0.44	1,212	FALSE			FALSE						TRUE	Decrease
58558	Hysteroscopy, surgical; with	Hysteroscopy	January 2016	37			ACOG	4.37	CMS Request - Practice Expense	NA	000	4.17	2.04	34.67	0.71	42,979	FALSE			FALSE						TRUE	Decrease
58559	Hysteroscopy, surgical; with	Hysteroscopy	January 2016	37			ACOG	5.54	CMS High Expenditure Procedural	July 2015	000	5.20	2.41		0.88	75	FALSE			FALSE						TRUE	Decrease
58560	Hysteroscopy, surgical; with	Hysteroscopy	January 2016	37			ACOG	6.15	CMS High Expenditure Procedural	July 2015	000	5.75	2.62		0.98	21	FALSE			FALSE						TRUE	Decrease
58561	Hysteroscopy, surgical; with	Hysteroscopy	January 2016	37			ACOG	7.00	CMS High Expenditure Procedural	July 2015	000	6.60	2.97		1.13	2,058	FALSE			FALSE						TRUE	Decrease
58562	Hysteroscopy, surgical; with	Hysteroscopy	January 2016	37			ACOG	4.17	CMS Request - Practice Expense	NA	000	4.00	1.95	8.28	0.68	175	FALSE			FALSE						TRUE	Decrease
58563	Hysteroscopy, surgical; with	Hysteroscopy	January 2016	37			ACOG	4.62	CMS Request - Practice Expense	NA	000	4.47	2.13	57.45	0.75	1,475	FALSE			FALSE						TRUE	Decrease
58660	Laparoscopy, surgical; with lysis	Laproscopic Procedures	September 2007	16			AUA, ACOG	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September 2007	090	11.59	6.81		2.25	610	FALSE			FALSE						TRUE	PE Only
58661	Laparoscopy, surgical; with	Laproscopic Procedures	September 2007	16			ACOG	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September 2007	010	11.35	6.38		1.92	11,612	FALSE			FALSE						TRUE	PE Only
58823	Drainage of pelvic abscess,	Drainage of Abscess	January 2013	04				Deleted from CPT	Codes Reported Together 75% or	January 2012							FALSE			FALSE		October 2012	06	Complete		TRUE	Deleted from
59200	Insertion of cervical dilator (eg,	Insertion of Cervical	January 2024	13			ACOG	1.20	CMS Request - Final Rule for 2024	November 2023	000	0.79	0.31	2.14	0.23	185	FALSE			FALSE						TRUE	Increase
59400	Routine obstetric care including	Obstetrical Care	October 2009	15			ACOG, AAFP	32.69	High IWPUT	February 2008	MMM	37.00	25.80		10.2	1,827	FALSE			FALSE						TRUE	Increase
59409	Vaginal delivery only (with or	Obstetrical Care	October 2009	15			ACOG, AAFP	14.37	High IWPUT	February 2008	MMM	14.37	5.73		3.91	985	FALSE			FALSE						TRUE	Increase
59410	Vaginal delivery only (with or	Obstetrical Care	October 2009	15			ACOG, AAFP	18.54	High IWPUT	February 2008	MMM	18.76	8.60		5.15	517	FALSE			FALSE						TRUE	Increase
59412	External cephalic version, with	Obstetrical Care	October 2009	15			ACOG, AAFP	1.71	High IWPUT	April 2008	MMM	1.71	0.86		0.52	28	FALSE			FALSE						TRUE	Maintain
59414	Delivery of placenta (separate	Obstetrical Care	October 2009	15			ACOG, AAFP	1.61	High IWPUT	April 2008	MMM	1.61	0.62		0.49	50	FALSE			FALSE						TRUE	Maintain
59425	Antepartum care only; 4-6 visits	Obstetrical Care	October 2009	15			ACOG, AAFP	6.31	High IWPUT	April 2008	MMM	7.80	3.07	7.05	2.15	538	FALSE			FALSE						TRUE	Decrease
59426	Antepartum care only; 7 or	Obstetrical Care	October 2009	15			ACOG, AAFP	11.16	High IWPUT	April 2008	MMM	14.30	5.63	12.82	3.98	430	FALSE			FALSE						TRUE	Decrease
59430	Postpartum care only (separate	Obstetrical Care	October 2009	15			ACOG, AAFP	2.47	High IWPUT	April 2008	MMM	3.22	1.27	3.87	0.9	609	FALSE			FALSE						TRUE	Increase
59510	Routine obstetric care including	Obstetrical Care	October 2009	15			ACOG, AAFP	36.17	High IWPUT	February 2008	MMM	41.05	27.63		12.49	1,497	FALSE			FALSE						TRUE	Increase
59514	Cesarean delivery only;	Obstetrical Care	October 2009	15			ACOG, AAFP	16.13	High IWPUT	October 2008	MMM	16.13	6.32		4.78	798	FALSE			FALSE						TRUE	Increase
59515	Cesarean delivery only;	Obstetrical Care	October 2009	15			ACOG, AAFP	22.00	High IWPUT	April 2008	MMM	22.79	10.69		6.89	462	FALSE			FALSE						TRUE	Increase
59610	Routine obstetric care including	Obstetrical Care	October 2009	15			ACOG, AAFP	34.40	High IWPUT	April 2008	MMM	38.71	25.92		11.9	45	FALSE			FALSE						TRUE	Increase
59612	Vaginal delivery only, after	Obstetrical Care	October 2009	15			ACOG, AAFP	16.09	High IWPUT	April 2008	MMM	16.09	6.20		4.92	35	FALSE			FALSE						TRUE	Increase
59614	Vaginal delivery only, after	Obstetrical Care	October 2009	15			ACOG, AAFP	20.26	High IWPUT	April 2008	MMM	20.48	8.40		6.27	27	FALSE			FALSE						TRUE	Increase
59618	Routine obstetric care including	Obstetrical Care	October 2009	15			ACOG, AAFP	36.69	High IWPUT	April 2008	MMM	41.57	27.69		12.78	17	FALSE			FALSE						TRUE	Increase
59620	Cesarean delivery only,	Obstetrical Care	October 2009	15			ACOG, AAFP	16.66	High IWPUT	April 2008	MMM	16.66	6.42		5.11	8	FALSE			FALSE						TRUE	Decrease
59622	Cesarean delivery only,	Obstetrical Care	October 2009	15			ACOG, AAFP	22.53	High IWPUT	April 2008	MMM	23.32	11.36		7.17	16	FALSE			FALSE						TRUE	Increase
60220	Total thyroid lobectomy,	Total Thyroid Lobectomy	April 2008	46			ACS, AAO-HNS	12.29	Site of Service Anomaly	September 2007	090	11.19	7.98		2.14	6,529	FALSE			FALSE						TRUE	Maintain
60225	Total thyroid lobectomy,	Total Thyroid Lobectomy	April 2008	46			ACS, AAO-HNS	14.67	Site of Service Anomaly	September 2007	090	14.79	10.63		2.84	194	FALSE			FALSE						TRUE	Maintain
60520	Thymectomy, partial or total;	RAW Review	January 2013	34				No reliable way to determine	CMS Request to Re-Review Families	November 2011	090	17.16	10.23		4.13	340	FALSE			FALSE						TRUE	Remove from
60521	Thymectomy, partial or total;	RAW Review	January 2013	34				No reliable way to determine	CMS Request to Re-Review Families	November 2011	090	19.18	9.64		4.61	216	FALSE			FALSE						TRUE	Remove from
60522	Thymectomy, partial or total;	RAW Review	January 2013	34				No reliable way to determine	CMS Request to Re-Review Families	November 2011	090	23.48	11.24		5.74	96	FALSE			FALSE						TRUE	Remove from
61055	Cisternal or lateral cervical (C1-	Myelography	April 2014	17				Editorial change	Codes Reported Together 75% or	January 2014	000	2.10	1.04		0.35	87	FALSE			TRUE	This code change application requests four	October 2013	21	Complete		TRUE	Remove from
61624	Transcatheter permanent	Endovascular Therapy	April 2024	04		RUC	AANS, ACR,	20.00	Codes Reported Together 75% or	April 2022	000	20.12	8.36		6.29	10,270	FALSE			TRUE	In April 2022, the Workgroup identified	February 2024	09	Complete		TRUE	Decrease
61626	Transcatheter permanent	Endovascular Therapy	April 2024	04		RUC	AANS, ACR,	15.31	Codes Reported Together 75% or	February 2024	000	16.60	6.29	NA	4.06	1,347	FALSE			FALSE		February 2024	09	Complete		TRUE	Decrease
61781	Stereotactic computer-assisted	Stereotactic Computer-	February 2010	13			NASS,	3.75	CMS Fastest Growing	October 2009	ZZZ	3.75	1.79		1.54	15,392	FALSE			FALSE		October 2009	34			TRUE	Decrease
61782	Stereotactic computer-assisted	Stereotactic Computer-	February 2010	13			NASS,	3.18	CMS Fastest Growing	October 2009	ZZZ	3.18	1.48		0.47	17,763	FALSE			FALSE		October 2009	34			TRUE	Decrease
61783	Stereotactic computer-assisted	Stereotactic Computer-	February 2010	13			NASS,	3.75	CMS Fastest Growing	October 2009	ZZZ	3.75	1.83		1.35	26,207	FALSE			FALSE		October 2009	34			TRUE	Decrease
61793	Deleted from CPT	Stereotactic Radiosurgery	October 2008	26			AANS	Deleted from CPT	CMS Fastest Growing, Site of Service	September 2007							FALSE			FALSE		February 2008				TRUE	Deleted from
61795	Deleted from CPT	Stereotactic Radiosurgery	February 2009	38			NASS, AAO-HNS,	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			TRUE	The specialty commented that the	October 2009	34	Code		TRUE	Deleted from
61796	Stereotactic radiosurgery	Stereotactic Radiosurgery	February 2009	38				15.50	CMS Request - 2009 Final Rule	NA	090	13.93	11.48		5.74	5,843	FALSE			FALSE						TRUE	Decrease
61797	Stereotactic radiosurgery	Stereotactic Radiosurgery	February 2009	38				3.48	CMS Request - 2009 Final Rule	NA	ZZZ	3.48	1.67		1.45	7,831	FALSE			FALSE						TRUE	Decrease
61798	Stereotactic radiosurgery	Stereotactic Radiosurgery	February 2009	38				19.75	CMS Request - 2009 Final Rule	NA	090	19.85	14.19		8.06	2,820	FALSE			FALSE						TRUE	Decrease
61799	Stereotactic radiosurgery	Stereotactic Radiosurgery	February 2009	38				4.81	CMS Request - 2009 Final Rule	NA	ZZZ	4.81	2.31		0.02	633	FALSE			FALSE						TRUE	Decrease
61800	Application of stereotactic	Stereotactic Radiosurgery	April 2008	16				2.25	CMS Fastest Growing, Site of Service	February 2008	ZZZ	2.25	1.36		0.93	3,856	FALSE			FALSE						TRUE	Decrease
61885	Insertion or replacement of	Vagal Nerve Stimulator	February 2010	14			AANS/CNS	6.44	Site of Service Anomaly	September 2007	090	6.05	7.76		2.39	4,146	FALSE			TRUE	In Feb 2009, the specialty societies	October 2009	35	Complete		TRUE	Decrease
62263	Percutaneous lysis of epidural	Epidual Lysis	October 2010	66			AAPM,	6.54	Site of Service Anomaly	September 2007	010	5.00	4.22	13.92	0.5	199	FALSE			FALSE						TRUE	Maintain
62270	Spinal puncture, lumbar,	Lumbar Puncture	January 2019	09			ACR, ASNR, SIR	1.44	Different Performing Specialty from	October 2017	000	1.22	0.41	2.9	0.27	22,631	FALSE			TRUE	In January 2018, the RUC recommends that	September 2018	24	Complete		TRUE	Increase
62272	Spinal puncture, therapeutic,	Lumbar Puncture	January 2019	09				1.80	Different Performing Specialty from	September 2018	000	1.58	0.71	3.52	0.46	3,156	FALSE			FALSE		September 2018	24	Complete		TRUE	Increase
62281	Injection/infusion of neurolytic	Injection of Neurolytic	September 2007	16			ASA	Remove 99238	Site of Service Anomaly (99238-	September 2007	010	2.66	1.75	4.32	0.23	96	TRUE	Q&A	Yes	FALSE						TRUE	PE Only
62284	Injection procedure for	Myelography	April 2014	17			ACR, ASNR	1.54	Codes Reported Together 75% or	October 2012	000	1.54	0.75	3.89	0.17	14,175	FALSE			TRUE	Joint Workgroup requests that codes	October 2013	21	Complete		TRUE	Maintain
62287	Decompression procedure,	Percutaneous	September 2007	16			ASA	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September 2007	090	9.03	8.10		0.96	103	FALSE			FALSE						TRUE	PE Only
62290	Injection procedure for	Injection for discography	April 2010	45			ASA, AAPM,	3.00, CPT Assistant article	Different Performing Specialty from	October 2009	000	3.00	1.36	7.01	0.27	4,934	TRUE	Mar	Yes	FALSE						TRUE	Maintain
62302	Myelography via lumbar	Myelography	April 2014	17			ACR, ASNR	2.29	Codes Reported Together 75% or	October 2012	000	2.29	1.00	5.08	0.22	2,064	FALSE			TRUE	Joint Workgroup requests that codes	October 2013	21	Complete		TRUE	Decrease
62303	Myelography via lumbar	Myelography	April 2014	17			ACR, ASNR	2.29	Codes Reported Together 75% or	October 2012	000	2.29	1.01	5.22	0.21	307	FALSE			TRUE	Joint Workgroup requests that codes	October 2013	21	Complete		TRUE	Decrease
62304	Myelography via lumbar	Myelography	April 2014	17			ACR, ASNR	2.25	Codes Reported Together 75% or	October 2012	000	2.25	1.00	5.08	0.22	9,215	FALSE			TRUE	Joint Workgroup requests that codes	October 2013	21	Complete		TRUE	Decrease
62305	Myelography via lumbar	Myelography	April 2014	17			ACR, ASNR	2.35	Codes Reported Together 75% or	October 2012	000	2.35	1.03	5.65	0.22	4,331	FALSE			TRUE	Joint Workgroup requests that codes	October 2013	21	Complete		TRUE	Decrease
62310	Injection(s), of diagnostic or	Epidural Injections	October 2015	10		RUC	AAPM, AAPMR,	Deleted from CPT	CMS High Expenditure Procedural	January 2012							FALSE			TRUE	In the NPRM for 2015, CMS developed	May 2015	15	Complete		TRUE	Deleted from
62311	Injection(s), of diagnostic or	Epidural Injections	October 2015	10		RUC	AAPM, AAPMR,	Deleted from CPT	CMS High Expenditure Procedural	September 2011							FALSE			TRUE	In the NPRM for 2015, CMS developed	May 2015	15	Complete		TRUE	Deleted from
62318	Injection(s), including	Epidural Injections	October 2015	10		RUC	AAPM, AAPMR,	Deleted from CPT	CMS High Expenditure Procedural	January 2012							FALSE			TRUE	In the NPRM for 2015, CMS developed	May 2015	15	Complete		TRUE	Deleted from
62319	Injection(s), including	Epidural Injections	October 2015	10		RUC	AAPM, AAPMR,	Deleted from CPT	CMS High Expenditure Procedural	January 2012							FALSE			TRUE	In the NPRM for 2015, CMS developed	May 2015	15	Complete		TRUE	Deleted from
62320	Injection(s), of diagnostic or	Epidural Injections	October 2015	10		RUC	AANS, AANEM,	1.80	Final Rule for 2015	May 2015	000	1.80	0.93	2.87	0.25	1,661	FALSE			FALSE		May 2015	15	Complete		TRUE	Decrease
62321	Injection(s), of diagnostic or	Epidural Injections	October 2015	10		RUC	AANS, AANEM,	1.95	Final Rule for 2015	May 2015	000	1.95	1.06	5.75	0.19	175,954	FALSE			FALSE		May 2015	15	Complete		TRUE	Decrease
62322	Injection(s), of diagnostic or	Epidural Injections	October 2015	10		RUC	AANS, AANEM,	1.55	Final Rule for 2015	May 2015	000	1.55	0.64	2.34	0.17	21,604	FALSE			FALSE		May 2015	15	Complete		TRUE	Decrease
62323	Injection(s), of diagnostic or	Epidural Injections	October 2015	10		RUC	AANS, AANEM,	1.80	Final Rule for 2015	May 2015	000	1.80	0.98	5.78	0.18	548,699	FALSE			FALSE		May 2015	15	Complete		TRUE	Decrease
62324	Injection(s), including	Epidural Injections	October 2015	10		RUC	AANS, AANEM,	1.89	Final Rule for 2015	May 2015	000	1.89	0.59	2.06	0.16	10,995	FALSE			FALSE		May 2015	15	Complete		TRUE	Decrease
62325	Injection(s), including	Epidural Injections	October 2015	10		RUC	AANS, AANEM,	2.20	Final Rule for 2015	May 2015	000	2.20	0.88	5.1	0.2	731	FALSE			FALSE		May 2015	15	Complete		TRUE	Decrease
62326	Injection(s), including	Epidural Injections	October 2015	10		RUC	AANS, AANEM,	1.78	Final Rule for 2015	May 2015	000	1.78	0.59	2.18	0.16	1,641	FALSE			FALSE		May 2015	15	Complete		TRUE	Decrease
62327	Injection(s), including	Epidural Injections	October 2015	10		RUC	AANS, AANEM,	1.90	Final Rule for 2015	May 2015	000	1.90	1.10	6.09	0.2	1,126	FALSE			FALSE		May 2015	15	Complete		TRUE	Decrease

62328	Spinal puncture, lumbar,	Lumbar Puncture	January 2019	09				1.95	Different Performing Specialty from	September 2018	000	1.73	0.62	4.74	0.17	40,475	FALSE			FALSE		September 2018	24	Complete	TRUE	Increase
62329	Spinal puncture, therapeutic,	Lumbar Puncture	January 2019	09				2.25	Different Performing Specialty from	September 2018	000	2.03	0.76	5.5	0.3	2,067	FALSE			FALSE		September 2018	24	Complete	TRUE	Increase
62350	Implantation, revision or	Intrathecal Epidural	October 2010	67			AAPM,	6.05	Site of Service Anomaly	September 2007	010	6.05	4.78		1.21	3,825	FALSE			FALSE					TRUE	Decrease
62355	Removal of previously	Intrathecal Epidural	October 2010	67			AAPM,	4.35	Site of Service Anomaly	September 2007	010	3.55	3.98		0.85	741	FALSE			FALSE					TRUE	Decrease
62360	Implantation or replacement of	Intrathecal Epidural	October 2010	67			AAPMR, ASA,	4.33	Site of Service Anomaly	April 2008	010	4.33	4.10		0.98	211	FALSE			FALSE					TRUE	Decrease
62361	Implantation or replacement of	Intrathecal Epidural	October 2010	67			AAPM,	5.65	Site of Service Anomaly	April 2008	010	5.00	6.28		2.08	28	FALSE			FALSE					TRUE	Decrease
62362	Implantation or replacement of	Intrathecal Epidural	October 2010	67			AAPM,	6.10	Site of Service Anomaly	September 2007	010	5.60	4.76		1.32	5,790	FALSE			FALSE					TRUE	Decrease
62365	Removal of subcutaneous	Intrathecal Epidural	October 2010	67			AAPMR, ASA,	4.65	Site of Service Anomaly	September 2007	010	3.93	4.12		1.01	904	FALSE			FALSE					TRUE	Decrease
62367	Electronic analysis of	Electronic Analysis	April 2018	14			AAPM, AAPMR,	New PE inputs. 0.48	Different Performing Specialty from	October 2009	XXX	0.48	0.20	0.42	0.06	6,627	FALSE			TRUE	Identified through the Codes Reported	October 2010	49	Complete	TRUE	Maintain
62368	Electronic analysis of	Electronic Analysis	April 2018	14			AAPM, AAPMR,	New PE inputs. 0.67	Different Performing Specialty from	October 2009	XXX	0.67	0.27	0.58	0.08	29,798	FALSE			TRUE	Identified through the Codes Reported	October 2010	49	Complete	TRUE	Decrease
62369	Electronic analysis of	Electronic Analysis	April 2018	14			AAPM, AAPMR,	New PE inputs. 0.67	Codes Reported Together 75% or	October 2010	XXX	0.67	0.29	2.02	0.08	20,819	FALSE			TRUE		October 2010	49	Complete	TRUE	Decrease
62370	Electronic analysis of	Electronic Analysis	April 2018	14			AAPM, AAPMR,	New PE inputs. 1.10	Codes Reported Together 75% or	October 2010	XXX	0.90	0.36	1.77	0.1	86,854	FALSE			TRUE		October 2010	49	Complete	TRUE	Decrease
63020	Laminotomy	Lumbar Laminotomy with	January 2022	17			AANS, AAOS,	15.95	Site of Service Anomaly - 2018	January 2022	090	14.91	13.60		4.89	851	FALSE			FALSE					TRUE	Decrease
63030	Laminotomy	Lumbar Laminotomy with	January 2022	17			AANS, AAOS,	13.18	Pre-Time Analysis / Site of Service	January 2014	090	12.00	11.95		3.9	19,263	FALSE			TRUE	In October 2018, AMA Staff reviewed	September 2021		CCA	TRUE	Maintain
63035	Laminotomy	Lumbar Laminotomy with	January 2022	17			AANS, AAOS,	4.00	Site of Service Anomaly - 2018	January 2022	ZZZ	3.86	1.91		1.21	3,991	FALSE			FALSE					TRUE	Increase
63042	Laminotomy	RAW	September 2014	21			AANS, AAOS,	Maintain work RVU and adjust	Pre-Time Analysis	January 2014	090	18.76	14.90		5.63	7,182	FALSE			FALSE					TRUE	Maintain
63045	Laminectomy, facetectomy and	Laminectomy	September 2014	16		RUC		17.95	CMS Request - Final Rule for 2014	November 2013	090	17.95	14.84		6.42	10,185	FALSE			FALSE					TRUE	Maintain
63046	Laminectomy, facetectomy and	Laminectomy	September 2014	16		RUC		17.25	CMS Request - Final Rule for 2014	November 2013	090	17.25	14.35		5.8	4,093	FALSE			FALSE					TRUE	Maintain
63047	Laminectomy, facetectomy and	Laminectomy	January 2013	24			NASS, AANS	15.37	CMS High Expenditure Procedural	September 2011	090	15.37	13.32		4.92	81,538	FALSE			FALSE					TRUE	Maintain
63048	Laminectomy, facetectomy and	Laminectomy	January 2013	24			NASS, AANS	3.47	CMS High Expenditure Procedural	January 2012	ZZZ	3.47	1.72		1.11	103,832	FALSE			FALSE					TRUE	Maintain
63056	Transpedicular approach with	RAW	October 2015	21		RAW	NASS, AANS	Review action plan at RAW	CMS Fastest Growing / CPT	October 2008	090	21.86	16.05		7.27	4,385	TRUE	Oct 2009	Yes	TRUE	The specialty noted that the increase in	February 2010		Complete	TRUE	Maintain
63075	Discectomy, anterior, with	Arthrodesis Including	February 2010	5			NASS,	19.60	Codes Reported Together 95% or	February 2008	090	19.60	15.09		6.35	207	FALSE			TRUE	Referred to the CPT Editorial Panel for	October 2009	21	Complete	TRUE	Maintain
63076	Discectomy, anterior, with	Arthrodesis Including	February 2010	5			NASS,	4.04	Codes Reported Together 95% or		ZZZ	4.04	2.00		1.18	156	FALSE			FALSE		October 2009	21		TRUE	Maintain
63081	Vertebral corpectomy	RAW	September 2022	13		RAW	AANS, AAOS,	Refer to CPT Assistant	Codes Reported Together 75% or	April 2022	090	26.10	18.56		8.75	3,436	TRUE	Aug 2023	Yes	FALSE					FALSE	
63090	Vertebral corpectomy	Vertebral Corpectomy	September 2022	13			AAOS, AANS	Maintain	Codes Reported Together 75% or	January 2015	090	30.93	19.29		8.44	564	FALSE			TRUE	In January 2015 the Joint CPT/RUC	September 2016	20	yes	TRUE	Maintain
63620	Stereotactic radiosurgery	Stereotactic Radiosurgery	February 2009	38				15.50	CMS Request - 2009 Final Rule	NA	090	15.60	12.33		6.49	527	FALSE			FALSE					TRUE	Decrease
63621	Stereotactic radiosurgery	Stereotactic Radiosurgery	February 2009	38				4.00	CMS Request - 2009 Final Rule	NA	ZZZ	4.00	1.92		1.66	183	FALSE			FALSE					TRUE	Decrease
63650	Percutaneous implantation of	Percutaneous	October 2020	24			AAPM,	7.20. New PE Inputs	Site of Service Anomaly / CMS	September 2007	010	7.15	4.45	60.33	0.82	79,512	FALSE			FALSE					TRUE	Decrease
63655	Laminectomy for implantation	Neurostimulator (Spinal)	April 2009	17			NASS, AANS	11.43	CMS Fastest Growing	October 2008	090	10.92	10.86		3.82	6,501	FALSE			FALSE					TRUE	Maintain
63660	Deleted from CPT	Neurostimulator (Spinal)	April 2009	17			AAPM,	Deleted from CPT	Site of Service Anomaly / CMS	September 2007							FALSE			TRUE	The RUC recommend that this code be	October 2008	19	Code	TRUE	Deleted from
63661	Removal of spinal	Neurostimulator (Spinal)	April 2009	17			ISIS, NASS,	5.03	Site of Service Anomaly / CMS	April 2008	010	5.08	3.85	14.52	1.02	3,706	FALSE			FALSE					TRUE	Decrease
63662	Removal of spinal	Neurostimulator (Spinal)	April 2009	17			ISIS, NASS,	10.87	Site of Service Anomaly / CMS	April 2008	090	11.00	11.06		3.93	1,893	FALSE			FALSE					TRUE	Decrease
63663	Revision including replacement,	Neurostimulator (Spinal)	April 2009	17			ISIS, NASS,	70	Site of Service Anomaly / CMS	April 2008	010	7.75	4.67	18.26	1.14	1,445	FALSE			FALSE					TRUE	Decrease
63664	Revision including replacement,	Neurostimulator (Spinal)	April 2009	17			ISIS, NASS,	11.39	Site of Service Anomaly / CMS	April 2008	090	11.52	11.40		4.13	545	FALSE			FALSE					TRUE	Decrease
63685	Insertion or replacement of	Spinal Neurostimulator	September 2022	04			AANS, AAPM,	5.19	Site of Service Anomaly / CMS	September 2007	010	5.19	3.98		1.11	25,687	FALSE			FALSE					TRUE	Decrease
63688	Revision or removal of	Spinal Neurostimulator	September 2022	04			AANS, AAPM,	4.35	Site of Service Anomaly	September 2007	010	4.35	3.73		1.01	7,096	FALSE			FALSE					TRUE	Decrease
64400	Injection(s), anesthetic agent(s)	Somatic Nerve Injections	October 2021	05			AAN, AAPM&R,	1.00	Added as part of family	October 2021	000	0.75	0.59	2.46	0.21	37,413	FALSE			FALSE					TRUE	Decrease
64405	Injection(s), anesthetic agent(s)	Somatic Nerve Injections	October 2021	05			AAN, AAPM,	0.94	CMS 000-Day Global Typically	July 2016	000	0.94	0.42	1.11	0.22	120,882	FALSE			FALSE					TRUE	Maintain
64408	Injection(s), anesthetic agent(s)	Somatic Nerve Injections	October 2021	05			AAPM, NANS,	0.90	Added as part of family	October 2021	000	0.75	0.48	1.59	0.11	1,567	FALSE			FALSE					TRUE	Decrease
64412	Injection, anesthetic agent;	Anesthetic Injection –	April 2014	36			AAN, ASA,	Deleted from CPT	High Volume Growth2	April 2013							TRUE	FAQ Sept	Yes	TRUE	In April 2013, CPT code 64412 Injection,	October 2014	21	Complete	TRUE	Deleted from
64415	Injection(s), anesthetic agent(s)	Somatic Nerve Injections	October 2021	05			AAPM, ASA	1.50	CMS Fastest Growing	October 2008	000	1.50	0.43	2.39	0.13	192,508	TRUE	Dec 2011	Yes	TRUE	During the October 2018 RUC presentation	May 2021	14	complete	TRUE	Increase
64416	Injection(s), anesthetic agent(s)	Somatic Nerve Injections	October 2021	05			AAPM, ASA	1.80	Site of Service Anomaly / High	September 2007	000	1.80	0.33		0.15	13,485	FALSE			TRUE	During the October 2018 RUC presentation	May 2021	14	complete	TRUE	Decrease
64417	Injection(s), anesthetic agent(s)	Somatic Nerve Injections	October 2021	05			AAPM, ASA	1.31	part of New/Revised Review	October 2018	000	1.31	0.46	3.37	0.13	15,886	FALSE			TRUE	During the October 2018 RUC presentation	May 2021	14	complete	TRUE	Decrease
64418	Injection(s), anesthetic agent(s)	Somatic Nerve Injections	October 2021	05			AAPM, SIS	1.10	Harvard Valued - Utilization over	October 2015	000	1.10	0.43	1.37	0.12	28,406	FALSE			FALSE					TRUE	Decrease
64420	Injection(s), anesthetic agent(s)	Somatic Nerve Injections	October 2021	05			AAPM,	1.18	Added as part of family	October 2021	000	1.08	0.55	1.76	0.1	22,533	FALSE			FALSE					TRUE	Maintain
64421	Injection(s), anesthetic agent(s)	Somatic Nerve Injections	October 2021	05			AAPM,	0.60	Added as part of family	October 2021	ZZZ	0.50	0.19	0.45	0.05	17,399	FALSE			FALSE					TRUE	Decrease
64425	Injection(s), anesthetic agent(s)	Somatic Nerve Injections	October 2021	05			AAPM,	1.19	Added as part of family	October 2021	000	1.00	0.52	2.22	0.1	6,972	FALSE			FALSE					TRUE	Decrease
64430	Injection(s), anesthetic agent(s)	Somatic Nerve Injections	October 2021	05			AAPM, ACOG,	1.15	Added as part of family	October 2021	000	1.00	0.51	1.83	0.12	4,492	FALSE			FALSE					TRUE	Decrease
64435	Injection(s), anesthetic agent(s)	Somatic Nerve Injections	October 2021	05			AAPM, ACOG,	0.75	Added as part of family	October 2021	000	0.75	0.43	1.54	0.13	37	FALSE			FALSE					TRUE	Decrease
64445	Injection(s), anesthetic agent(s)	Somatic Nerve Injections	October 2021	05			AAPM,	1.39	CMS Fastest Growing	October 2008	000	1.39	0.61	3.23	0.14	131,118	TRUE	Dec 2011	Yes	FALSE					TRUE	Decrease
64446	Injection(s), anesthetic agent(s)	Somatic Nerve Injections	October 2021	05			AAPM, ASA	1.75	Site of Service Anomaly / High	February 2008	000	1.75	0.33		0.15	4,622	FALSE			TRUE	During the October 2018 RUC presentation	May 2021	14	complete	TRUE	Decrease
64447	Injection(s), anesthetic agent(s)	Somatic Nerve Injections	October 2021	05			AAPM, ASA	1.34	CMS Fastest Growing / Codes	October 2008	000	1.34	0.42	2.03	0.11	340,001	TRUE	Dec 2011	Yes	TRUE	During the October 2018 RUC presentation	May 2021	14	complete	TRUE	Decrease
64448	Injection(s), anesthetic agent(s)	Somatic Nerve Injections	October 2021	05			AAPM, ASA	1.68	Site of Service Anomaly / High	February 2008	000	1.68	0.31		0.14	28,796	FALSE			TRUE	During the October 2018 RUC presentation	May 2021	14	complete	TRUE	Increase
64449	Injection(s), anesthetic agent(s)	Somatic Nerve Injections	October 2021	05			AAPM, NANS,	1.55	Site of Service Anomaly	September 2007	000	1.27	0.48		0.14	914	FALSE			TRUE	The RUC recommended change to 000	February 2008	31	Complete	TRUE	Decrease
64450	Injection(s), anesthetic agent(s)	Somatic Nerve Injections	October 2021	05			AAPM,	0.75	Harvard Valued - Utilization over	October 2009	000	0.75	0.41	1.42	0.09	362,024	TRUE	Jan 2013	Yes	FALSE					TRUE	Maintain
64451	Injection(s), anesthetic agent(s)	Somatic Nerve Injections	October 2021	05			AAPM,	1.52	Added as part of family	October 2021	000	1.52	0.77	5.18	0.14	22,213	FALSE			FALSE					TRUE	Maintain
64454	Injection(s), anesthetic agent(s)	Somatic Nerve Injections	October 2021	05			AAPM, NANS,	1.52	Added as part of family	October 2021	000	1.52	0.79	5	0.14	45,000	FALSE			FALSE					TRUE	Maintain
64455	Injection(s), anesthetic agent(s)	Somatic Nerve Injections	October 2021	05			AAPM, APMA,	0.75	High Volume Growth4 / CMS 000-	October 2016	000	0.75	0.18	0.69	0.06	65,814	FALSE			FALSE					TRUE	Maintain
64470	Deleted from CPT	Injection Anesthetic	April 2008	57			ASA, NASS,	Deleted from CPT	High Volume Growth1	April 2008							FALSE			TRUE	The RUC recommended that the specialty	February 2009	28	Code	TRUE	Deleted from
64472	Deleted from CPT	Injection Anesthetic	April 2008	57			ASA, NASS,	Deleted from CPT	High Volume Growth1	February 2008							FALSE			TRUE	The RUC recommended that the specialty	February 2009	28	Code	TRUE	Deleted from
64475	Deleted from CPT	Injection Anesthetic	April 2008	57			ASA, NASS,	Deleted from CPT	High Volume Growth1	April 2008							FALSE			TRUE	The RUC recommended that the specialty	February 2009	28	Code	TRUE	Deleted from
64476	Deleted from CPT	Injection Anesthetic	April 2008	57			ASA, NASS,	Deleted from CPT	High Volume Growth1	April 2008							FALSE			TRUE	The RUC recommended that the specialty	February 2009	28	Code	TRUE	Deleted from
64479	Injection(s), anesthetic agent(s)	Injection Anesthetic	October 2009	05			AAPM, ISIS,	2.29	CMS Fastest Growing	October 2008	000	2.29	1.39	5.48	0.21	35,983	FALSE			TRUE	The RUC recommended that this service	June 2009	19	CPT	TRUE	Increase
64480	Injection(s), anesthetic agent(s)	Injection Anesthetic	October 2009	05			AAPM, ISIS,	1.20	CMS Fastest Growing	October 2008	ZZZ	1.20	0.50	2.73	0.11	13,294	FALSE			TRUE	The RUC recommended that this service	June 2009	19	CPT	TRUE	Decrease
64483	Injection(s), anesthetic agent(s)	Injection of Anesthetic	October 2009	05			AAPM, ISIS,	1.90	CMS Fastest Growing	October 2008	000	1.90	1.24	5.32	0.18	880,177	FALSE			TRUE	The RUC recommended that this service	June 2009	19	CPT	TRUE	Decrease
64484	Injection(s), anesthetic agent(s)	Injection of Anesthetic	October 2009	05			AAPM, ISIS,	1.00	CMS Fastest Growing	October 2008	ZZZ	1.00	0.43	2.24	0.1	325,687	FALSE			TRUE	The Workgroup recommended that this	June 2009	19	CPT	TRUE	Decrease
64488	Transversus abdominis plane	RAW	September 2022	13			ANA, ASA	Maintain	High Volume Growth8	April 2022	000	1.60	0.30	2.39	0.13	62,861	FALSE			FALSE					TRUE	Maintain
64490	Injection(s), diagnostic or	Facet Joint Injections	April 2009	18			ASA, NASS,	1.82	High Volume Growth1		000	1.82	1.14	3.79	0.18	228,012	FALSE			FALSE					TRUE	Decrease
64491	Injection(s), diagnostic or	Facet Joint Injections	April 2009	18			ASA, NASS,	1.16	High Volume Growth1		ZZZ	1.16	0.48	1.64	0.12	203,743	FALSE			FALSE					TRUE	Decrease
64492	Injection(s), diagnostic or	Facet Joint Injections	April 2009	18			ASA, NASS,	1.16	High Volume Growth1		ZZZ	1.16	0.51	1.65	0.12	960	FALSE			FALSE					TRUE	Decrease
64493	Injection(s), diagnostic or	Facet Joint Injections	April 2009	18			ASA, NASS,	1.52	High Volume Growth1		000	1.52	1.03	3.66	0.15	767,913	FALSE			FALSE					TRUE	Decrease
64494	Injection(s), diagnostic or	Facet Joint Injections	April 2009	18			ASA, NASS,	1.00	High Volume Growth1		ZZZ	1.00	0.41	1.63	0.1	689,688	FALSE			FALSE					TRUE	Decrease
64495	Injection(s), diagnostic or	Facet Joint Injections	April 2009	18			ASA, NASS,	1.00	High Volume Growth1		ZZZ	1.00	0.44	1.63	0.1	2,562	FALSE			FALSE					TRUE	Decrease
64510	Injection, anesthetic agent;	Fluroscopy	April 2009	27			ASA, ISIS,	New PE inputs	CMS Request - Practice Expense	April 2009	000	1.22	0.96	3.06	0.12	5,787	FALSE			FALSE					TRUE	PE Only
64520	Injection, anesthetic agent;	Fluroscopy	April 2009	27			ASA, ISIS,	PE Review - no change	CMS Request - Practice Expense	April 2009	000	1.35	1.06	5.44	0.13	12,518	FALSE			FALSE					TRUE	PE Only
64550	Application of surface	Percutaneous	January 2017	29			AANS, CNS,	Deleted from CPT	Final Rule for 2015	January 2017							FALSE			TRUE	In September 2016, the CPT Editorial Panel	June 2017	12	yes	TRUE	Deleted from
64553	Percutaneous implantation of	Percutaneous	January 2017	15		RUC	AANS, CNS, ASA	6.13	Final Rule for 2015	July 2014	010	6.13	5.06	107.38	2.55	42	FALSE			TRUE	The RUC discussed the confusion that	September 2016	36	yes	TRUE	Increase
64555	Percutaneous implantation of	Percutaneous	January 2019	37			AANS, CNS, ASA	5.76. Article published	High Volume Growth1 / CMS Fastest	February 2008	010	5.76	3.30	57.29	0.62	9,610	TRUE	Jan 2016	Yes	TRUE	The RUC discussed the confusion that	September 2016	36	yes	TRUE	Increase
64561	Percutaneous implantation of	Percutaneous	October 2020	24			AANS, CNS	5.44. 99214 visit appropriate.	CMS Fastest Growing / High Volume	October 2008	010	5.44	2.88	15.82	0.74	26,286	FALSE			FALSE		September 2016	36	yes	TRUE	Decrease
64565	Percutaneous implantation of	Percutaneous	January 2017	15			AANS, CNS	Deleted from CPT	Final Rule for 2015	January 2017							FALSE			FALSE		September 2016	36	yes	TRUE	Deleted from
64566	Posterior tibial	Posterior Tibial	January 2019	37			ACOG, AUA	0.60	CMS Request - Final Rule for 2014 /	July 2013	000	0.60	0.22	2.82	0.08	159,314	FALSE			FALSE					TRUE	Maintain
64568	Open implantation of cranial	Vagus Nerve Stimulator	February 2010	14			AANS/CNS	11.19	Site of Service Anomaly	February 2009	090	9.00	7.31		1.92	251	FALSE			FALSE		October 2009	35		TRUE	Decrease
64573	Deleted from CPT	Neurosurgical Procedures	February 2009	28			AANS/CNS	Deleted from CPT	Site of Service Anomaly	September 2007							FALSE			TRUE	In Feb 2009, the specialty societies	October 2009	35	Code	TRUE	Deleted from
64581	Open implantation of	Urological Procedures	January 2016	54			AUA	12.20. 99214 visit appropriate.	Site of Service Anomaly / High Level	September 2007	090	12.20	5.74		1.68	6,897	FALSE			FALSE					TRUE	Decrease
64590	Insertion or replacement of	Skin Adhesives (PE Only)	April 2023	07			ACOG, AUA	New PE Inputs. CPT Assistant	Harvard-Valued Annual Allowed	April 2022	010	5.10	3.00	7.44	0.73	15,943	TRUE	Mar	Complete	TRUE	In October 2017, this service was identified			Code	TRUE	Increase
64595	Revision or removal of	Skin Adhesives (PE Only)	April 2023	07			ACOG, AUA	New PE Inputs. CPT Assistant	RUC recommendation process, not	April 2022	010	3.79	2.54	6.59	0.56	3,024	TRUE	Mar	Complete	FALSE					TRUE	Increase
64596	Insertion or replacement of	Spinal Neurostimulator	September 2022	04	April 2028	RAW	AAPM, ASA,	Review action plan. Contractor	Contractor Price-Survey below 30	September 2022	010	0.00	0.00	0	0		FALSE			FALSE					FALSE	Contractor
64597	Insertion or replacement of	Spinal Neurostimulator	September 2022	04	April 2028	RAW	AAPM, ASA,	Review action plan. Contractor	Contractor Price-Survey below 30	September 2022	ZZZ	0.00	0.00	0	0		FALSE			FALSE					FALSE	Contractor
64598	Revision or removal of	Spinal Neurostimulator	September 2022	04	April 2028	RAW	AAPM, ASA,	Review action plan. Contractor	Contractor Price-Survey below 30	September 2022	010	0.00	0.00	0	0		FALSE			FALSE					FALSE	Contractor
64615	Chemodenervation of		October 2020	23			AAN, AANEM,	Maintain	High Volume Growth6	October 2019	010	1.85	1.22	2.16	0.63	161,627	FALSE			FALSE					TRUE	Maintain
64622	Destruction by neurolytic	Fluroscopy	April 2009	27			ASA, ISIS,	PE Review - no change	CMS Request - Practice Expense	April 2008							FALSE			TRUE	The Executive Committee, in May 2008,	June 2008 and Feb	EC & 7	Code	TRUE	Deleted from
64623	Destruction by neurolytic	Destruction by Neurolytic	April 2008	57			ASA, NASS,	Deleted from CPT	High Volume Growth1, Harvard	February 2008							FALSE			TRUE	The Executive Committee, in May 2008,	June 2008 and Feb	EC & 7	Code	TRUE	Deleted from
64626	Destruction by neurolytic	Fluroscopy	April 2009	27			ASA, ISIS,	PE Review - no change	CMS Request - Practice Expense	April 2008							FALSE			TRUE	The Executive Committee, in May 2008,	June 2008 and Feb	EC & 7	Code	TRUE	Deleted from
64627	Destruction by neurolytic	Destruction by Neurolytic	April 2008	57			ASA, NASS,	Deleted from CPT	High Volume Growth1/ CMS Fastest	April 2008							FALSE			TRUE	The Executive Committee, in May 2008,	June 2008 and Feb	EC & 7	Code	TRUE	Deleted from
64633	Destruction by neurolytic	Destruction by Neurolytic	October 2020	17			ASA, AAPM,	3.42	Work Neutrality Review	September 2014	010	3.32	2.10	9.51	0.32	86,733	TRUE	Feb 2015	Yes	TRUE	In February 2011, the CPT Panel deleted	May 2015	20	complete	TRUE	Decrease
64634	Destruction by neurolytic	Destruction by Neurolytic	October 2020	17			ASA, AAPM,	1.32	Work Neutrality Review	September 2014	ZZZ	1.32	0.54	6.22	0.13	95,086	TRUE	Feb 2015	Yes	TRUE	In February 2011, the CPT Panel deleted	May 2015	20	complete	TRUE	Maintain
64635	Destruction by neurolytic	Destruction by Neurolytic	October 2020	17			ASA, AAPM,	3.42	Work Neutrality Review	September 2014	010	3.32	2.11	9.62	0.32	352,439	TRUE	Feb 2015	Yes	TRUE	In February 2011, the CPT Panel deleted	May 2015	20	complete	TRUE	Decrease
64636	Destruction by neurolytic	Destruction by Neurolytic	October 2020	17			ASA, AAPM,	1.16	Work Neutrality Review	September 2014	ZZZ	1.16	0.47	5.93	0.11	381,076	TRUE	Feb 2015	Yes	TRUE	In February 2011, the CPT Panel deleted	May 2015	20	complete	TRUE	Maintain
64640	Destruction by neurolytic	Injection Treatment of	September 2011	25			ASAM AAPM,	1.23. Remove 99238.	Site of Service Anomaly (99238-	September 2007	010	1.98	1.37	5.27	0.21	72,404	FALSE			FALSE					TRUE	Decrease
64708	Neuroplasty, major peripheral	Neuroplasty – Leg or Arm	October 2010	69			AOFAS, ASSH,	6.36	Site of Service Anomaly	September 2007	090	6.36	8.08		1.03	8,567	FALSE			FALSE					TRUE	Maintain
64712	Neuroplasty, major peripheral	Neuroplasty – Leg or Arm	October 2009	40			AOFAS, ASSH,	Remove from screen	Site of Service Anomaly	September 2007	090	8.07	8.28		1.71	628	FALSE			TRUE	The specialty society has identified this as	February 2010	32	Editorial	TRUE	Remove from
64831	Suture of digital nerve, hand or	Neurorrhaphy – Finger	October 2010	70			AAOS, ASPS,	9.16	Site of Service Anomaly	September 2007	090	9.16	10.18		1.71	728	FALSE			FALSE					TRUE	Decrease
65105	Enucleation of eye; with	Ophthalmologic	September 2007	16			AAO	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September 2007	090	9.93	17.85		0.78	565	FALSE			FALSE					TRUE	PE Only
65205	Removal of foreign body,	Removal of Foreign Body -	April 2017	19			AAO, AOA	0.49	CMS 000-Day Global Typically	July 2016	000	0.49	0.34	0.33	0.03	22,562	FALSE			FALSE					TRUE	Decrease
65210	Removal of foreign body,	Removal of Foreign Body -	April 2017	19			AAO, AOA	0.75	CMS 000-Day Global Typically	July 2016	000	0.61	0.42	0.5	0.03	17,304	FALSE			FALSE					TRUE	Decrease
65222	Removal of foreign body,	Removal of Foreign Body	September 2011	26			AAO, AOA	0.93	Harvard Valued - Utilization over	April 2011	000	0.84	0.60	1.14	0.05	19,828	FALSE			FALSE					TRUE	Maintain
65285	Repair of laceration; cornea	Repair of Eye Wound	February 2011	8			AAO	16.00	Site of Service Anomaly	September 2007	090	15.36	16.20		1.22	612	FALSE			FALSE					TRUE	Decrease
65778	Placement of amniotic	Ocular Surface Amniotic	January 2023	18			AAO, AOA	0.84	High Volume Growth8	April 2022	000	0.84	0.42	31.76	0.04	54,190	FALSE			FALSE					TRUE	Decrease
65779	Placement of amniotic	Ocular Surface Amniotic	January 2023	18			AAO, AOA	1.75	High Volume Growth8	September 2022	000	1.75	1.60	32.78	0.14	526	FALSE			FALSE					TRUE	Decrease
65780	Ocular surface reconstruction;	Ocular Surface Amniotic	January 2023	18			AAO, AOA	7.03	CMS Fastest Growing / 090-Day	October 2008	090	7.03	10.04		0.54	1,548	TRUE	Jun 2009	Yes	FALSE					TRUE	Decrease
65800	Paracentesis of anterior	Paracentesis of the Eye	April 2012	21			AAO	1.53	Harvard Valued - Utilization over	September 2011	000	1.53	0.98	1.91	0.12	14,671	FALSE			TRUE	Sept 2011 AAO stated that they have	October 2011	19	Complete	TRUE	Decrease
65805	Paracentesis of anterior	Paracentesis of the Eye	April 2012	21			AAO	Deleted from CPT	Harvard Valued - Utilization over	April 2011							FALSE			TRUE	Sept 2011 AAO stated that they have	October 2011	19	Complete	TRUE	Deleted from
65820	Goniotomy	RAW	April 2024	12			AAO	Remove from screen	Codes Reported Together 75% or	April 2023	090	8.91	14.93		0.7	33,233	FALSE			FALSE					TRUE	Remove from
65855	Trabeculoplasty by laser	Trabeculoplasty by Laser	April 2015	11		RUC	AAO	3.00	010-Day Global Post-Operative Visits	January 2014	010	3.00	2.85	4.07	0.24	129,556	FALSE			TRUE	Referred to CPT to exclude "one or more	February 2015	28	Complete	TRUE	Decrease
66170	Fistulization of sclera for	Glaucoma Surgery	April 2015	32		RUC	AAO	13.94	090-Day Global Post-Operative Visits	January 2014	090	13.94	17.49		1.11	4,824	FALSE			FALSE					TRUE	Decrease
66172	Fistulization of sclera for	Glaucoma Surgery	April 2015	32		RUC	AAO	14.81	090-Day Global Post-Operative Visits	January 2014	090	14.84	19.52		1.18	1,836	FALSE			FALSE					TRUE	Decrease

66174	Transluminal dilation of	Dilation of Aqueous	April 2024	12			AAO	Remove from screen. 8.53	New Technology/ New Service	April 2010	090	7.62	10.36		0.59	19,414	FALSE			FALSE						TRUE	Decrease
66175	Transluminal dilation of	Dilation of Aqueous	April 2024	12			AAO	Remove from screen. 10.25	New Technology/ New Service	October 2020	090	9.34	11.48		0.74	418	FALSE			FALSE						TRUE	Decrease
66179	Aqueous shunt to extraocular	Aqueous Shunt	January 2014	12			AAO	14.00	Harvard-Valued Annual Allowed	January 2014	090	14.00	17.01		1.12	709	FALSE			TRUE		October 2013	24	Complete		TRUE	Decrease
66180	Aqueous shunt to extraocular	Aqueous Shunt	January 2020	37			AAO	Maintain. 15.00	Harvard-Valued Annual Allowed	October 2012	090	15.00	17.65		1.19	9,127	FALSE			TRUE	In April 2013, the American Academy of	October 2013	24	Complete		TRUE	Decrease
66183	Insertion of anterior segment	Aqueous Shunt	January 2020	37			AAO	Maintain. 13.20	Harvard-Valued Annual Allowed	January 2014	090	13.20	16.37		1.05	6,916	FALSE			FALSE						TRUE	Maintain
66184	Revision of aqueous shunt to	Aqueous Shunt	January 2014	12			AAO	9.58	Harvard-Valued Annual Allowed	January 2014	090	9.58	13.25		0.75	521	FALSE			TRUE		October 2013	24	Complete		TRUE	Decrease
66185	Revision of aqueous shunt to	Aqueous Shunt	January 2020	37			AAO	Maintain. 10.58	Harvard-Valued Annual Allowed	October 2012	090	10.58	13.90		0.83	1,520	FALSE			TRUE	In April 2013, the American Academy of	October 2013	24	Complete		TRUE	Increase
66711	Ciliary body destruction;	Cyclophotocoagulation	January 2019	11			AAO	6.36	Codes Reported Together 75%or	October 2017	090	5.62	9.05		0.43	676	FALSE			TRUE	In October 2017, maintaining the	May 2018	26	Yes		TRUE	Decrease
66761	Iridotomy/iridectomy by laser	Iridotomy	January 2020	37			AAO	Maintain. 3.00	High IWPUT / 010-Day Global Post-	February 2008	010	3.00	3.79	5.69	0.24	48,797	FALSE			TRUE	In April 2009 the Workgroup determined	February 2010	33	Revised		TRUE	Decrease
66821	Discission of secondary		February 2011	41			AAO	Maintain	MPC List	October 2010	090	3.42	5.62	6.31	0.25	625,427	FALSE			FALSE						TRUE	Maintain
66982	Extracapsular cataract removal	Cataract Removal with	April 2024	12			AAO	Remove from screen. 10.25	High IWPUT / CMS Fastest Growing,	September 2007	090	10.25	11.07		0.79	140,997	TRUE	Sep 2009	Yes	FALSE						TRUE	Decrease
66983	Intracapsular cataract	Cyclophotocoagulation	January 2019	11				Contractor Price	Codes Reported Together 75%or	January 2019	090	0.00	0.00	0	0	38	FALSE			FALSE						TRUE	Contractor
66984	Extracapsular cataract removal	Cataract Removal with	April 2024	12			AAO	Remove from screen	High IWPUT / MPC List / Codes	February 2008	090	7.35	8.24		0.55	1,485,103	FALSE			FALSE						TRUE	Decrease
66987	Extracapsular cataract removal	Cataract Removal with	January 2021	16			AAO	13.15	Codes Reported Together 75%or	January 2019	090	0.00	0.00	0	0	542	FALSE			FALSE						TRUE	Decrease
66988	Extracapsular cataract removal	Cyclophotocoagulation	January 2019	11				10.25	Codes Reported Together 75%or	January 2019	090	0.00	0.00	0	0	3,028	FALSE			FALSE						TRUE	Decrease
66989	Extracapsular cataract removal	Cataract Removal with	January 2021	16			AAO	12.13	High Volume Category III Codes	January 2021	090	12.13	12.29		0.95	5,185	FALSE			FALSE		October 2020	37	complete		TRUE	Maintain
66991	Extracapsular cataract removal	Cataract Removal with	January 2021	16			AAO	9.23	High Volume Category III Codes	January 2021	090	9.23	10.35		0.7	41,677	FALSE			FALSE		October 2020	37	complete		TRUE	Maintain
67028	Intravitreal injection of a	Treatment of Retinal	September 2022	13			AAO, ASRS	1.44	High Volume Growth1 / CMS Fastest	February 2008	000	1.44	1.16	1.82	0.11	3,989,677	FALSE			FALSE						TRUE	Maintain
67036	Vitrectomy, mechanical, pars	Vitrectomy	October 2013	11			AAO	12.13	Harvard-Valued Annual Allowed	October 2012	090	12.13	13.50		0.96	17,654	FALSE			FALSE						TRUE	Decrease
67038	Deleted from CPT	Ophthalmological	September 2007	16			AAO	Deleted from CPT	Site of Service Anomaly	September 2007							FALSE			FALSE		February 2007				TRUE	Deleted from
67039	Vitrectomy, mechanical, pars	Vitrectomy	October 2013	11			AAO	13.20	Site of Service Anomaly (99238-	September 2007	090	13.20	14.19		1.05	3,693	FALSE			FALSE						TRUE	Decrease
67040	Vitrectomy, mechanical, pars	Vitrectomy	October 2013	11			AAO	14.50	Site of Service Anomaly (99238-	September 2007	090	14.50	15.02		1.16	5,876	FALSE			FALSE						TRUE	Decrease
67041	Vitrectomy, mechanical, pars	Vitrectomy	October 2013	11			AAO	16.33	Harvard-Valued Annual Allowed	October 2012	090	16.33	16.20		1.28	10,569	FALSE			FALSE						TRUE	Decrease
67042	Vitrectomy, mechanical, pars	Vitrectomy	October 2013	11			AAO	16.33	Harvard-Valued Annual Allowed	October 2012	090	16.33	16.20		1.28	22,448	FALSE			FALSE						TRUE	Decrease
67043	Vitrectomy, mechanical, pars	Vitrectomy	October 2013	11			AAO	17.40	Harvard-Valued Annual Allowed	October 2012	090	17.40	16.89		1.36	245	FALSE			FALSE						TRUE	Decrease
67101	Repair of retinal detachment,	Retinal Detachment	October 2015	11		RUC	AAO, ASRS	3.50	090-Day Global Post-Operative Visits	April 2015	010	3.50	4.70	6.23	0.27	316	FALSE			TRUE	In April 2015, the RUC recommended to	May 2015	21	Complete		TRUE	Decrease
67105	Repair of retinal detachment,	Retinal Detachment	October 2015	11		RUC	AAO, ASRS	3.84	090-Day Global Post-Operative Visits	April 2015	010	3.39	4.52	5.19	0.26	3,557	FALSE			TRUE	In April 2015, the RUC recommended to	May 2015	21	Complete		TRUE	Decrease
67107	Repair of retinal detachment;	Retinal Detachment	April 2015	12			AAO	16.00. Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September 2007	090	16.00	15.99		1.25	409	FALSE			FALSE		October 2014	23			TRUE	Decrease
67108	Repair of retinal detachment;	Retinal Detachment	April 2015	12		RUC	AAO	17.13	Site of Service Anomaly (99238-	September 2007	090	17.13	16.71		1.34	15,275	FALSE			FALSE		October 2014	23			TRUE	Decrease
67110	Repair of retinal detachment;	Retinal Detachment	April 2015	12			AAO	10.25. Remove 99238	Site of Service Anomaly (99238-	September 2007	090	10.25	13.12	15.46	0.8	2,304	FALSE			FALSE		October 2014	23			TRUE	Maintain
67112	Repair of retinal detachment;	Retinal Detachment	April 2015	12			AAO	Deleted from CPT	090-Day Global Post-Operative Visits	April 2014							FALSE			TRUE	Added as part of the family with 67113,	October 2014	23	Complete		TRUE	Deleted from
67113	Repair of complex retinal	Retinal Detachment	April 2015	12		RUC	AAO	19.00	090-Day Global Post-Operative Visits	January 2014	090	19.00	18.83		1.5	10,182	FALSE			FALSE		October 2014	23	Complete		TRUE	Decrease
67141	Prophylaxis of retinal	Retinal Detachment	October 2020	08			AAO, ASRS	2.53	Harvard Valued - Utilization over	January 2020	010	2.53	3.72	5.34	0.2	1,171	FALSE			TRUE	CPT code 67145 was identified in October	May 2020		complete		TRUE	Decrease
67145	Prophylaxis of retinal	Retinal Detachment	October 2020	08			AAO, ASRS	2.53	Harvard Valued - Utilization over	October 2019	010	2.53	3.72	4.54	0.2	29,855	FALSE			TRUE	CPT code 67145 was identified in October	May 2020		Complete		TRUE	Decrease
67210	Destruction of localized lesion	Treatment of Retinal	October 2010	13			AAO	6.36	High IWPUT	February 2008	090	6.36	7.95	8.48	0.5	38,623	FALSE			TRUE	Code originally referred to CPT with			Complete		TRUE	Decrease
67220	Destruction of localized lesion	Treatment of Retinal	October 2010	13			AAO	6.36	High IWPUT	February 2008	090	6.36	7.96	8.94	0.49	1,885	FALSE			TRUE	Code originally referred to CPT with			Complete		TRUE	Decrease
67225	Destruction of localized lesion	Photodynamic Therapy	February 2008	P			AAO	0.47	New Technology	September 2007	ZZZ	0.47	0.30	0.35	0.04	75	FALSE			FALSE						TRUE	Maintain
67228	Treatment of extensive or	Treatment of Retinal	October 2009	40			AAO	Remove from screen	High IWPUT	February 2008	010	4.39	4.24	5.37	0.35	40,257	FALSE			FALSE						TRUE	Remove from
67255	Scleral reinforcement (separate	Aqueous Shunt	January 2014	12			AAO	10.17	Harvard-Valued Annual Allowed	January 2014	090	8.38	11.47		0.66	638	FALSE			TRUE		October 2013	24	Complete		TRUE	Maintain
67311	Strabismus surgery, recession	Strabismus Surgery	October 2020	18			AAO, AAP	5.93	ZZZ Global Post-Operative Visits	April 2020	090	5.93	7.16		0.46	4,714	FALSE			FALSE						TRUE	Decrease
67312	Strabismus surgery, recession	Strabismus Surgery	October 2020	18			AAO, AAP	9.50	ZZZ Global Post-Operative Visits	April 2020	090	9.50	9.47		0.74	1,244	FALSE			FALSE						TRUE	Decrease
67314	Strabismus surgery, recession	Strabismus Surgery	October 2020	18			AAO, AAP	5.93	ZZZ Global Post-Operative Visits	April 2020	090	5.93	7.16		0.46	2,320	FALSE			FALSE						TRUE	Decrease
67316	Strabismus surgery, recession	Strabismus Surgery	October 2020	18			AAO, AAP	10.31	ZZZ Global Post-Operative Visits	April 2020	090	10.31	10.02		0.8	107	FALSE			FALSE						TRUE	Decrease
67318	Strabismus surgery, any	Strabismus Surgery	October 2020	18			AAO, AAP	9.80	ZZZ Global Post-Operative Visits	April 2020	090	9.80	9.88		0.76	134	FALSE			FALSE						TRUE	Decrease
67320	Transposition procedure (eg,	Strabismus Surgery	October 2020	18			AAO, AAP	3.00	ZZZ Global Post-Operative Visits	October 2019	ZZZ	3.00	1.90		0.24	308	FALSE			FALSE						TRUE	Decrease
67331	Strabismus surgery on patient	Strabismus Surgery	October 2020	18			AAO, AAP	2.00	ZZZ Global Post-Operative Visits	October 2019	ZZZ	2.00	2.45		0.16	944	FALSE			FALSE						TRUE	Decrease
67332	Strabismus surgery on patient	Strabismus Surgery	October 2020	18			AAO, AAP	3.50	ZZZ Global Post-Operative Visits	October 2019	ZZZ	3.50	2.22		0.27	1,400	FALSE			FALSE						TRUE	Decrease
67334	Strabismus surgery by posterior	Strabismus Surgery	October 2020	18			AAO, AAP	2.06	ZZZ Global Post-Operative Visits	October 2019	ZZZ	2.06	2.32		0.16	92	FALSE			FALSE						TRUE	Decrease
67335	Placement of adjustable	Strabismus Surgery	October 2020	18			AAO, AAP	3.23	ZZZ Global Post-Operative Visits	October 2019	ZZZ	3.23	2.03		0.24	1,398	FALSE			FALSE						TRUE	Increase
67340	Strabismus surgery involving	Strabismus Surgery	October 2020	18			AAO, AAP	5.00	ZZZ Global Post-Operative Visits	October 2019	ZZZ	5.00	3.21		0.39	59	FALSE			FALSE						TRUE	Decrease
67500	Retrobulbar injection;	Injection – Eye	October 2017	11			AAO, ASRS	1.18	CMS 000-Day Global Typically	October 2017	000	1.18	0.63	1.03	0.1	5,723	FALSE			FALSE						TRUE	Decrease
67505	Retrobulbar injection; alcohol	Injection – Eye	October 2017	11			AAO, ASRS	1.18	CMS 000-Day Global Typically	October 2017	000	1.18	0.86	1.29	0.09	71	FALSE			FALSE						TRUE	Decrease
67515	Injection of medication or	Injection – Eye	October 2017	11			AAO, ASRS	0.84	CMS 000-Day Global Typically	July 2016	000	0.75	0.58	0.72	0.06	19,697	FALSE			FALSE						TRUE	Decrease
67820	Correction of trichiasis;	Correction of Trichiasis	April 2016	29			AOA, AOA	0.32	CMS High Expenditure Procedural	July 2015	000	0.32	0.32	0.22	0.02	173,837	FALSE			FALSE						TRUE	Decrease
67914	Repair of ectropion; suture	Repair of Eyelid	April 2013	24			AAO	3.75	Harvard-Valued Annual Allowed	October 2012	090	3.75	5.74	10.54	0.34	1,353	FALSE			FALSE						TRUE	Maintain
67915	Repair of ectropion;	Repair of Eyelid	April 2013	24			AAO	2.03	Harvard-Valued Annual Allowed	October 2012	090	2.03	3.79	7.28	0.16	181	FALSE			FALSE						TRUE	Decrease
67916	Repair of ectropion; excision	Repair of Eyelid	April 2013	24			AAO	5.48	Harvard-Valued Annual Allowed	October 2012	090	5.48	6.85	12.29	0.45	1,028	FALSE			FALSE						TRUE	Maintain
67917	Repair of ectropion; extensive	Repair of Eyelid	April 2013	24			AAO	5.93	Harvard-Valued Annual Allowed	October 2012	090	5.93	7.14	12.22	0.49	19,453	FALSE			FALSE						TRUE	Decrease
67921	Repair of ectropion; suture	Repair of Eyelid	April 2013	24			AAO	3.47	Harvard-Valued Annual Allowed	October 2012	090	3.47	5.59	10.56	0.27	2,698	FALSE			FALSE						TRUE	Maintain
67922	Repair of entropion;	Repair of Eyelid	April 2013	24			AAO	2.03	Harvard-Valued Annual Allowed	October 2012	090	2.03	3.79	7.01	0.16	75	FALSE			FALSE						TRUE	Decrease
67923	Repair of entropion; excision	Repair of Eyelid	April 2013	24			AAO	5.48	Harvard-Valued Annual Allowed	October 2012	090	5.48	6.87	12.31	0.44	690	FALSE			FALSE						TRUE	Decrease
67924	Repair of entropion; extensive	Repair of Eyelid	April 2013	24			AAO	5.93	Harvard-Valued Annual Allowed	October 2012	090	5.93	7.15	12.99	0.48	9,060	FALSE			FALSE						TRUE	Maintain
68040	Expression of conjunctival	Treatment of Eyelid	September 2011	51			AAO	Revised parenthetical	High Volume Growth1	February 2008	000	0.85	0.52	0.97	0.04	6,534	FALSE			TRUE	AAO to develop CPT Assistant article to	February 2013	18	Complete		TRUE	Maintain
68200	Subconjunctival injection	Subconjunctival Injection	October 2013	18			AAO	0.49	Harvard Valued - Utilization over	April 2011	000	0.49	0.48	0.71	0.04	5,018	FALSE			FALSE						TRUE	Maintain
68801	Dilation of lacrimal punctum,	Dilation and Probing of	January 2015	23			AAO, AOA	1.00	010-Day Global Post-Operative Visits	January 2014	010	0.82	1.51	2.02	0.05	22,991	FALSE			FALSE						TRUE	Maintain
68810	Probing of nasolacrimal duct,	Dilation and Probing of	January 2015	23			AAO, AOA	1.54	Site of Service Anomaly / 010-Day	September 2007	010	1.54	2.15	3.16	0.12	22,242	FALSE			FALSE						TRUE	Decrease
68811	Probing of nasolacrimal duct,		January 2015	23			AAO, AOA	2.03	010-Day Global Post-Operative Visits	September 2014	010	1.74	2.13		0.15	331	FALSE			FALSE						TRUE	Decrease
68815	Probing of nasolacrimal duct,	Dilation and Probing of	January 2015	23			AAO, AOA	3.00	010-Day Global Post-Operative Visits	January 2014	010	2.70	3.70	8.29	0.22	6,655	FALSE			FALSE						TRUE	Decrease
68816	Probing of nasolacrimal duct,		January 2015	23			AAO, AOA	2.35	010-Day Global Post-Operative Visits	September 2014	010	2.10	2.40	23.03	0.17	153	FALSE			FALSE						TRUE	Decrease
69100	Biopsy external ear	Biopsy of Ear	April 2009	28			AAD	0.81	CMS Fastest Growing	October 2008	000	0.81	0.48	1.97	0.09	162,021	FALSE			FALSE						TRUE	Maintain
69200	Removal foreign body from	Removal of Foreign Body	September 2011	29			AAO-HNS	0.77	Harvard Valued - Utilization over	April 2011	000	0.77	0.54	1.54	0.11	47,747	FALSE			FALSE						TRUE	Maintain
69210	Removal impacted cerumen	Removal of Cerumen	January 2015	29	September 2024	RAW	AAFP, AAO-HNS	Review action plan. 0.58.	CMS High Expenditure Procedural	September 2011	000	0.61	0.28	0.75	0.08	1,439,777	FALSE			TRUE	In January 2012, the RUC referred this	October 2012	19	Complete		TRUE	Decrease
69400	Eustachian tube inflation,	Eustachian Tube	October 2013	18			AAO-HNS	Deleted from CPT	High Volume Growth2	October 2013							FALSE			TRUE	October 2013, the RUC recommended to	February 2014	41	Complete		TRUE	Deleted from
69401	Eustachian tube inflation,	Eustachian Tube	October 2013	18			AAO-HNS	Deleted from CPT	High Volume Growth2	April 2013							FALSE			TRUE	October 2013, the RUC recommended to	February 2014	41	Complete		TRUE	Deleted from
69405	Eustachian tube	Eustachian Tube	October 2013	18			AAO-HNS	Deleted from CPT	High Volume Growth2	October 2013							FALSE			TRUE	October 2013, the RUC recommended to	February 2014	41	Complete		TRUE	Deleted from
69433	Tympanostomy (requiring	Tympanostomy	September 2011	30			AAO-HNS	1.57	Harvard Valued - Utilization over	April 2011	010	1.57	2.22	4.31	0.23	37,608	FALSE			FALSE						TRUE	Maintain
69801	Labyrinthotomy, with perfusion	Labyrinthotomy	October 2015	21			AAO-HNS	Review action plan at RAW	CMS Fastest Growing / Site of	September 2007	000	2.06	1.37	4.51	0.3	23,868	TRUE	May	Yes	TRUE	The Workgroup previously recommended	Feb 2010	34	Revised		TRUE	Decrease
69802	Labyrinthotomy, with perfusion	Labyrinthotomy	April 2010	16			AAO-HNS	Deleted from CPT	CMS Fastest Growing / Site of								FALSE			TRUE	Prior to surveying this service for RUC	Feburary 2011	25	Code		TRUE	Deleted from
69930	Cochlear device implantation,	Cochlear Device	February 2008	M			AAO-HNS	17.60	Site of Service Anomaly	September 2007	090	17.73	16.24		2.6	4,193	FALSE			FALSE						TRUE	Maintain
70030	Radiologic examination, eye,	X-Ray of Eye	January 2020	28				0.18	CMS-Other - Utilization over 20,000	January 2019	XXX	0.18	NA	0.78	0.02	19,427	FALSE			FALSE						TRUE	Increase
70100	Radiologic examination,	RAW	October 2013	18				RUC to submit letter to CMS	High Volume Growth2	April 2013	XXX	0.18	NA	0.97	0.02	17,784	FALSE			FALSE						TRUE	Maintain
70210	Radiologic examination,	X-Ray Exam - Sinuses	January 2019	24			AAFP, ACP, ACR,	0.20	CMS-Other - Utilization over 30,000	October 2017	XXX	0.17	NA	0.78	0.02	14,374	FALSE			FALSE						TRUE	Increase
70220	Radiologic examination,	X-Ray Exam - Sinuses	January 2019	24			AAFP, ACP, ACR,	0.22	CMS-Other - Utilization over 30,000	October 2017	XXX	0.22	NA	0.89	0.02	32,703	FALSE			FALSE						TRUE	Decrease
70250	Radiologic examination, skull;	X-Ray Exam – Skull	January 2019	25			ACR, ASNR	0.20	CMS-Other - Utilization over 30,000	October 2017	XXX	0.18	NA	0.89	0.02	39,351	FALSE			FALSE						TRUE	Decrease
70260	Radiologic examination, skull;	X-Ray Exam – Skull	January 2019	25			ACR, ASNR	0.29	CMS-Other - Utilization over 30,000	October 2017	XXX	0.28	NA	1.04	0.02	7,741	FALSE			FALSE						TRUE	Decrease
70310	Radiologic examination, teeth;	RAW	October 2013	18				RUC to submit letter to CMS	High Volume Growth2	April 2013	XXX	0.16	NA	1.04	0.02	648	FALSE			FALSE						TRUE	Maintain
70360	Radiologic examination; neck,	X-Ray Exam – Neck	January 2019	26			AAFP, ACP, ACR,	0.20	CMS-Other - Utilization over 30,000	October 2017	XXX	0.18	NA	0.74	0.02	37,844	FALSE			FALSE						TRUE	Increase
70371	Complex dynamic pharyngeal	Laryngography	January 2019	37			ACR, AAFP	CPT Assistant article	Codes Reported Together 75% or	October 2012	XXX	0.84	NA	2.39	0.05	754	TRUE	July 2014	Yes	FALSE						TRUE	Maintain
70373	Laryngography, contrast,	Laryngography	October 2012				ACR, AAFP	CPT Assistant article	Codes Reported Together 75% or	October 2012							TRUE	July 2014	Yes	FALSE						TRUE	Deleted from
70450	Computed tomography, head	CT Head/Brain	April 2019	15			ACR, ASNR	0.85	CMS-Other - Utilization over	April 2011	XXX	0.85	NA	2.36	0.05	5,054,448	FALSE			FALSE						TRUE	Maintain
70460	Computed tomography, head	CT Head/Brain	April 2019	15			ACR, ASNR	1.13	CMS High Expenditure Procedural	April 2013	XXX	1.13	NA	3.36	0.07	18,899	FALSE			FALSE						TRUE	Maintain
70470	Computed tomography, head	CT Head/Brain	April 2019	15			ACR, ASNR	1.27	Harvard Valued - Utilization over	October 2009	XXX	1.27	NA	3.98	0.09	61,447	FALSE			FALSE						TRUE	Maintain
70480	Computed tomography, orbit,	CT – Orbit/Ear/Fossa	October 2018	16			ACR, ASNR	1.28	CMS-Other - Utilization over 30,000	October 2017	XXX	1.28	NA	3.52	0.09	50,681	FALSE			FALSE						TRUE	Maintain
70481	Computed tomography, orbit,	CT – Orbit/Ear/Fossa	October 2018	16			ACR, ASNR	1.13	CMS-Other - Utilization over 30,000	October 2017	XXX	1.13	NA	4.35	0.08	9,497	FALSE			FALSE						TRUE	Decrease
70482	Computed tomography, orbit,	CT – Orbit/Ear/Fossa	October 2018	16			ACR, ASNR	1.27	CMS-Other - Utilization over 30,000	October 2017	XXX	1.27	NA	5.13	0.09	4,103	FALSE			FALSE						TRUE	Decrease
70486	Computed tomography,	CT – Maxillofacial	April 2014	41			ACR, ASNR	0.85	CMS-Other - Utilization over	April 2013	XXX	0.85	NA	3.04	0.05	478,315	FALSE			FALSE						TRUE	Decrease
70487	Computed tomography,	CT – Maxillofacial	April 2014	41			ACR, ASNR	1.17	CMS-Other - Utilization over	April 2014	XXX	1.13	NA	3.47	0.08	27,343	FALSE			FALSE						TRUE	Decrease
70488	Computed tomography,	CT – Maxillofacial	April 2014	41			ACR, ASNR	1.30	CMS-Other - Utilization over	April 2014	XXX	1.27	NA	4.31	0.09	3,206	FALSE			FALSE						TRUE	Decrease
70490	Computed tomography, soft	CT Soft Tissue Neck	January 2017	21			ACR, ASNR	1.28	CMS High Expenditure Procedural	July 2015	XXX	1.28	NA	3.25	0.08	61,888	FALSE			FALSE						TRUE	Maintain
70491	Computed tomography, soft	CT Soft Tissue Neck	January 2017	21			ACR, ASNR	1.38	CMS High Expenditure Procedural	July 2015	XXX	1.38	NA	4.2	0.09	254,652	FALSE			FALSE						TRUE	Maintain
70492	Computed tomography, soft	CT Soft Tissue Neck	January 2017	21			ACR, ASNR	1.62	CMS High Expenditure Procedural	July 2015	XXX	1.62	NA	5.08	0.1	21,596	FALSE			FALSE						TRUE	Increase
70496	Computed tomographic	Computed Tomographic	September 2022	13	September 2024	RUC	ACR, ASNR	Refer to CPT for code bundling	High Volume Growth1 / CMS Fastest	February 2008	XXX	1.75	NA	6.62	0.12	630,855	FALSE			TRUE	In April 2022, the Workgroup identified	May 2024				FALSE	Maintain
70498	Computed tomographic	Computed Tomographic	September 2022	13	September 2024	RUC	ACR, ASNR	Refer to CPT for code bundling	High Volume Growth1 / CMS Fastest	February 2008	XXX	1.75	NA	6.61	0.12	655,679	FALSE			TRUE	In April 2022, the Workgroup identified	May 2024				FALSE	Maintain
70540	Magnetic resonance (eg,	MRI Face and Neck	January 2016	39			ACR, ASNR	1.35	CMS High Expenditure Procedural	July 2015	XXX	1.35	NA	5.54	0.09	9,027	FALSE			FALSE						TRUE	Maintain
70542	Magnetic resonance (eg,	MRI Face and Neck	January 2016	39			ACR, ASNR	1.62	CMS High Expenditure Procedural	July 2015	XXX	1.62	NA	6.55	0.11	738	FALSE			FALSE						TRUE	Maintain
70543	Magnetic resonance (eg,	MRI Face and Neck	January 2016	39			ACR, ASNR	2.15	CMS High Expenditure Procedural	July 2015	XXX	2.15	NA	8.16	0.14	64,328	FALSE			FALSE						TRUE	Maintain
70544	Magnetic resonance	Magnetic Resonance	April 2024	12	April 2025	RUC	ACR, ASNR, SIR	Refer to CPT for code bundle	CMS High Expenditure Procedural	July 2015	XXX	1.20	NA	5.36	0.09	187,401	FALSE			TRUE	In April 2022, the Relativity Assessment	Feb 2025				FALSE	Maintain
70545	Magnetic resonance	Magnetic Resonance	October 2016	18		RUC	ACR, ASNR	1.20	CMS High Expenditure Procedural	July 2015	XXX	1.20	NA	5.72	0.09	3,106	FALSE			FALSE						TRUE	Maintain
70546	Magnetic resonance	Magnetic Resonance	October 2016	18			ACR, ASNR	1.48	CMS High Expenditure Procedural	July 2015	XXX	1.48	NA	8.59	0.12	19,586	FALSE			FALSE						TRUE	Decrease
70547	Magnetic resonance	Magnetic Resonance	April 2024	12	April 2025	RUC	ACR, ASNR, SIR	Refer to CPT for code bundle	CMS High Expenditure Procedural	July 2015	XXX	1.20	NA	5.37	0.09	64,182	FALSE			TRUE	In April 2022, the Relativity Assessment	Feb 2025				FALSE	Maintain
70548	Magnetic resonance	Magnetic Resonance	October 2016	19		RUC	ACR, ASNR	1.50	CMS High Expenditure Procedural	July 2015	XXX	1.50	NA	5.99	0.11	13,081	FALSE			FALSE						TRUE	Increase
70549	Magnetic resonance	Magnetic Resonance	October 2016	19		RUC	ACR, ASNR	1.80	CMS High Expenditure Procedural	July 2015	XXX	1.80	NA	8.73	0.13	42,918	FALSE			FALSE						TRUE	Maintain
70551	Magnetic resonance (eg,	MRI-Brain	January 2013	26			ACR, ASNR	1.48	CMS High Expenditure Procedural	September 2011	XXX	1.48	NA	4.47	0.1	1,072,270	FALSE			FALSE						TRUE	Maintain
70552	Magnetic resonance (eg,	MRI-Brain	January 2013	26			ACR, ASNR	1.78	CMS High Expenditure Procedural	September 2011	XXX	1.78	NA	6.44	0.12	17,490	FALSE			FALSE						TRUE	Maintain
70553	Magnetic resonance (eg,	MRI-Brain	January 2013	26			ACR, ASNR	2.36	CMS-Other - Utilization over	April 2011	XXX	2.29	NA	7.38	0.15	943,751	FALSE			FALSE						TRUE	Maintain
71010	Radiologic examination, chest;	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	Low Value-High Volume / CMS High	October 2010							FALSE			FALSE		February 2016	20	Complete		TRUE	Deleted from

71015	Radiologic examination, chest;	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			FALSE		February 2016	20	Complete		TRUE	Deleted from
71020	Radiologic examination, chest,	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	MPC List / CMS High Expenditure	October 2010							FALSE			FALSE		February 2016	20	Complete		TRUE	Deleted from
71021	Radiologic examination, chest,	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			FALSE		February 2016	20	Complete		TRUE	Deleted from
71022	Radiologic examination, chest,	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			FALSE		February 2016	20	Complete		TRUE	Deleted from
71023	Radiologic examination, chest,	Chest X-Ray	April 2016	07			ACR	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			FALSE		February 2016	20	Complete		TRUE	Deleted from
71030	Radiologic examination, chest,	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			FALSE		February 2016	20	Complete		TRUE	Deleted from
71034	Radiologic examination, chest,	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			FALSE		February 2016	20	Complete		TRUE	Deleted from
71035	Radiologic examination, chest,	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			FALSE		February 2016	20	Complete		TRUE	Deleted from
71045	Radiologic examination, chest;	Chest X-Ray	April 2016	07			ACR	0.18	CMS High Expenditure Procedural	February 2016	XXX	0.18	NA	0.57	0.02	13,857,156	FALSE			FALSE		February 2016	20	Complete		TRUE	Decrease
71046	Radiologic examination, chest;	Chest X-Ray	April 2016	07			ACR	0.22	CMS High Expenditure Procedural	February 2016	XXX	0.22	NA	0.77	0.02	6,158,080	FALSE			FALSE		February 2016	20	Complete		TRUE	Decrease
71047	Radiologic examination, chest;	Chest X-Ray	April 2016	07			ACR	0.27	CMS High Expenditure Procedural	February 2016	XXX	0.27	NA	0.98	0.02	12,579	FALSE			FALSE		February 2016	20	Complete		TRUE	Decrease
71048	Radiologic examination, chest;	Chest X-Ray	April 2016	07			ACR	0.31	CMS High Expenditure Procedural	February 2016	XXX	0.31	NA	1.04	0.02	7,817	FALSE			FALSE		February 2016	20	Complete		TRUE	Decrease
71090	Insertion pacemaker,	Insertion/Removal of	April 2011	10			ACC	Deleted from CPT	Codes Reported Together 75% or	February 2010							FALSE			TRUE	33213 - This code, when originally	February 2011	13	Complete		TRUE	Deleted from
71100	Radiologic examination, ribs,	X-Ray of Ribs	April 2016	30			ACR	0.22	CMS-Other - Utilization over	April 2013	XXX	0.22	NA	0.86	0.02	126,789	FALSE			FALSE						TRUE	Maintain
71101	Radiologic examination, ribs,	X-Ray of Ribs	April 2016	30			ACR	0.27	CMS-Other - Utilization over	October 2015	XXX	0.27	NA	0.98	0.02	247,342	FALSE			FALSE						TRUE	Maintain
71110	Radiologic examination, ribs,	X-Ray of Ribs	April 2016	30			ACR	0.29	CMS-Other - Utilization over	October 2015	XXX	0.29	NA	1.01	0.02	20,431	FALSE			FALSE						TRUE	Maintain
71111	Radiologic examination, ribs,	X-Ray of Ribs	April 2016	30			ACR	0.32	CMS-Other - Utilization over	October 2015	XXX	0.32	NA	1.23	0.03	27,294	FALSE			FALSE						TRUE	Maintain
71250	Computed tomography, thorax,	Screening CT of Thorax	October 2019	07			ACR	1.16	CMS Fastest Growing / CMS High	October 2008	XXX	1.08	NA	2.94	0.07	2,268,146	FALSE			FALSE						TRUE	Increase
71260	Computed tomography, thorax,	Screening CT of Thorax	October 2019	07			ACR	1.38	CMS High Expenditure Procedural	July 2015	XXX	1.16	NA	3.9	0.08	1,641,425	FALSE			FALSE						TRUE	Maintain
71270	Computed tomography, thorax,	Screening CT of Thorax	October 2019	07			ACR	1.24	CMS High Expenditure Procedural	July 2015	XXX	1.25	NA	4.71	0.08	52,341	FALSE			FALSE						TRUE	Maintain
71271	Computed tomography, thorax,	Screening CT of Thorax	October 2019	07				1.16	CMS-Other - Utilization over 30,000-	May 2019	XXX	1.08	NA	3.07	0.08	358,112	FALSE			FALSE						TRUE	Increase
71275	Computed tomographic	CT Angiography-Chest	January 2014	27			ACR, SIR	1.82	CMS Fastest Growing / MPC List	October 2008	XXX	1.82	NA	6.71	0.13	1,426,486	TRUE	Jun 2009	Yes	FALSE						TRUE	Decrease
72020	Radiologic examination, spine,	X-Ray Spine	January 2019	27			AAOS, ACR,	0.16	CMS-Other - Utilization over	April 2016	XXX	0.16	NA	0.55	0.02	94,308	FALSE			FALSE						TRUE	Increase
72040	Radiologic examination, spine,	X-Ray Spine	January 2019	27			AAOS, ACR,	0.22	Low Value-High Volume / CMS-	October 2010	XXX	0.22	NA	0.95	0.02	552,527	FALSE			TRUE	The RUC recommended code 72040 be	October 2011	17	Complete		TRUE	Maintain
72050	Radiologic examination, spine,	X-Ray Spine	January 2019	27			AAOS, ACR,	0.27	Low Value-High Volume / CMS-	October 2010	XXX	0.27	NA	1.32	0.02	319,562	FALSE			TRUE	The RUC recommended code 72040 be	October 2011	17	Complete		TRUE	Decrease
72052	Radiologic examination, spine,	X-Ray Spine	January 2019	27			AAOS, ACR,	0.30	Low Value-High Volume / CMS-	October 2010	XXX	0.30	NA	1.55	0.03	59,046	FALSE			TRUE	The RUC recommended code 72040 be	October 2011	17	Complete		TRUE	Decrease
72070	Radiologic examination, spine;	X-Ray Spine	January 2019	27			AAOS, ACR,	0.20	CMS-Other - Utilization over	April 2013	XXX	0.20	NA	0.77	0.02	266,493	FALSE			FALSE						TRUE	Decrease
72072	Radiologic examination, spine;	X-Ray Spine	January 2019	27			AAOS, ACR,	0.23	CMS-Other - Utilization over	April 2016	XXX	0.23	NA	0.94	0.02	142,321	FALSE			FALSE						TRUE	Increase
72074	Radiologic examination, spine;	X-Ray Spine	January 2019	27			AAOS, ACR,	0.25	CMS-Other - Utilization over	October 2016	XXX	0.25	NA	1.07	0.02	11,215	FALSE			FALSE						TRUE	Increase
72080	Radiologic examination, spine;	X-Ray Spine	January 2019	27			AAOS, ACR,	0.21	CMS-Other - Utilization over	October 2016	XXX	0.21	NA	0.81	0.02	42,662	FALSE			FALSE						TRUE	Decrease
72100	Radiologic examination, spine,	X-Ray Spine	January 2019	27			AAOS, ACR,	0.22	Harvard Valued - Utilization over	February 2010	XXX	0.22	NA	0.96	0.02	1,537,302	FALSE			TRUE	This service was brought forward as part of	October 2010	18	Complete		TRUE	Maintain
72110	Radiologic examination, spine,	X-Ray Spine	January 2019	27			AAOS, ACR,	0.26	Harvard Valued - Utilization over	October 2009	XXX	0.26	NA	1.28	0.02	726,844	FALSE			TRUE	April 2010, refer to CPT Editorial Panel to	October 2010	18	Complete		TRUE	Decrease
72114	Radiologic examination, spine,	X-Ray Spine	January 2019	27			AAOS, ACR,	0.30	Harvard Valued - Utilization over	February 2010	XXX	0.30	NA	1.51	0.03	84,552	FALSE			TRUE	This service was brought forward as part of	October 2010	18	Complete		TRUE	Decrease
72120	Radiologic examination, spine,	X-Ray Spine	January 2019	27			AAOS, ACR,	0.22	Harvard Valued - Utilization over	February 2010	XXX	0.22	NA	0.98	0.02	44,877	FALSE			TRUE	Code 72110 was identified by the Harvard	October 2010	18	Complete		TRUE	Maintain
72125	Computed tomography,	CT Spine	April 2018	18			ACR, ASNR	1.07	CMS Fastest Growing	October 2008	XXX	1.00	NA	2.94	0.06	1,400,600	FALSE			FALSE						TRUE	Maintain
72126	Computed tomography,	CT Spine	April 2018	18			ACR, ASNR	1.22	CMS Fastest Growing	February 2009	XXX	1.22	NA	3.89	0.08	16,849	FALSE			FALSE						TRUE	Maintain
72127	Computed tomography,	CT Spine	April 2018	18			ACR, ASNR	1.27	CMS Fastest Growing	February 2009	XXX	1.27	NA	4.72	0.09	1,757	FALSE			FALSE						TRUE	Maintain
72128	Computed tomography,	CT Spine	April 2018	18			ACR, ASNR	1.00	CMS Fastest Growing	October 2008	XXX	1.00	NA	2.93	0.06	216,061	FALSE			FALSE						TRUE	Maintain
72129	Computed tomography,	CT Spine	April 2018	18			ACR, ASNR	1.22	CMS Fastest Growing	February 2009	XXX	1.22	NA	3.92	0.09	35,078	FALSE			FALSE						TRUE	Maintain
72130	Computed tomography,	CT Spine	April 2018	18			ACR, ASNR	1.27	CMS Fastest Growing	February 2009	XXX	1.27	NA	4.76	0.09	1,277	FALSE			FALSE						TRUE	Maintain
72131	Computed tomography, lumbar	CT Spine	April 2018	18			ACR, ASNR	1.00	CMS Fastest Growing / CMS-Other -	February 2009	XXX	1.00	NA	2.91	0.06	507,769	FALSE			FALSE						TRUE	Maintain
72132	Computed tomography, lumbar	CT Spine	April 2018	18			ACR, ASNR	1.22	CMS Fastest Growing / CMS-Other -	February 2009	XXX	1.22	NA	3.9	0.08	59,350	FALSE			FALSE						TRUE	Maintain
72133	Computed tomography, lumbar	CT Spine	April 2018	18			ACR, ASNR	1.27	CMS Fastest Growing / CMS-Other -	February 2009	XXX	1.27	NA	4.73	0.09	3,516	FALSE			FALSE						TRUE	Maintain
72141	Magnetic resonance (eg,	MRI Neck and Lumbar	April 2013	25			ACR	1.48	CMS High Expenditure Procedural	September 2011	XXX	1.48	NA	4.3	0.1	539,537	FALSE			FALSE						TRUE	Decrease
72142	Magnetic resonance (eg,	MRI Neck and Lumbar	April 2013	25			ACR	1.78	CMS High Expenditure Procedural	April 2013	XXX	1.78	NA	6.59	0.13	2,550	FALSE			FALSE						TRUE	Decrease
72146	Magnetic resonance (eg,	MRI Neck and Lumbar	April 2013	25			ACR	1.48	CMS High Expenditure Procedural	April 2013	XXX	1.48	NA	4.29	0.1	213,221	FALSE			FALSE						TRUE	Decrease
72147	Magnetic resonance (eg,	MRI Neck and Lumbar	April 2013	25			ACR	1.78	CMS High Expenditure Procedural	April 2013	XXX	1.78	NA	6.52	0.12	2,352	FALSE			FALSE						TRUE	Decrease
72148	Magnetic resonance (eg,	MRI Neck and Lumbar	April 2013	25			AAOS, AUR,	1.48	CMS-Other - Utilization over	April 2011	XXX	1.48	NA	4.32	0.1	1,236,516	FALSE			FALSE						TRUE	Maintain
72149	Magnetic resonance (eg,	MRI Neck and Lumbar	April 2013	25				1.78	CMS High Expenditure Procedural	April 2013	XXX	1.78	NA	6.44	0.13	4,470	FALSE			FALSE						TRUE	Maintain
72156	Magnetic resonance (eg,	MRI Neck and Lumbar	April 2013	25				2.29	CMS High Expenditure Procedural	April 2013	XXX	2.29	NA	7.43	0.15	110,978	FALSE			FALSE						TRUE	Decrease
72157	Magnetic resonance (eg,	MRI Neck and Lumbar	April 2013	25				2.29	CMS High Expenditure Procedural	April 2013	XXX	2.29	NA	7.45	0.15	97,740	FALSE			FALSE						TRUE	Decrease
72158	Magnetic resonance (eg,	MRI Neck and Lumbar	April 2013	25				2.29	CMS High Expenditure Procedural	April 2013	XXX	2.29	NA	7.41	0.15	208,724	FALSE			FALSE						TRUE	Decrease
72170	Radiologic examination, pelvis;	X-Ray Exam – Pelvis	January 2019	28			AAOS, ACR	0.17	Low Value-High Volume / Codes	October 2010	XXX	0.17	NA	0.65	0.02	714,774	FALSE			TRUE	The Joint Workgroup recommended that	October 2014	27	Complete		TRUE	Maintain
72190	Radiologic examination, pelvis;	X-Ray Exam – Pelvis	January 2019	28			AAOS, ACR	0.25	CMS-Other - Utilization over 30,000	October 2017	XXX	0.25	NA	1	0.02	57,488	FALSE			FALSE						TRUE	Increase
72191	Computed tomographic	CT Angiography	October 2013	12			ACR, SIR	1.81	High Volume Growth1 / CMS Fastest	February 2008	XXX	1.81	NA	7.43	0.13	2,706	FALSE			TRUE	The Workgroup accepts the specialties'	October 2010	19	Complete		TRUE	Maintain
72192	Computed tomography, pelvis;	CT Pelvis	October 2008	26			ACR	1.09	Codes Reported Together 95% or	October 2008	XXX	1.09	NA	2.93	0.07	181,245	FALSE			TRUE	The specialty society indicated that this	October 2009	37	Complete		TRUE	Maintain
72193	Computed tomography, pelvis;	CT Pelvis	October 2008	26			ACR	1.16	Codes Reported Together 95% or	October 2008	XXX	1.16	NA	5.81	0.08	31,631	FALSE			TRUE	The specialty society indicated that this	October 2009	37	Complete		TRUE	Maintain
72194	Computed tomography, pelvis;	CT Abdomen and Pelvis	April 2014	44			ACR	1.22	Codes Reported Together 95% or	February 2008	XXX	1.22	NA	6.48	0.08	4,787	FALSE			TRUE	Referred to the CPT Editorial Panel for	October 2009	37	Complete		TRUE	Maintain
72195	Magnetic resonance (eg,	MRI Pelvis	October 2016	21		RUC	ACR	1.46	CMS High Expenditure Procedural	July 2015	XXX	1.46	NA	5.51	0.1	80,188	FALSE			FALSE						TRUE	Maintain
72196	Magnetic resonance (eg,	MRI Pelvis	October 2016	21		RUC	ACR	1.73	CMS High Expenditure Procedural	July 2015	XXX	1.73	NA	6.43	0.12	2,468	FALSE			FALSE						TRUE	Maintain
72197	Magnetic resonance (eg,	MRI Pelvis	October 2016	21		RUC	ACR	2.20	CMS High Expenditure Procedural	July 2015	XXX	2.20	NA	8.05	0.14	282,485	FALSE			FALSE						TRUE	Decrease
72200	Radiologic examination,	X-Ray Sacrum	January 2019	29			AAOS, ACR	0.20	CMS-Other - Utilization over	October 2016	XXX	0.17	NA	0.81	0.02	13,432	FALSE			FALSE						TRUE	Increase
72202	Radiologic examination,	X-Ray Sacrum	January 2019	29			AAOS, ACR	0.26	CMS-Other - Utilization over	October 2016	XXX	0.23	NA	0.93	0.02	38,895	FALSE			FALSE						TRUE	Increase
72220	Radiologic examination, sacrum	X-Ray Sacrum	January 2019	29			AAOS, ACR	0.20	CMS-Other - Utilization over	April 2016	XXX	0.17	NA	0.79	0.02	100,542	FALSE			FALSE						TRUE	Increase
72240	Myelography, cervical,	Myelography	April 2014	17			ACR, ASNR	0.91	Codes Reported Together 75% or	October 2012	XXX	0.91	NA	2.38	0.07	308	FALSE			TRUE	Joint Workgroup requests that codes	October 2013	21	Complete		TRUE	Maintain
72255	Myelography, thoracic,	Myelography	April 2014	17			ACR, ASNR	0.91	Codes Reported Together 75% or	October 2013	XXX	0.91	NA	2.26	0.06	75	FALSE			TRUE	This code change application requests four	October 2013	21	Complete		TRUE	Maintain
72265	Myelography, lumbosacral,	Myelography	April 2014	17			ACR, ASNR	0.83	Codes Reported Together 75% or	October 2012	XXX	0.83	NA	2.39	0.05	1,897	FALSE			TRUE	Joint Workgroup requests that codes	October 2013	21	Complete		TRUE	Maintain
72270	Myelography, 2 or more	Myelography	April 2014	17			ACR, ASNR	1.33	Codes Reported Together 75% or	October 2012	XXX	1.33	NA	3.16	0.09	406	FALSE			TRUE	Joint Workgroup requests that codes	October 2013	21	Complete		TRUE	Maintain
72275	Epidurography, radiological	Epidurography	January 2020	37			ASA, AAPM,	Deleted from CPT	Different Performing Specialty from	October 2009	XXX						TRUE	Oct 2009	Yes	TRUE	In October 2019, this service was identified	October 2020	40	complete		TRUE	Deleted from
72291	Radiological supervision and	Percutaneous	April 2014	06				Deleted from CPT	Codes Reported Together 75% or	October 2012							FALSE			TRUE	Joint Workgroup recommends that 72291	February 2014	16	Complete		TRUE	Deleted from
72292	Radiological supervision and	Percutaneous	April 2014	06				Deleted from CPT	Codes Reported Together 75% or	October 2012							FALSE			TRUE	Joint Workgroup recommends that 72291	February 2014	16	Complete		TRUE	Deleted from
73000	Radiologic examination;	X-Ray – Clavicle/Shoulder	October 2018	17			ACR, AAOS	0.16	CMS-Other - Utilization over 30,000	October 2017	XXX	0.16	NA	0.8	0.02	90,561	FALSE			FALSE						TRUE	Maintain
73010	Radiologic examination;	X-Ray – Clavicle/Shoulder	October 2018	17			ACR, AAOS	0.17	CMS-Other - Utilization over 30,000	October 2017	XXX	0.17	NA	0.53	0.02	43,139	FALSE			FALSE						TRUE	Maintain
73020	Radiologic examination,	X-Ray – Clavicle/Shoulder	October 2018	17			ACR, AAOS	0.15	CMS-Other - Utilization over 30,000	October 2017	XXX	0.15	NA	0.48	0.02	99,075	FALSE			FALSE						TRUE	Maintain
73030	Radiologic examination,	X-Ray – Clavicle/Shoulder	October 2018	17			ACR, AAOS	0.18	Low Value-High Volume / CMS-	October 2010	XXX	0.18	NA	0.85	0.02	2,553,512	FALSE			FALSE						TRUE	Maintain
73050	Radiologic examination;	X-Ray – Clavicle/Shoulder	October 2018	17			ACR, AAOS	0.18	CMS-Other - Utilization over 30,000	October 2017	XXX	0.18	NA	0.67	0.02	6,025	FALSE			FALSE						TRUE	Decrease
73060	Radiologic examination;	X-Ray Exams	September 2014	17			AAOS, ACR	0.16	CMS-Other - Utilization over	April 2013	XXX	0.16	NA	0.78	0.02	302,091	FALSE			FALSE						TRUE	Decrease
73070	Radiologic examination, elbow;	X-Ray Elbow/Forearm	January 2019	30			AAOS, ACR,	0.16	CMS-Other - Utilization over	April 2016	XXX	0.16	NA	0.7	0.02	188,018	FALSE			FALSE						TRUE	Increase
73080	Radiologic examination, elbow;	X-Ray Elbow/Forearm	January 2019	30			AAOS, ACR,	0.17	Harvard Valued - Utilization over	October 2009	XXX	0.17	NA	0.8	0.02	379,493	FALSE			FALSE						TRUE	Maintain
73090	Radiologic examination;	X-Ray Elbow/Forearm	January 2019	30			AAOS, ACR,	0.16	CMS-Other - Utilization over	April 2016	XXX	0.16	NA	0.7	0.02	207,500	FALSE			FALSE						TRUE	Maintain
73100	Radiologic examination, wrist; 2	X-Ray Wrist	April 2016	32			ACR	0.16	CMS High Expenditure Procedural	July 2015	XXX	0.16	NA	0.84	0.02	215,304	FALSE			FALSE						TRUE	Maintain
73110	Radiologic examination, wrist;	X-Ray Wrist	April 2016	32			ACR	0.17	Low Value-High Volume / CMS High	October 2010	XXX	0.17	NA	1.05	0.02	979,641	FALSE			FALSE						TRUE	Maintain
73120	Radiologic examination, hand; 2	X-Ray of Hand/Fingers	April 2016	33			ACR	0.16	CMS High Expenditure Procedural	July 2015	XXX	0.16	NA	0.77	0.02	230,852	FALSE			FALSE						TRUE	Maintain
73130	Radiologic examination, hand;	X-Ray of Hand/Fingers	April 2016	33			ACR	0.17	Low Value-High Volume / CMS High	October 2010	XXX	0.17	NA	0.93	0.02	1,222,532	FALSE			FALSE						TRUE	Maintain
73140	Radiologic examination,	X-Ray of Hand/Fingers	April 2016	33			ACR	0.13	CMS High Expenditure Procedural	July 2015	XXX	0.13	NA	1	0.02	335,611	FALSE			FALSE						TRUE	Maintain
73200	Computed tomography, upper	CT Upper Extremity	October 2009	23			ACR	1.09	CMS Fastest Growing	October 2008	XXX	1.00	NA	3.9	0.06	136,051	FALSE			FALSE						TRUE	Maintain
73201	Computed tomography, upper	CT Upper Extremity	October 2009	40			ACR	Remove from screen	CMS Fastest Growing	February 2009	XXX	1.16	NA	4.94	0.08	19,399	FALSE			FALSE						TRUE	Remove from
73202	Computed tomography, upper	CT Upper Extremity	October 2009	40			ACR	Remove from screen	CMS Fastest Growing	February 2009	XXX	1.22	NA	6.36	0.08	1,735	FALSE			FALSE						TRUE	Remove from
73206	Computed tomographic	CT Angiography	October 2013	12			ACR, SIR	Survey with all CTA codes for	CMS Request - Final Rule for 2013	May 2013	XXX	1.81	NA	7.2	0.13	6,967	FALSE			FALSE						TRUE	Remove from
73218	Magnetic resonance (eg,	MRI	October 2013	18			ACR	CPT Assistant published.	CMS Fastest Growing	October 2008	XXX	1.35	NA	7.92	0.1	31,726	TRUE	Feb 2011	Yes	FALSE						TRUE	Maintain
73221	Magnetic resonance (eg,	MRI	January 2012	20			ACR	1.35	CMS Fastest Growing / CMS High	October 2008	XXX	1.35	NA	4.82	0.09	427,765	FALSE			FALSE						TRUE	Maintain
73500	Radiologic examination, hip,	Radiologic Exam-Hip and	April 2015	14			AAOS, ACR	Deleted from CPT	CMS-Other - Utilization over	April 2011							FALSE			TRUE	In Jan 2012, the specialty society	October 2014	27	Complete		TRUE	Deleted from
73501	Radiologic examination, hip,	Radiologic Exam-Hip and	April 2015	14			AAOS, ACR	0.17	Codes Reported Together 75% or	October 2014	XXX	0.18	NA	0.79	0.02	211,832	FALSE			FALSE		October 2014	27	Complete		TRUE	Decrease
73502	Radiologic examination, hip,	Radiologic Exam-Hip and	April 2015	14			AAOS, ACR	0.22	Codes Reported Together 75% or	October 2014	XXX	0.22	NA	1.19	0.02	2,413,547	FALSE			FALSE		October 2014	27	Complete		TRUE	Decrease
73503	Radiologic examination, hip,	Radiologic Exam-Hip and	April 2015	14			AAOS, ACR	0.27	Codes Reported Together 75% or	October 2014	XXX	0.27	NA	1.51	0.02	47,886	FALSE			FALSE		October 2014	27	Complete		TRUE	Decrease
73510	Radiologic examination, hip,	Radiologic Exam-Hip and	April 2015	14			AAOS, ACR	Deleted from CPT	Havard Valued - Utilization over 1	October 2008							FALSE			FALSE		October 2014	27	Complete		TRUE	Deleted from
73520	Radiologic examination, hips,	Radiologic Exam-Hip and	April 2015	14			AAOS, ACR	Deleted from CPT	CMS-Other - Utilization over	April 2013							FALSE			TRUE	CPT code 73520 was identified through the	October 2014	27	Complete		TRUE	Deleted from
73521	Radiologic examination, hips,	Radiologic Exam-Hip and	April 2015	14			AAOS, ACR	0.22	Codes Reported Together 75% or	October 2014	XXX	0.22	NA	1	0.02	139,203	FALSE			FALSE		October 2014	27	Complete		TRUE	Decrease
73522	Radiologic examination, hips,	Radiologic Exam-Hip and	April 2015	14			AAOS, ACR	0.29	Codes Reported Together 75% or	October 2014	XXX	0.29	NA	1.31	0.02	170,217	FALSE			FALSE		October 2014	27	Complete		TRUE	Decrease
73523	Radiologic examination, hips,	Radiologic Exam-Hip and	April 2015	14			AAOS, ACR	0.31	Codes Reported Together 75% or	October 2014	XXX	0.31	NA	1.52	0.03	101,443	FALSE			FALSE		October 2014	27	Complete		TRUE	Decrease
73540	Radiologic examination, pelvis	Radiologic Exam-Hip and	April 2015	14			AAOS, ACR	Deleted from CPT	Codes Reported Together 75% or	October 2014							FALSE			FALSE		October 2014	27	Complete		TRUE	Deleted from
73542	Radiological examination,	Sacroiliac Joint	April 2010	45			ASA, AAPM,	Deleted from CPT	Different Performing Specialty from	October 2009							TRUE	Deleted	Yes	TRUE	The RUC recommends referral to the CPT	February 2011	76	Code		TRUE	Deleted from
73550	Radiologic examination, femur,	Radiologic Exam-Hip and	April 2015	14			AAOS, ACR	Deleted from CPT	CMS-Other - Utilization over	April 2011							FALSE			TRUE	In Jan 2012, the specialty society	October 2014	27	Complete		TRUE	Deleted from
73551	Radiologic examination, femur;	Radiologic Exam-Hip and	April 2015	14			AAOS, ACR	0.16	Codes Reported Together 75% or	October 2014	XXX	0.16	NA	0.7	0.02	30,051	FALSE			FALSE		October 2014	27	Complete		TRUE	Decrease
73552	Radiologic examination, femur;	Radiologic Exam-Hip and	April 2015	14			AAOS, ACR	0.18	Codes Reported Together 75% or	October 2014	XXX	0.18	NA	0.87	0.02	505,953	FALSE			FALSE		October 2014	27	Complete		TRUE	Decrease
73560	Radiologic examination, knee; 1	X-Ray Exams	September 2014	17			AAOS, ACR	0.16	Low Value-High Volume	October 2010	XXX	0.16	NA	0.85	0.02	1,401,750	FALSE			FALSE						TRUE	Decrease
73562	Radiologic examination, knee; 3	X-Ray Exams	September 2014	17			AAOS, ACR	0.18	Low Value-High Volume	October 2010	XXX	0.18	NA	1.03	0.02	2,245,081	FALSE			FALSE						TRUE	Maintain
73564	Radiologic examination, knee;	X-Ray Exams	September 2014	17			AAOS, ACR	0.22	Low Value-High Volume	October 2010	XXX	0.22	NA	1.18	0.02	1,692,467	FALSE			FALSE						TRUE	Maintain
73565	Radiologic examination, knee;	X-Ray Exams	September 2014	17			AAOS, ACR	0.16	CMS-Other - Utilization over	April 2013	XXX	0.16	NA	1.02	0.02	107,072	FALSE			FALSE						TRUE	Decrease
73580	Radiologic examination, knee,	Contrast X-Ray of Knee	October 2021	16			ACR	0.59	High Volume Growth1 / CMS Fastest	February 2008	XXX	0.59	NA	2.66	0.07	14,951	TRUE	Jun 2012	Yes	FALSE	These procedures were referred to CPT for					TRUE	Increase
73590	Radiologic examination; tibia	X-Ray Exams	September 2014	17			AAOS, ACR	0.16	CMS-Other - Utilization over	April 2013	XXX	0.16	NA	0.77	0.02	436,482	FALSE			FALSE						TRUE	Decrease
73600	Radiologic examination, ankle;	X-Ray Exams	September 2014	17			AAOS, ACR,	0.16	CMS-Other - Utilization over	April 2013	XXX	0.16	NA	0.79	0.02	194,585	FALSE			FALSE						TRUE	Maintain
73610	Radiologic examination, ankle;	Radiologic Examination	October 2009	24			ACR, AAOS,	0.17	Havard Valued - Utilization over 1	October 2008	XXX	0.17	NA	0.91	0.02	1,119,294	FALSE			FALSE						TRUE	Maintain
73620	Radiologic examination, foot; 2	X-Ray Exam of Foot	April 2011	27			ACR, AAOS,	0.16	Low Value-High Volume	October 2010	XXX	0.16	NA	0.68	0.02	418,010	FALSE			FALSE						TRUE	Maintain
73630	Radiologic examination, foot;	Radiologic Examination	October 2009	24			ACR, AAOS,	0.17	Havard Valued - Utilization over 1	October 2008	XXX	0.17	NA	0.84	0.02	2,541,907	FALSE			FALSE						TRUE	Maintain
73650	Radiologic examination;	X-Ray Heel	January 2019	31			AAOS, ACR,	0.16	CMS-Other - Utilization over	April 2016	XXX	0.16	NA	0.68	0.02	61,267	FALSE			FALSE						TRUE	Maintain

73660	Radiologic examination; toe(s),	X-Ray Toe	January 2019	32			AAOS, ACR,	0.13	CMS-Other - Utilization over	April 2016	XXX	0.13	NA	0.73	0.02	96,920	FALSE			FALSE						TRUE	Maintain
73700	Computed tomography, lower	CT Lower Extremity	April 2018	21			ACR	1.00	CMS Fastest Growing	October 2008	XXX	1.00	NA	2.92	0.06	359,925	FALSE			FALSE						TRUE	Maintain
73701	Computed tomography, lower	CT Lower Extremity	April 2018	21			ACR	1.16	High Volume Growth1 / CMS-Other -	February 2009	XXX	1.16	NA	3.89	0.08	48,594	FALSE			FALSE						TRUE	Maintain
73702	Computed tomography, lower	CT Lower Extremity	April 2018	21			ACR	1.22	High Volume Growth1	February 2009	XXX	1.22	NA	4.71	0.08	4,870	FALSE			FALSE						TRUE	Maintain
73706	Computed tomographic	CT Angiography	October 2013	12			ACR, SIR	Survey for October 2013.	High Volume Growth1	February 2008	XXX	1.90	NA	7.9	0.14	18,907	FALSE			FALSE						TRUE	Remove from
73718	Magnetic resonance (eg,	MRI Lower Extremity	October 2016	20		RUC	ACR	1.35	CMS High Expenditure Procedural	July 2015	XXX	1.35	NA	5.45	0.09	130,912	FALSE			FALSE						TRUE	Maintain
73719	Magnetic resonance (eg,	MRI Lower Extremity	October 2016	20		RUC	ACR	1.62	CMS High Expenditure Procedural	July 2015	XXX	1.62	NA	6.39	0.11	976	FALSE			FALSE						TRUE	Maintain
73720	Magnetic resonance (eg,	MRI Lower Extremity	October 2016	20		RUC	ACR	2.15	CMS High Expenditure Procedural	July 2015	XXX	2.15	NA	8.11	0.14	60,134	FALSE			FALSE						TRUE	Maintain
73721	Magnetic resonance (eg,	MRI of Lower Extremity	January 2012	20			ACR	1.35	MPC List	October 2010	XXX	1.35	NA	4.81	0.09	598,710	FALSE			FALSE						TRUE	Maintain
74000	Radiologic examination,	Abdominal X-Ray	April 2016	08			ACR	Deleted from CPT	Low Value-High Volume / CMS High	October 2010							FALSE			FALSE		February 2016	21	Complete		TRUE	Deleted from
74010	Radiologic examination,	Abdominal X-Ray	April 2016	08			ACR	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			FALSE		February 2016	21	Complete		TRUE	Deleted from
74018	Radiologic examination,	Abdominal X-Ray	April 2016	08			ACR	0.18	CMS High Expenditure Procedural	February 2016	XXX	0.18	NA	0.71	0.02	1,874,682	FALSE			FALSE		February 2016	21	Complete		TRUE	Decrease
74019	Radiologic examination,	Abdominal X-Ray	April 2016	08			ACR	0.23	CMS High Expenditure Procedural	February 2016	XXX	0.23	NA	0.85	0.02	275,467	FALSE			FALSE		February 2016	21	Complete		TRUE	Decrease
74020	Radiologic examination,	Abdominal X-Ray	April 2016	08			ACR	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			FALSE		February 2016	21	Complete		TRUE	Deleted from
74021	Radiologic examination,	Abdominal X-Ray	April 2016	08			ACR	0.27	CMS High Expenditure Procedural	February 2016	XXX	0.27	NA	1	0.02	36,927	FALSE			FALSE		February 2016	21	Complete		TRUE	Decrease
74022	Radiologic examination,	Abdominal X-Ray	April 2016	08			ACR	0.32	CMS High Expenditure Procedural	July 2015	XXX	0.32	NA	1.15	0.03	124,177	FALSE			FALSE		February 2016	21	Complete		TRUE	Maintain
74150	Computed tomography,	CT Abdomen	February 2008	S			ACR	Review PE. 0.35	Codes Reported Together 95% or	February 2008	XXX	1.19	NA	2.94	0.07	59,980	FALSE			TRUE	Referred to the CPT Editorial Panel for	October 2009	37	Complete		TRUE	Maintain
74160	Computed tomography,	CT Abdomen and Pelvis	April 2014	44			ACR	0.42	Codes Reported Together 95% or	February 2008	XXX	1.27	NA	5.82	0.09	76,112	FALSE			TRUE	Referred to the CPT Editorial Panel for	October 2009	37	Complete		TRUE	Maintain
74170	Computed tomography,	CT Abdomen	April 2012	34			ACR	1.40	Codes Reported Together 95% or	February 2008	XXX	1.40	NA	6.58	0.09	93,507	FALSE			TRUE	Referred to the CPT Editorial Panel for	October 2009	37	Complete		TRUE	Maintain
74174	Computed tomographic	CT Angiography	October 2013	12			ACR, SIR	2.20	Codes Reported Together 75% or		XXX	2.20	NA	9.35	0.16	342,167	FALSE			FALSE						TRUE	Decrease
74175	Computed tomographic	CT Angiography	October 2013	12			ACR, SIR	1.82	CMS Fastest Growing / Codes	October 2008	XXX	1.82	NA	7.46	0.13	28,396	FALSE			TRUE	The ACR submitted a letter to the RUC Five-	October 2010	19	Complete		TRUE	Decrease
74176	Computed tomography,	CT Abdomen/CT Pelvis	February 2010	16			ACR	1.74	CMS Fastest Growing	October 2009	XXX	1.74	NA	3.78	0.11	2,190,688	FALSE			FALSE		October 2009	37			TRUE	Decrease
74177	Computed tomography,	CT Abdomen and Pelvis	April 2014	44			ACR	1.82	CMS Fastest Growing / CMS Request	October 2009	XXX	1.82	NA	7.41	0.11	3,110,250	FALSE			FALSE		October 2009	37			TRUE	Decrease
74178	Computed tomography,	CT Abdomen/CT Pelvis	February 2010	16			ACR	2.01	CMS Fastest Growing	October 2009	XXX	2.01	NA	8.34	0.13	461,097	FALSE			FALSE		October 2009	37			TRUE	Decrease
74181	Magnetic resonance (eg,	MRI of Abdomen	October 2016	21		RUC	ACR	1.46	CMS High Expenditure Procedural	July 2015	XXX	1.46	NA	4.48	0.1	101,709	FALSE			FALSE						TRUE	Maintain
74182	Magnetic resonance (eg,	MRI of Abdomen	October 2016	21		RUC	ACR	1.73	CMS High Expenditure Procedural	July 2015	XXX	1.73	NA	7.48	0.12	3,838	FALSE			FALSE						TRUE	Maintain
74183	Magnetic resonance (eg,	MRI of Abdomen	October 2016	21		RUC	ACR	2.20	CMS High Expenditure Procedural	July 2015	XXX	2.20	NA	8.09	0.14	415,444	FALSE			FALSE						TRUE	Decrease
74210	Radiologic examination,	X-Ray Exam – Upper GI	January 2019	12			ACR	0.59	CMS-Other - Utilization over	October 2016	XXX	0.59	NA	2.21	0.04	991	FALSE			FALSE						TRUE	Maintain
74220	Radiologic examination,	X-Ray Exam – Upper GI	January 2019	12			ACR	0.60	CMS-Other - Utilization over	April 2016	XXX	0.60	NA	2.28	0.04	93,312	FALSE			FALSE						TRUE	Decrease
74221	Radiologic examination,	X-Ray Exam – Upper GI	January 2019	12				0.70	CMS-Other - Utilization over 30,000-	October 2018	XXX	0.70	NA	2.54	0.05	65,558	FALSE			FALSE						TRUE	Increase
74230	Radiologic examination,	X-Ray Esophagus	April 2017	25			ACR	0.53	CMS-Other - Utilization over	April 2013	XXX	0.53	NA	3.17	0.04	297,036	FALSE			FALSE						TRUE	Maintain
74240	Radiologic examination, upper	X-Ray Exam – Upper GI	January 2019	12			ACR	0.80	CMS-Other - Utilization over 30,000	October 2017	XXX	0.80	NA	2.83	0.05	64,318	FALSE			TRUE	In January 2018, the RUC recommended to	May 2018	27	Yes		TRUE	Increase
74241	Radiologic examination,	X-Ray Exam – Upper GI	January 2019	12			ACR	Deleted from CPT	CMS-Other - Utilization over 30,000	October 2017							FALSE			TRUE	In January 2018, the RUC recommended to	May 2018	27	Yes		TRUE	Deleted from
74245	Radiologic examination,	X-Ray Exam – Upper GI	January 2019	12			ACR	Deleted from CPT	CMS-Other - Utilization over 30,000	October 2017							FALSE			TRUE	In January 2018, the RUC recommended to	May 2018	27	Yes		TRUE	Deleted from
74246	Radiologic examination, upper	X-Ray Exam – Upper GI	January 2019	12			ACR	0.90	CMS-Other - Utilization over 30,000	October 2017	XXX	0.90	NA	3.21	0.06	46,283	FALSE			TRUE	In January 2018, the RUC recommended to	May 2018	27	Yes		TRUE	Increase
74247	Radiological examination,	X-Ray Exam – Upper GI	January 2019	12			ACR	Deleted from CPT	Harvard Valued - Utilization over	April 2011							FALSE			TRUE	In January 2018, the RUC recommended to	May 2018	27	Yes		TRUE	Deleted from
74248	Radiologic small intestine	X-Ray Exam – Upper GI	January 2019	12				0.70	CMS-Other - Utilization over 30,000-	October 2018	ZZZ	0.70	NA	1.72	0.05	13,994	FALSE			TRUE	In January 2019, the RUC determined that	February 2019-EC	EC-T	complete		TRUE	Increase
74249	Radiological examination,	X-Ray Exam – Upper GI	January 2019	12			ACR	Deleted from CPT	CMS-Other - Utilization over 30,000	October 2017							FALSE			TRUE	In January 2018, the RUC recommended to	May 2018	27	Yes		TRUE	Deleted from
74250	Radiologic examination, small	Lower Gastroinetstinal	October 2018	11			ACR	0.81	CMS-Other - Utilization over 30,000	October 2017	XXX	0.81	NA	2.79	0.05	43,530	FALSE			TRUE	In January 2018, the RUC recommended to	May 2018	27	Yes		TRUE	Increase
74251	Radiologic examination, small	Lower Gastroinetstinal	October 2018	11			ACR	1.17	CMS-Other - Utilization over 30,000	October 2017	XXX	1.17	NA	9.63	0.07	267	FALSE			TRUE	In January 2018, the RUC recommended to	May 2018	27	Yes		TRUE	Increase
74260	Duodenography, hypotonic	X-Ray Exam – Small	October 2018	11			ACR	Deleted from CPT	CMS-Other - Utilization over 30,000	October 2017							FALSE			TRUE	In January 2018, the RUC recommended to	May 2018	27	Yes		TRUE	Deleted from
74270	Radiologic examination, colon,	Lower Gastroinetstinal	October 2018	11			ACR	1.04	CMS-Other - Utilization over 30,000	October 2017	XXX	1.04	NA	3.5	0.06	18,364	FALSE			TRUE	In January 2018, the RUC recommended to	May 2018	27	Yes		TRUE	Increase
74280	Radiologic examination, colon,	Lower Gastroinetstinal	October 2018	11			ACR	1.26	Harvard Valued - Utilization over	April 2011	XXX	1.26	NA	5.24	0.09	4,872	FALSE			TRUE	In January 2018, the RUC recommended to	May 2018	27	Yes		TRUE	Increase
74300	Cholangiography and/or	X-Rays at Surgery Add-On	April 2019	19			ACR, SAGES	0.32	CMS-Other - Utilization over 30,000-	October 2018	XXX	0.00	NA	0	0	18,854	FALSE			FALSE						TRUE	Decrease
74301	Cholangiography and/or	X-Rays at Surgery Add-On	October 2020	19			ACR, ACS,	0.21	CMS-Other - Utilization over 30,000-	October 2018	ZZZ	0.00	NA	0	0	84	FALSE			FALSE	This service was identified with 74300. In					TRUE	Maintain
74305	Deleted from CPT	Percutaneous Biliary	October 2015	06		RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75% or	October 2012							FALSE			TRUE	The Joint Workgroup recommends	February 2015	16	Complete		TRUE	Deleted from
74320	Cholangiography,	Percutaneous Biliary	October 2015	06		RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75% or	October 2012							FALSE			TRUE	The Joint Workgroup recommends	February 2015	16	Complete		TRUE	Deleted from
74327	Postoperative biliary duct	Percutaneous Biliary	October 2015	06		RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75% or	February 2015							FALSE			FALSE		February 2015	16			TRUE	Deleted from
74328	Endoscopic catheterization of	X-Rays at Surgery Add-On	April 2019	19			ACR, SAGES	0.47	CMS-Other - Utilization over 30,000-	October 2018	XXX	0.00	NA	0	0	59,438	FALSE			FALSE						TRUE	Decrease
74329	Endoscopic catheterization of	X-Rays at Surgery Add-On	April 2019	19			ACR, SAGES	0.50	CMS-Other - Utilization over 30,000-	October 2018	XXX	0.00	NA	0	0	2,412	FALSE			FALSE						TRUE	Decrease
74330	Combined endoscopic	X-Rays at Surgery Add-On	April 2019	19			ACR, SAGES	0.70	CMS-Other - Utilization over 30,000-	October 2018	XXX	0.00	NA	0	0	9,243	FALSE			FALSE						TRUE	Decrease
74400	Urography (pyelography),	Contrast X-Ray Exams	September 2011	31			ACR	0.49	Harvard Valued - Utilization over	April 2011	XXX	0.49	NA	3.51	0.05	2,816	FALSE			FALSE						TRUE	Maintain
74420	Urography, retrograde, with or	X-Ray Urinary Tract	April 2017	26			ACR, AUA	0.52	CMS-Other - Utilization over	April 2016	XXX	0.52	NA	1.79	0.03	140,712	FALSE			FALSE						TRUE	Increase
74425	Urography, antegrade,	Urography	October 2018	18			ACR, AUA, SIR	0.51, editorially revised	Codes Reported Together 75% or	October 2012	XXX	0.51	NA	3.53	0.03	1,153	FALSE			TRUE	CPT code 74425 was bundled with 50398	September 2019	27	yes		TRUE	Increase
74475	Introduction of intracatheter or	Genitourinary Catheter	January 2015	09			ACR, SIR	Deleted from CPT	Codes Reported Together 75% or	October 2012							FALSE			TRUE	The Joint Workgroup recommends	October 2014	18	Complete		TRUE	Deleted from
74480	Introduction of ureteral	Genitourinary Catheter	January 2015	09			ACR, SIR	Deleted from CPT	Codes Reported Together 75% or	October 2012							FALSE			TRUE	The Joint Workgroup recommends	October 2014	18	Complete		TRUE	Deleted from
74485	Dilation of ureter(s) or urethra,	Dilation of Urinary Tract	January 2018	12				0.83	Codes Reported Together 75% or	September 2017	XXX	0.83	NA	2.71	0.04	1,157	FALSE			FALSE						TRUE	Increase
75561	Cardiac magnetic resonance		January 2021	29				Maintain	High Volume Growth7	October 2020	XXX	2.60	NA	8.47	0.14	39,904	FALSE			FALSE						TRUE	Remove from
75571	Computed tomography, heart,	RAW	September 2022	13			ACC, ACR, SCCT	Maintain	High Volume Growth8	April 2022	XXX	0.58	NA	2.44	0.05	61,908	FALSE			FALSE						TRUE	Maintain
75572	Computed tomography, heart,		January 2021	29				Maintain	High Volume Growth7	October 2020	XXX	1.75	NA	5.14	0.11	43,954	FALSE			FALSE						TRUE	Remove from
75574	Computed tomographic		January 2021	29			ACR, SIR, ACC	Maintain	CMS Request - Final Rule for 2013 /	May 2013	XXX	2.40	NA	7.35	0.15	128,542	FALSE			FALSE						TRUE	Remove from
75625	Aortography, abdominal, by	Abdominal Aortography	October 2018	19			ACC, SCAI, SIR,	1.75	CMS-Other - Utilization over 30,000	October 2017	XXX	1.44	NA	2.13	0.22	70,808	FALSE			FALSE						TRUE	Increase
75630	Aortography, abdominal plus	Abdominal Aortography	October 2018	19			ACC, SCAI, SIR,	2.00	CMS-Other - Utilization over 30,000	October 2017	XXX	2.00	NA	2.47	0.23	16,292	FALSE			FALSE						TRUE	Increase
75635	Computed tomographic	CT Angiography of	April 2016	34			ACR	2.40	High Volume Growth1 / CMS High	February 2008	XXX	2.40	NA	10.06	0.18	100,384	FALSE			FALSE						TRUE	Maintain
75650	Angiography, carotid, cervical,	Carotid Angiography	April 2010	45			ACC, ACR, ASNR,	Deleted from CPT	Codes Reported Together 75% or	February 2010							FALSE			TRUE	The Workgroup recommends the	February 2012	12	Complete		TRUE	Deleted from
75671	Angiography, carotid, cerebral,	Carotid Angiography	April 2010	45			AANS/CNS, ACC,	Deleted from CPT	Codes Reported Together 75% or	February 2010							FALSE			TRUE	The Workgroup recommends the	February 2012	12	Complete		TRUE	Deleted from
75680	Angiography, carotid, cervical,	Carotid Angiography	April 2010	45			AANS/CNS, ACC,	Deleted from CPT	Codes Reported Together 75% or	February 2010							FALSE			TRUE	The Workgroup recommends the	February 2012	12	Complete		TRUE	Deleted from
75710	Angiography, extremity,	Angiography of	January 2021	29	January 2025	RAW	ACR, ACC, RPA,	Refer to CPT Assistant and	CMS High Expenditure Procedural	July 2015	XXX	1.75	NA	2.5	0.25	120,526	TRUE	July 2021	Yes	FALSE						FALSE	Increase
75716	Angiography, extremity,	Angiography of	October 2016	22		RUC	ACR, ACC, RPA,	1.97	CMS High Expenditure Procedural	July 2015	XXX	1.97	NA	2.68	0.23	50,511	FALSE			FALSE						TRUE	Increase
75722	Angiography, renal, unilateral,	Renal Angiography	April 2010	45			ACC, ACR, ASNR,	Deleted from CPT	Codes Reported Together 75% or	February 2010							FALSE			TRUE	The Workgroup recommends the	February 2011	06	Code		TRUE	Deleted from
75724	Angiography, renal, bilateral,	Renal Angiography	April 2010	45			ACC, ACR, ASNR,	Deleted from CPT	Codes Reported Together 75% or	February 2010							FALSE			TRUE	The Workgroup recommends the	February 2011	06	Code		TRUE	Deleted from
75726	Angiography, visceral, selective	Angiography	October 2018	20			SCAI, SIR, SVS	2.05	CMS-Other - Utilization over 30,000	October 2017	XXX	2.05	NA	2.87	0.17	35,816	FALSE			FALSE						TRUE	Increase
75774	Angiography, selective, each	Angiography	October 2018	20			SCAI, SIR, SVS	1.01	CMS-Other - Utilization over 30,000	October 2017	ZZZ	1.01	NA	1.79	0.09	73,343	FALSE			FALSE						TRUE	Increase
75790	Deleted from CPT	Arteriovenous Shunt	April 2009	9			SVS, SIR, ACR	Deleted from CPT	Codes Reported Together 95% or	February 2008							FALSE			TRUE	Referred to the CPT Editorial Panel for	February 2009	31	Deleted		TRUE	Deleted from
75791	Angiography, arteriovenous	Dialysis Circuit -1	January 2016	14			ACR, RPA, SIR,	Deleted from CPT	Codes Reported Together 95% or								FALSE			FALSE		October 2015	24	Complete		TRUE	Deleted from
75820	Venography, extremity,	Venography	January 2020	29				1.05	CMS-Other - Utilization over 20,000	January 2019	XXX	1.05	NA	2.09	0.09	19,807	FALSE			FALSE						TRUE	Increase
75822	Venography, extremity,	Venography	January 2020	29				1.48	CMS-Other - Utilization over 20,000	October 2019	XXX	1.48	NA	2.38	0.14	9,519	FALSE			FALSE						TRUE	Increase
75885	Percutaneous transhepatic	Interventional Radiology	February 2009	21			ACR, SIR	New PE inputs	CMS Request - Practice Expense	NA	XXX	1.44	NA	2.53	0.12	236	FALSE			FALSE						TRUE	PE Only
75887	Percutaneous transhepatic	Interventional Radiology	February 2009	21			ACR, SIR	New PE inputs	CMS Request - Practice Expense	NA	XXX	1.44	NA	2.56	0.12	565	FALSE			FALSE						TRUE	PE Only
75894	Transcatheter therapy,	Endovascular Therapy	April 2024	04		RUC	AANS, ACR,	2.24	Codes Reported Together 75% or	February 2010	XXX	0.00	NA	0	0	10,938	FALSE			TRUE	In April 2022, the Workgroup identified	February 2024	09	Complete		TRUE	Increase
75896	Transcatheter therapy,	Intracranial Endovascular	April 2015	09			AANS/CNS, ACR,	Deleted from CPT	Codes Reported Together 75% or	February 2010							FALSE			TRUE	AANS indicated that they will develop a	February 2014	21 &	Complete		TRUE	Deleted from
75898	Angiography through existing	Endovascular Therapy	April 2024	04		RUC	AANS, ACR,	1.85	Codes Reported Together 75% or	February 2010	XXX	0.00	NA	0	0	14,757	TRUE	Sep 2019	Yes	TRUE	In April 2022, the Workgroup identified	February 2024	09	Complete		TRUE	Increase
75940	Percutaneous placement of IVC	Major Vein Revision	April 2010	45			ACR, SIR, SVS	Deleted from CPT	Codes Reported Together 75% or	February 2010							FALSE			TRUE	The Workgroup accepts the specialties'	February 2011	14	Code		TRUE	Deleted from
75945	Intravascular ultrasound (non-	Intravascular Ultrasound	January 2015	07			ACC,SCAI, SIR,	Deleted from CPT	Final Rule for 2015	July 2014							FALSE			TRUE	A CCP was submitted for the 2014 October	October 2014	13	Complete		TRUE	Deleted from
75946	Intravascular ultrasound (non-	Intravascular Ultrasound	January 2015	07			ACC,SCAI, SIR,	Deleted from CPT	Final Rule for 2015	July 2014							FALSE			TRUE	A CCP was submitted for the 2014 October	October 2014	13	Complete		TRUE	Deleted from
75952	Endovascular repair of	Endovascular Repair	January 2017	10			SVS, SIR, STS,	Deleted from CPT	Codes Reported Together 75%or	October 2015							FALSE			FALSE						TRUE	Deleted from
75953	Placement of proximal or distal	Endovascular Repair	January 2017	10			SVS, SIR, STS,	Deleted from CPT	Codes Reported Together 75%or	October 2015							FALSE			FALSE						TRUE	Deleted from
75954	Endovascular repair of iliac	Endovascular Repair	January 2017	10			SVS, SIR, STS,	Deleted from CPT	Codes Reported Together 75%or	January 2017							FALSE			FALSE						TRUE	Deleted from
75960	Transcatheter introduction of	RAW	October 2012	27			ACC, ACR, SIR,	Deleted from CPT	High Volume Growth1 / Codes								FALSE			TRUE	In February 2010, the CPT Editorial Panel	February 2013	10	Code		TRUE	Deleted from
75961	Transcatheter retrieval,	Transcatheter Procedures	April 2010	45			ACC, ACR, SIR,	Deleted from CPT	Codes Reported Together 75% or	February 2010							FALSE			TRUE	The Workgroup accepts the specialties'	June 2011		Code		TRUE	Deleted from
75962	Transluminal balloon	Open and Percutaneous	January 2016	15			ACR, SIR, SVS	Deleted from CPT	High Volume Growth1 / Codes	April 2010							FALSE			TRUE	The Workgroup accepted the	October 2015	24	Complete		TRUE	Deleted from
75964	Transluminal balloon	Open and Percutaneous	January 2016	15			ACR, SIR, SVS	Deleted from CPT	High Volume Growth1								FALSE			TRUE	In February 2010, the CPT Editorial Panel	October 2015	24	Complete		TRUE	Deleted from
75966	Transluminal balloon	Open and Percutaneous	January 2016	15			ACR, SIR, SVS	Deleted from CPT	Codes Reported Together 75% or	January 2015							FALSE			TRUE	In January 2015, the Joint CPT/RUC	October 2015	24	Complete		TRUE	Deleted from
75968	Transluminal balloon	Open and Percutaneous	January 2016	15			ACR, SIR, SVS	Deleted from CPT	Codes Reported Together 75% or	January 2015							FALSE			TRUE	In January 2015, the Joint CPT/RUC	October 2015	24	Complete		TRUE	Deleted from
75978	Transluminal balloon	Open and Percutaneous	January 2016	15			ACR, SIR, SVS	Deleted from CPT	CMS-Other - Utilization over	April 2013							FALSE			TRUE	CPT code 75978 was identified through the	October 2015	24	Complete		TRUE	Deleted from
75980	Percutaneous transhepatic	Percutaneous Biliary	October 2015	06		RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75% or	October 2012							FALSE			TRUE	The Joint Workgroup recommends	February 2015	16	Complete		TRUE	Deleted from
75982	Percutaneous placement of	Percutaneous Biliary	October 2015	06		RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75% or	October 2012							FALSE			TRUE	The Joint Workgroup recommends	February 2015	16	Complete		TRUE	Deleted from
75984	Change of percutaneous tube	Introduction of Catheter	April 2019	17			ACR, SIR	0.83	Codes Reported Together 75% or	October 2012	XXX	0.83	NA	1.96	0.07	19,940	FALSE			FALSE		RAW will assess				TRUE	Increase
75992	Deleted from CPT	Transluminal	April 2008	57			SIR, ACR, SVS	Deleted from CPT	High Volume Growth1	February 2008							FALSE			TRUE	The RUC recommended that a CPT coding	February 2010	07	Deleted-		TRUE	Deleted from
75993	Deleted from CPT	Transluminal	April 2008	57			SIR, ACR, SVS	Deleted from CPT	High Volume Growth1	February 2008							FALSE			TRUE	The RUC recommended that a CPT coding	February 2010	07	Deleted-		TRUE	Deleted from
75994	Revised to Category III	Transluminal	April 2008	57			SIR, ACR, SVS	Deleted from CPT	High Volume Growth1	April 2008							FALSE			TRUE	The RUC recommended that a CPT coding	February 2010	07	Category		TRUE	Deleted from
75995	Revised to Category III	Transluminal	April 2008	57			SIR, ACR, SVS	Deleted from CPT	High Volume Growth1	April 2008							FALSE			TRUE	The RUC recommended that a CPT coding	February 2010	07	Category		TRUE	Deleted from
75996	Revised to Category III	Transluminal	April 2008	57			SIR, ACR, SVS	Deleted from CPT	High Volume Growth1	April 2008							FALSE			TRUE	The RUC recommended that a CPT coding	February 2010	07	Category		TRUE	Deleted from
76000	Fluoroscopy (separate	Fluoroscopy	April 2017	27			ACR, APMA	0.30	Low Value-Billed in Multiple Units /	October 2010	XXX	0.30	NA	0.94	0.04	95,065	FALSE			FALSE						TRUE	Increase
76001	Fluoroscopy, physician or other	Fluoroscopy	April 2017	27			ACR	Deleted from CPT	CMS-Other - Utilization over	October 2016							FALSE			TRUE	In April 2017 the specialty noted and the	September 2017	27	complete		TRUE	Deleted from
76098	Radiological examination,	X-Ray Exam Specimen	October 2018	21			ACR	0.31	CMS-Other - Utilization over 30,000	October 2017	XXX	0.31	NA	0.94	0.03	70,486	FALSE			FALSE						TRUE	Increase
76100	Radiologic examination, single	Fluroscopy	April 2009	27			ACR, ISIS	New PE inputs	CMS Request - Practice Expense	April 2009	XXX	0.58	NA	2.06	0.04	6,731	FALSE			FALSE						TRUE	PE Only
76101	Radiologic examination,	Fluroscopy	April 2009	27			ACR, ISIS	New PE inputs	CMS Request - Practice Expense	April 2009	XXX						FALSE			FALSE						TRUE	PE Only
76102	Radiologic examination,	Fluroscopy	April 2009	27			ACR, ISIS	New PE inputs	CMS Request - Practice Expense	April 2009	XXX						FALSE			FALSE						TRUE	PE Only
76376	3D rendering with	3D Rendering	April 2018	23			ACR, ASNR	0.20	Negative IWPUT	April 2017	XXX	0.20	NA	0.53	0.02	295,784	FALSE			FALSE						TRUE	Maintain
76377	3D rendering with	3D Rendering with	October 2021	17			ACR, ASNR	0.79	CMS Request - Final Rule for 2020	July 2019	XXX	0.79	NA	1.48	0.07	181,386	FALSE			FALSE						TRUE	Maintain
76510	Ophthalmic ultrasound,	Opthalmic Ultrasound	October 2016	23		RUC	AAO, ASRS, AOA	0.70	CMS High Expenditure Procedural	April 2016	XXX	0.70	NA	1.34	0.02	13,552	FALSE			FALSE						TRUE	Decrease
76511	Ophthalmic ultrasound,	Opthalmic Ultrasound	October 2016	23		RUC	AAO, ASRS, AOA	0.64	CMS High Expenditure Procedural	April 2016	XXX	0.64	NA	1.05	0.02	4,389	FALSE			FALSE						TRUE	Decrease
76512	Ophthalmic ultrasound,	Opthalmic Ultrasound	October 2016	23		RUC	AAO, ASRS, AOA	0.56	CMS High Expenditure Procedural	July 2015	XXX	0.56	NA	0.86	0.02	212,142	FALSE			FALSE						TRUE	Decrease
76513	Ophthalmic ultrasound,	Ophthalmic Ultrasound	January 2020	17			AAO, AOA	0.60 and CPT Assistant article	High Volume Growth1 / CPT	February 2008	XXX	0.60	NA	1.63	0.02	15,437	TRUE	Apr 2013	Yes	TRUE	At the April 2019 RUC meeting, the	September 2019	28	yes		TRUE	Decrease
76514	Ophthalmic ultrasound,	Echo Exam of Eye	October 2017	12			AAO, AOA	0.17	Negative IWPUT	April 2017	XXX	0.14	NA	0.18	0.02	427,839	FALSE			FALSE						TRUE	Maintain

76516	Ophthalmic biometry by	Opthalmic Biometry	April 2016	36			AAO, AOA	0.40	CMS High Expenditure Procedural	April 2016	XXX	0.40	NA	0.98	0.02	2,053	FALSE			FALSE					TRUE	Decrease
76519	Ophthalmic biometry by	Opthalmic Biometry	April 2016	36			AAO, AOA	0.54	CMS High Expenditure Procedural	July 2015	XXX	0.54	NA	1.48	0.02	121,152	FALSE			FALSE					TRUE	Maintain
76536	Ultrasound, soft tissues of head	Soft Tissue Ultrasound	April 2009	29			ACR, ASNR, TES,	0.56	CMS Fastest Growing	October 2008	XXX	0.56	NA	2.71	0.04	877,129	FALSE			FALSE					TRUE	Maintain
76604	Ultrasound, chest (includes	Ultrasound Exam - Chest	April 2018	24			ACR	0.59	CMS-Other - Utilization over 30,000	October 2017	XXX	0.59	NA	1.08	0.04	109,997	FALSE			FALSE					TRUE	Increase
76641	Ultrasound, breast, unilateral,	Breast Ultrasound	January 2014	13			ACR	0.73	CMS-Other - Utilization over	January 2014	XXX	0.73	NA	2.3	0.05	713,350	FALSE			FALSE		October 2013	26	Complete	TRUE	Increase
76642	Ultrasound, breast, unilateral,	Breast Ultrasound	January 2014	13			ACR	0.68	CMS-Other - Utilization over	January 2014	XXX	0.68	NA	1.82	0.05	722,609	FALSE			FALSE		October 2013	26	Complete	TRUE	Increase
76645	Ultrasound, breast(s) (unilateral	Breast Ultrasound	January 2014	13			ACR	Deleted from CPT	CMS-Other - Utilization over	April 2011							FALSE			TRUE	Code 76645, Ultrasound, breast(s)	October 2013	26	Complete	TRUE	Deleted from
76700	Ultrasound, abdominal, real	Ultrasound	October 2013	13			ACR	0.81	MPC List	October 2010	XXX	0.81	NA	2.62	0.06	717,892	FALSE			FALSE					TRUE	Maintain
76705	Ultrasound, abdominal, real	Ultrasound	October 2013	13			ACR, ASBS	0.59	CMS-Other - Utilization over	April 2011	XXX	0.59	NA	1.98	0.04	981,467	FALSE			FALSE					TRUE	Maintain
76706	Ultrasound, abdominal aorta,	Abdominal Aorta	October 2015	12			ACR, SIR, SVS	0.55	Final Rule for 2015	May 2015	XXX	0.55	NA	2.61	0.04	140,144	TRUE	Jan 2017	Yes	FALSE		May 2015	23	Complete	TRUE	Decrease
76770	Ultrasound, retroperitoneal (eg,	Ultrasound	October 2013	13			ACR	0.74	CMS-Other - Utilization over	April 2011	XXX	0.74	NA	2.46	0.05	1,196,617	FALSE			FALSE					TRUE	Maintain
76775	Ultrasound, retroperitoneal (eg,	Ultrasound	October 2013	13			ACR	0.58	CMS-Other - Utilization over	April 2011	XXX	0.58	NA	1.17	0.04	426,120	FALSE			FALSE					TRUE	Maintain
76819	Fetal biophysical profile;	RAW	October 2013	18				Remove from screen	High Volume Growth2	April 2013	XXX	0.77	NA	1.76	0.04	8,984	FALSE			FALSE					TRUE	Remove from
76830	Ultrasound, transvaginal	Transvaginal and	April 2012	44			ACOG, ACR, AUA	0.69	CMS High Expenditure Procedural	September 2011	XXX	0.69	NA	2.84	0.05	378,661	FALSE			FALSE					TRUE	Maintain
76856	Ultrasound, pelvic	Ultrasound	October 2013	13			ACR	0.69	CMS-Other - Utilization over	April 2011	XXX	0.69	NA	2.43	0.04	359,324	FALSE			FALSE					TRUE	Maintain
76857	Ultrasound, pelvic	Ultrasound	October 2013	13			ACR	0.50	CMS-Other - Utilization over	April 2013	XXX	0.50	NA	0.95	0.03	192,721	FALSE			FALSE					TRUE	Decrease
76870	Ultrasound, scrotum and	Ultrasound Exam -	April 2017	28			ACR, AUA	0.64	CMS-Other - Utilization over	April 2016	XXX	0.64	NA	2.32	0.04	127,554	FALSE			FALSE					TRUE	Maintain
76872	Ultrasound, transrectal;	Transvaginal and	September 2022	13	September 2024	RUC	ACOG, ACR, AUA	Refer to CPT. 0.69	CMS High Expenditure Procedural	September 2011	XXX	0.69	NA	5.31	0.04	193,924	FALSE			TRUE	In April 2022, the Workgroup identified	May 2024			FALSE	Maintain
76880	Deleted from CPT	Lower Extremity	October 2009	26			APMA, ACR	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			TRUE	The RUC recommended a Joint CPT/RUC	February 2010	37	Deleted	TRUE	Deleted from
76881	Ultrasound, complete joint (ie,	Neuromuscular	January 2023	19			AAN, AANEM,	New PE Inputs. 0.90	CMS Fastest Growing / New	April 2010	XXX	0.90	NA	0.66	0.05	180,090	TRUE	Clinical	Yes	TRUE	In February 2010, the CPT Editorial Panel	June 2017	13	yes	TRUE	Decrease
76882	Ultrasound, limited, joint or	Neuromuscular	January 2023	19			AAN, AANEM,	New PE Inputs. 0.69	CMS Fastest Growing / New	April 2010	XXX	0.69	NA	1.16	0.05	290,107	TRUE	Clinical	Yes	TRUE	In February 2010, the CPT Editorial Panel	June 2017	13	yes	TRUE	Decrease
76883	Ultrasound, nerve(s) and	Neuromuscular	January 2023	19			AAN, AANEM,	New PE Inputs. 1.21	New Technology/New Services /	October 2021	XXX	1.21	NA	0.86	0.07		FALSE			FALSE					TRUE	Increase
76930	Ultrasonic guidance for	Pericardiocentesis and	January 2019	04			ACC	Deleted from CPT	CMS Request - Final Rule for 2014	July 2013							FALSE			FALSE		September 2018	14	Complete	TRUE	Deleted from
76932	Ultrasonic guidance for	Ultrasound Guidance	April 2014	34			ACC	0.67	CMS Request - Final Rule for 2014	July 2013	YYY	0.00	NA	0	0	1,009	FALSE			FALSE					TRUE	Maintain
76936	Ultrasound guided compression	RAW	October 2013	18				Maintain	CMS Request - Final Rule for 2014	July 2013	XXX	1.99	NA	5.58	0.24	630	FALSE			FALSE					TRUE	Maintain
76937	Ultrasound guidance for	Ultrasound Guidance for	September 2022	07			ACR, SIR, SVS	0.30	Identified in RUC review of other	January 2018	ZZZ	0.30	NA	0.81	0.04	619,323	FALSE			FALSE					TRUE	Maintain
76940	Ultrasound guidance for, and	Ultrasound Guidance	January 2015	29			ACS, ACR, SIR	2.00	CMS Request - Final Rule for 2014	July 2013	YYY	0.00	NA	0	0	1,247	FALSE			FALSE					TRUE	Maintain
76942	Ultrasonic guidance for needle	Somatic Nerve Injections	October 2021	05			AAPM,	0.67	CMS-Other - Utilization over	April 2011	XXX	0.67	NA	1.03	0.04	1,150,470	FALSE			TRUE	During the October 2018 RUC presentation	May 2021	14	complete	TRUE	Maintain
76948	Ultrasonic guidance for	Echo Guidance for Ova	January 2015	25			ACOG	0.85	CMS Request - Final Rule for 2014	July 2013	XXX	0.67	NA	1.73	0.02	6	FALSE			FALSE					TRUE	Increase
76950	Ultrasonic guidance for	Ultrasound Guidance	April 2014	34				Deleted from CPT	Codes Reported Together 75% or	February 2010							FALSE			TRUE	At the April 2013 RUC meeting, the	October 2013	28	Complete	TRUE	Deleted from
76965	Ultrasonic guidance for	Ultrasound Guidance	September 2014	21			NO INTERESET	Maintain	CMS Request - Final Rule for 2014	July 2013	XXX	1.34	NA	1.43	0.06	4,938	FALSE			FALSE					TRUE	Maintain
76970	Ultrasound study follow-up	IMRT with Ultrasound	October 2019	17			ACS, ACR, AACE	Deleted from CPT	High Volume Growth1 / CMS-Other -	February 2008							FALSE			TRUE	In October 2018, the Workgroup discussed	February 2020	9	Complete	TRUE	Deleted from
76978	Ultrasound, targeted dynamic	RAW	April 2023	15		RAW		Refer to CPT Assistant	New Technology/New Services List	January 2018	XXX	1.62	NA	4.93	0.1	978	TRUE	Aug 2023	Yes	FALSE					FALSE	
76979	Ultrasound, targeted dynamic	RAW	April 2023	15		RAW		Refer to CPT Assistant	New Technology/New Services List	January 2018	ZZZ	0.85	NA	3.38	0.05	32	TRUE	Aug 2023	Yes	FALSE					FALSE	
76984	Ultrasound, intraoperative	Intraoperative	September 2022	05			AATS, ACC, STS	0.60	CMS-Other - Utilization over 20,000	May 2022	XXX	0.00		0	0		FALSE			FALSE					TRUE	Decrease
76987	Intraoperative epicardial	Intraoperative	September 2022	05			AATS, ACC, STS	1.90	CMS-Other - Utilization over 20,000	May 2022	XXX	0.00		0	0		FALSE			FALSE					TRUE	Decrease
76988	Intraoperative epicardial	Intraoperative	September 2022	05			AATS, ACC, STS	1.20	CMS-Other - Utilization over 20,000	May 2022	XXX	0.00		0	0		FALSE			FALSE					TRUE	Decrease
76989	Intraoperative epicardial	Intraoperative	September 2022	05			AATS, ACC, STS	1.55	CMS-Other - Utilization over 20,000	May 2022	XXX	0.00		0	0		FALSE			FALSE					TRUE	Decrease
76998	Ultrasonic guidance,	Intraoperative	September 2022	05			AATS, ACC, ACS,	1.20	CMS-Other - Utilization over 20,000	January 2019	XXX	0.00	NA	0	0	28,182	FALSE			TRUE	In October 2018, the Workgroup discussed	May 2022	20	complete	TRUE	Maintain
77001	Fluoroscopic guidance for	PICC Line Procedures	January 2018	09		RUC	AANS, AANEM,	0.38	MPC List / CMS Request - Final Rule	January 2012	ZZZ	0.38	NA	2.53	0.05	247,811	FALSE			TRUE	In the NPRM for 2015, CMS developed	October 2015		Complete	TRUE	Maintain
77002	Fluoroscopic guidance for	Somatic Nerve Injections	October 2021	05			AAPM,	0.54	MPC List / CMS Request - Final Rule	January 2012	ZZZ	0.54	NA	2.9	0.04	558,622	FALSE			TRUE	In the NPRM for 2015, CMS developed	October 2015		Complete	TRUE	Maintain
77003	Fluoroscopic guidance and	Somatic Nerve Injections	October 2021	05			AAPM,	0.60	MPC List / CMS Request - Final Rule	October 2010	ZZZ	0.60	NA	2.51	0.05	24,918	FALSE			TRUE	In the NPRM for 2015, CMS developed	October 2015		Complete	TRUE	Maintain
77011	Computed tomography	IMRT with CT Guidance	October 2010	15			ASTRO, ACRO	New PE inputs	CMS Request - Practice Expense		XXX	1.21	NA	5.34	0.09	4,084	FALSE			FALSE					TRUE	PE Only
77012	Computed tomography	CT Guidance Needle	September 2023	14			ACR, SIR	1.50	CMS-Other - Utilization over	April 2016	XXX	1.50	NA	2.57	0.1	134,199	FALSE			TRUE	In October 2017, maintaining the	February 2019	11	complete	TRUE	Maintain
77014	Computed tomography	Radiation Treatment	September 2023	22	January 2025	RUC	ASTRO, ACR	Refer to CPT. Remove from	CMS Request - Practice Expense	October 2010	XXX	0.85	NA	2.69	0.05	2,520,778	FALSE			TRUE	In October 2020, the RUC identified CPT	Sep 2024			FALSE	Maintain
77031	Stereotactic localization	Breast Biopsy	April 2013	04				Deleted from CPT	Codes Reported Together 75% or	January 2012							FALSE			FALSE		October 2012	08	Complete	TRUE	Deleted from
77032	Mammographic guidance for	Breast Biopsy	April 2013	04				Deleted from CPT	Codes Reported Together 75% or	January 2012							FALSE			FALSE		October 2012	08	Complete	TRUE	Deleted from
77046	Magnetic resonance imaging,	Breast MRI with	October 2017	06			ACR	1.45	CMS High Expenditure Procedural	June 2017	XXX	1.45	NA	5.03	0.09	238	FALSE			FALSE		June 2017	14		TRUE	Decrease
77047	Magnetic resonance imaging,	Breast MRI with	October 2017	06			ACR	1.60	CMS High Expenditure Procedural	June 2017	XXX	1.60	NA	5.05	0.1	3,300	FALSE			FALSE		June 2017	14		TRUE	Decrease
77048	Magnetic resonance imaging,	Breast MRI with	October 2017	06			ACR	2.10	CMS High Expenditure Procedural	June 2017	XXX	2.10	NA	8.12	0.14	928	FALSE			FALSE		June 2017	14		TRUE	Increase
77049	Magnetic resonance imaging,	Breast MRI with	October 2017	06			ACR	2.30	CMS High Expenditure Procedural	June 2017	XXX	2.30	NA	8.12	0.15	107,171	FALSE			FALSE		June 2017	14		TRUE	Increase
77051	Computer-aided detection	Mammography-	January 2016	20			ACR	Deleted from CPT	CMS-Other - Utilization over								FALSE			FALSE		October 2015	38	Complete	TRUE	Deleted from
77052	Computer-aided detection	Mammography-	January 2016	20			ACR	Deleted from CPT	Low Value-High Volume	October 2010							FALSE			FALSE		October 2015	38	Complete	TRUE	Deleted from
77055	Mammography; unilateral	Mammography-	January 2016	20			ACR	Deleted from CPT	CMS-Other - Utilization over	January 2014							FALSE			TRUE	In the NPRM for 2015, CMS stated it will	October 2015	38	Complete	TRUE	Deleted from
77056	Mammography; bilateral	Mammography-	January 2016	20			ACR	Deleted from CPT	CMS-Other - Utilization over	January 2014							FALSE			TRUE	In the NPRM for 2015, CMS stated it will	October 2015	38	Complete	TRUE	Deleted from
77057	Screening mammography,	Mammography-	January 2016	20			ACR	Deleted from CPT	CMS-Other - Utilization over	January 2014							FALSE			TRUE	In the NPRM for 2015, CMS stated it will	October 2015	38	Complete	TRUE	Deleted from
77058	Magnetic resonance imaging,	Breast MRI with	October 2017	06			ACR	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			TRUE	In preparation to survey CPT codes 77058	June 2017	14	yes	TRUE	Deleted from
77059	Magnetic resonance imaging,	Breast MRI with	October 2017	06			ACR	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			TRUE	In preparation to survey CPT codes 77058	June 2017	14	yes	TRUE	Deleted from
77065	Diagnostic mammography,	Mammography-	January 2016	20			ACR	0.81	Final Rule for 2015	October 2015	XXX	0.81	NA	2.9	0.05	699,591	FALSE			FALSE		October 2015	38	Complete	TRUE	Increase
77066	Diagnostic mammography,	Mammography-	January 2016	20			ACR	1.00	Final Rule for 2015	October 2015	XXX	1.00	NA	3.69	0.07	556,274	FALSE			FALSE		October 2015	38	Complete	TRUE	Increase
77067	Screening mammography,	Mammography-	January 2016	20			ACR	0.76	Final Rule for 2015	October 2015	XXX	0.76	NA	3.03	0.05	5,666,028	FALSE			FALSE		October 2015	38	Complete	TRUE	Maintain
77073	Bone length studies	X-Ray Exam - Bone	April 2018	25			AAOS, ACR	0.26	CMS-Other - Utilization over 30,000	October 2017	XXX	0.26	NA	1.07	0.03	62,871	FALSE			FALSE					TRUE	Decrease
77074	Radiologic examination,	X-Ray Exam - Bone	April 2018	25			ACR	0.44	CMS-Other - Utilization over 30,000	October 2017	XXX	0.44	NA	1.49	0.03	2,732	FALSE			FALSE					TRUE	Decrease
77075	Radiologic examination,	X-Ray Exam - Bone	April 2018	25			ACR	0.55	CMS-Other - Utilization over 30,000	October 2017	XXX	0.55	NA	2.39	0.05	28,156	FALSE			FALSE					TRUE	Increase
77076	Radiologic examination,	X-Ray Exam - Bone	April 2018	25			ACR	0.70	CMS-Other - Utilization over 30,000	October 2017	XXX	0.70	NA	2.46	0.06	15	FALSE			FALSE					TRUE	Maintain
77077	Joint survey, single view, 2 or	X-Ray Exam - Bone	April 2018	25			ACR	0.33	CMS-Other - Utilization over 30,000	October 2017	XXX	0.33	NA	1.05	0.03	34,387	FALSE			FALSE					TRUE	Increase
77079	Computed tomography, bone	CT Bone Density Study	February 2010	31			ACR, AAFP, ACP	Deleted from CPT	Different Performing Specialty from	October 2009							FALSE			TRUE	The Workgroup recommends referral to	October 2010	22	Complete	TRUE	Deleted from
77080	Dual-energy X-ray	Dual Energy X-Ray	October 2013	07			AACE, ACNM,	0.20	CMS Request - Final Rule for 2012 /	September 2011	XXX	0.20	NA	0.95	0.02	2,532,885	FALSE			TRUE	In Oct 2012, the Joint Workgroup	May 2013		Complete	TRUE	Maintain
77081	Dual-energy X-ray	Dual-energy X-Ray	January 2018	25				0.20	Negative IWPUT	April 2017	XXX	0.20	NA	0.73	0.02	84,437	FALSE			FALSE					TRUE	Decrease
77082	Dual-energy X-ray	Dual Energy X-Ray	October 2013	07			AACE, ACNM,	Deleted from CPT	CMS Request - Final Rule for 2012 /	September 2011							FALSE			TRUE	In Oct 2012, the Joint Workgroup	May 2013		Complete	TRUE	Deleted from
77083	Radiographic absorptiometry	Radiographic	February 2010	31			ACR, ACP	Deleted from CPT	Different Performing Specialty from	October 2009							FALSE			TRUE	The Workgroup recommends referral to	October 2010	22	Complete	TRUE	Deleted from
77085	Dual-energy X-ray	Dual Energy X-Ray	October 2013	07			AACE, ACNM,	0.30	Codes Reported Together 75% or		XXX	0.30	NA	1.27	0.03	98,754	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
77086	Vertebral fracture assessment	Dual Energy X-Ray	October 2013	07			AACE, ACNM,	0.17	Codes Reported Together 75% or		XXX	0.17	NA	0.82	0.02	1,413	FALSE			FALSE		May 2013		Complete	TRUE	Maintain
77261	Therapeutic radiology	Radiation Therapy	April 2016	37			ASTRO	1.30	CMS High Expenditure Procedural	July 2015	XXX	1.30	0.73	0.73	0.08	9,653	FALSE			FALSE					TRUE	Decrease
77262	Therapeutic radiology	Radiation Therapy	April 2016	37			ASTRO	2.00	CMS High Expenditure Procedural	July 2015	XXX	2.00	1.10	1.1	0.13	2,999	FALSE			FALSE					TRUE	Decrease
77263	Therapeutic radiology	Radiation Therapy	April 2016	37			ASTRO	3.14	CMS High Expenditure Procedural	July 2015	XXX	3.14	1.63	1.63	0.24	280,552	FALSE			FALSE					TRUE	Maintain
77280	Therapeutic radiology	Set Radiation Therapy	January 2013	14	September 2024	RAW	ASTRO	Review action plan. 0.70	Harvard Valued - Utilization over	April 2011	XXX	0.70	NA	7.34	0.04	406,305	FALSE			TRUE	ASTRO reviewed the process of care	October 2012	22	Complete	FALSE	Maintain
77285	Therapeutic radiology	Respiratory Motion	January 2013	14			ASTRO	1.05	Harvard Valued - Utilization over	September 2011	XXX	1.05	NA	12.12	0.06	5,544	FALSE			TRUE	ASTRO reviewed the process of care	October 2012	22	Complete	TRUE	Maintain
77290	Therapeutic radiology	Respiratory Motion	January 2013	14			ASTRO	1.56	MPC List / Harvard Valued -	October 2010	XXX	1.56	NA	11.77	0.1	171,643	FALSE			TRUE	ASTRO reviewed the process of care	October 2012	22	Complete	TRUE	Maintain
77293	Respiratory motion	Respiratory Motion	January 2013	14			ASTRO	2.00	Harvard Valued - Utilization over		ZZZ	2.00	NA	10.14	0.11	34,246	FALSE			FALSE		October 2012	22	Complete	TRUE	Decrease
77295	3-dimensional radiotherapy	Surface Radionuclide	January 2013	14			ASTRO	4.29	Harvard Valued - Utilization over	September 2011	XXX	4.29	NA	9.88	0.25	112,013	FALSE			TRUE	ASTRO reviewed the process of care	October 2012,	22,	Complete	TRUE	Decrease
77300	Basic radiation dosimetry	Surface Radionuclide	April 2014	20	September 2024	RAW	ASTRO	Review action plan. 0.62	MPC List / Codes Reported Together	October 2010	XXX	0.62	NA	1.32	0.04	1,171,954	FALSE			TRUE	On 8-21-12, the Joint Workgroup convened	February 2014,	44,	complete	TRUE	Maintain
77301	Intensity modulated	IMRT - PE Only	April 2013	28	September 2024	RAW	ASTRO	Review action plan. New PE	CMS Fastest Growing / CMS Request	October 2008	XXX	7.99	NA	46.68	0.69	167,261	TRUE	Nov 2009	Yes	FALSE					TRUE	Maintain
77305	Teletherapy, isodose plan	Isodose Calculation with	April 2014	20			ASTRO	Deleted from CPT	Codes Reported Together 75% or	October 2010							FALSE			TRUE	On 8-21-12, the Joint Workgroup convened	February 2014	44	Complete	TRUE	Deleted from
77306	Teletherapy isodose plan;	Isodose Calculation with	April 2014	20				1.40	Codes Reported Together 75% or	October 2010	XXX	1.40	NA	2.97	0.08	964	FALSE			FALSE					TRUE	Decrease
77307	Teletherapy isodose plan;	Isodose Calculation with	April 2014	20				2.90	Codes Reported Together 75% or	October 2010	XXX	2.90	NA	5.56	0.16	26,401	FALSE			FALSE					TRUE	Decrease
77310	Teletherapy, isodose plan	Isodose Calculation with	April 2014	20			ASTRO	Deleted from CPT	Codes Reported Together 75% or	October 2010							FALSE			TRUE	On 8-21-12, the Joint Workgroup convened	February 2014	44	Complete	TRUE	Deleted from
77315	Teletherapy, isodose plan	Isodose Calculation with	April 2014	20			ASTRO	Deleted from CPT	Codes Reported Together 75% or	October 2010							FALSE			TRUE	On 8-21-12, the Joint Workgroup convened	February 2014	44	Complete	TRUE	Deleted from
77316	Brachytherapy isodose plan;	Isodose Calculation with	April 2014	20				1.50	Codes Reported Together 75% or	October 2012	XXX	1.40	NA	5.88	0.11	4,136	FALSE			FALSE					TRUE	Decrease
77317	Brachytherapy isodose plan;	Isodose Calculation with	April 2014	20				1.83	Codes Reported Together 75% or	October 2012	XXX	1.83	NA	7.75	0.14	2,079	FALSE			FALSE					TRUE	Decrease
77318	Brachytherapy isodose plan;	Isodose Calculation with	October 2015	21				2.90	Codes Reported Together 75% or	October 2012	XXX	2.90	NA	10.67	0.21	4,319	FALSE			TRUE	On 8-21-12, the Joint Workgroup convened	February 2014	44	Complete	TRUE	Decrease
77326	Brachytherapy isodose plan;	Isodose Calculation with	April 2014	20				Deleted from CPT	Codes Reported Together 75% or	October 2012							FALSE			TRUE	On 8-21-12, the Joint Workgroup convened	February 2014	44	Complete	TRUE	Deleted from
77327	Brachytherapy isodose plan;	Isodose Calculation with	April 2014	20			ASTRO	Deleted from CPT	Codes Reported Together 75% or	October 2010							FALSE			TRUE	On 8-21-12, the Joint Workgroup convened	February 2014	44	Complete	TRUE	Deleted from
77328	Brachytherapy isodose plan;	Isodose Calculation with	April 2014	20				Deleted from CPT	Codes Reported Together 75% or	October 2012							FALSE			TRUE	On 8-21-12, the Joint Workgroup convened	February 2014	44	Complete	TRUE	Deleted from
77332	Treatment devices, design and	RAW	January 2016	40		RUC	ASTRO	0.54	CMS High Expenditure Procedural	April 2015	XXX	0.45	NA	0.7	0.03	63,894	FALSE			FALSE					TRUE	Maintain
77333	Treatment devices, design and	RAW	January 2016	40		RUC	ASTRO	0.84	CMS High Expenditure Procedural	April 2015	XXX	0.75	NA	3.32	0.04	10,855	FALSE			FALSE					TRUE	Maintain
77334	Treatment devices, design and		January 2016	40		RUC	ASTRO	1.24	MPC List / RUC request / CMS High	October 2010	XXX	1.15	NA	2.56	0.06	698,395	FALSE			FALSE					TRUE	Maintain
77336	Continuing medical physics	Continuing Medical	April 2013	31			ASTRO	New PE Inputs	CMS Request - Final Rule for 2013	October 2012	XXX	0.00	NA	2.59	0.08	349,305	FALSE			FALSE					TRUE	PE Only
77338	Multi-leaf collimator (MLC)	IMRT - PE Only	April 2013	28	September 2024	RAW		Review action plan. New PE	Services with Stand-Alone PE	October 2012	XXX	4.29	NA	9.5	0.27	184,716	FALSE			FALSE					TRUE	PE Only
77371	Radiation treatment delivery,	Radiation Treatment	April 2009	30			ASTRO	New PE inputs	CMS Request - Practice Expense	NA	XXX	0.00	0.00	0	0	97	FALSE			FALSE					TRUE	PE Only
77372	Radiation treatment delivery,	Radiation Treatment	October 2013	18				New PE Inputs	Services with Stand-Alone PE	October 2012	XXX	0.00	NA	28.39	0.2	614	FALSE			FALSE					TRUE	PE Only
77373	Stereotactic body radiation	Radiation Treatment	October 2013	18			ACR, ASTRO,	New PE inputs	Services with Stand-Alone PE	July 2012	XXX	0.00	NA	29.6	0.25	40,662	FALSE			FALSE					TRUE	PE Only
77385	Intensity modulated radiation	Radiation Treatment	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT. PE Only, revised	Services with Stand-Alone PE	January 2014	XXX	0.00	0.00	0	0		FALSE			TRUE	In October 2020, the RUC identified CPT	Sep 2024			FALSE	PE Only
77386	Intensity modulated radiation	Radiation Treatment	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT. PE Only, revised	Services with Stand-Alone PE	January 2014	XXX	0.00	0.00	0	0		FALSE			TRUE	In October 2020, the RUC identified CPT	Sep 2024			FALSE	PE Only
77387	Guidance for localization of	Radiation Treatment	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT. 0.58	Services with Stand-Alone PE	January 2014	XXX	0.00	0.00	0	0		FALSE			TRUE	In October 2020, the RUC identified CPT	Sep 2024			FALSE	Decrease
77401	Radiation treatment delivery,	Radiation Treatement	January 2020	31	September 2024	RAW		Review action plan. New PE	High Volume Growth5 / Codes	October 2018	XXX	0.00	NA	1.24	0.01	284,336	FALSE			TRUE	In October 2018, this service wa identified	May 2019	08	Withdraw	TRUE	PE Only
77402	Radiation treatment delivery,	Radiation Treatment	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT. PE Only, revised	Services with Stand-Alone PE	October 2012	XXX	0.00	0.00	0	0		FALSE			TRUE	At the April 2013 RUC meeting, the	Sep 2024			FALSE	PE Only
77403	Radiation treatment delivery,	Radiation Treatment	January 2014	14			ACRO, ASTRO	Deleted from CPT	Services with Stand-Alone PE	October 2012							FALSE			TRUE	At the April 2013 RUC meeting, the	October 2013	28	Complete	TRUE	Deleted from
77404	Radiation treatment delivery,	Radiation Treatment	January 2014	14			ACRO, ASTRO	Deleted from CPT	Services with Stand-Alone PE	October 2012							FALSE			TRUE	At the April 2013 RUC meeting, the	October 2013	28	Complete	TRUE	Deleted from
77406	Radiation treatment delivery,	Radiation Treatment	January 2014	14			ACRO, ASTRO	Deleted from CPT	Services with Stand-Alone PE	October 2012							FALSE			TRUE	At the April 2013 RUC meeting, the	October 2013	28	Complete	TRUE	Deleted from
77407	Radiation treatment delivery,	Radiation Treatment	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT. PE Only, revised	Services with Stand-Alone PE	October 2012	XXX	0.00	0.00	0	0		FALSE			TRUE	At the April 2013 RUC meeting, the	Sep 2024			FALSE	PE Only
77408	Radiation treatment delivery, 2	Radiation Treatment	January 2014	14			ACRO, ASTRO	Deleted from CPT	Services with Stand-Alone PE	October 2012							FALSE			TRUE	At the April 2013 RUC meeting, the	October 2013	28	Complete	TRUE	Deleted from
77409	Radiation treatment delivery, 2	Radiation Treatment	January 2014	14			ACRO, ASTRO	Deleted from CPT	Services with Stand-Alone PE	October 2012							FALSE			TRUE	At the April 2013 RUC meeting, the	October 2013	28	Complete	TRUE	Deleted from
77411	Radiation treatment delivery, 2	Radiation Treatment	January 2014	14			ACRO, ASTRO	Deleted from CPT	Services with Stand-Alone PE	October 2012							FALSE			TRUE	At the April 2013 RUC meeting, the	October 2013	28	Complete	TRUE	Deleted from
77412	Radiation treatment delivery,	Radiation Treatment	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT. PE Only, revised	Services with Stand-Alone PE	October 2012	XXX	0.00	0.00	0	0		FALSE			TRUE	At the April 2013 RUC meeting, the	Sep 2024			FALSE	PE Only
77413	Radiation treatment delivery, 3	Radiation Treatment	January 2014	14			ACRO, ASTRO	Deleted from CPT	Services with Stand-Alone PE	October 2012							FALSE			TRUE	At the April 2013 RUC meeting, the	October 2013	28	Complete	TRUE	Deleted from

77414	Radiation treatment delivery, 3	Radiation Treatment	January 2014	14			ACRO, ASTRO	Deleted from CPT	Services with Stand-Alone PE	October 2012						FALSE			TRUE	At the April 2013 RUC meeting, the	October 2013	28	Complete		TRUE	Deleted from
77416	Radiation treatment delivery, 3	Radiation Treatment	January 2014	14			ACRO, ASTRO	Deleted from CPT	Services with Stand-Alone PE	October 2012						FALSE			TRUE	At the April 2013 RUC meeting, the	October 2013	28	Complete		TRUE	Deleted from
77418	Intensity modulated treatment	Radiation Treatment	January 2014	14			ACRO, ASTRO	Deleted from CPT	CMS Fastest Growing / Services with	October 2008						TRUE	Nov 2009	Yes	TRUE		October 2013	28	Complete		TRUE	Deleted from
77421	Stereoscopic X-ray guidance for	Radiation Treatment	January 2014	14			ACRO, ASTRO	Deleted from CPT	Codes Reported Together 75% or	February 2010						FALSE			TRUE	In Jan 2012, the specialty indicated that it	October 2013	28	Complete		TRUE	Deleted from
77422	High energy neutron radiation	High Energy Neutron	April 2015	35		RUC	AAOS, ASPS,	Contractor Price	CMS Request - Final Rule for 2015	November 2014						FALSE			FALSE						TRUE	Deleted from
77423	High energy neutron radiation	High Energy Neutron	April 2015	35		RUC	AAOS, ASPS,	Contractor Price	CMS Request - Final Rule for 2015	November 2014	XXX	0.00	0.00	0	0	FALSE			FALSE						TRUE	Maintain
77427	Radiation treatment	Radiation Treatment	January 2016	54			ASTRO	3.45. Remove from high E/M	Site of Service Anomaly / High Level	September 2007	XXX	3.37	2.07	2.07	0.26	914,002	FALSE		TRUE	In October 2008 the RUC Research	June 2009	21	Complete		TRUE	Decrease
77435	Stereotactic body radiation	RAW	January 2017	30				Remove from screen	High Volume Growth4	October 2016	XXX	11.87	6.34	6.34	0.95	44,169	FALSE		FALSE						TRUE	Remove from
77470	Special treatment procedure	Special Radiation	January 2016	41			ASTRO	2.03	CMS High Expenditure Procedural	July 2015	XXX	2.03	NA	2.12	0.11	82,000	FALSE		FALSE						TRUE	Decrease
77520	Proton treatment delivery;	Proton Beam Treatment	April 2019	19			ASTRO	New PE Inputs	Contractor Priced High Volume1	October 2018	XXX	0.00	0.00	0	0	181	FALSE		FALSE						TRUE	PE Only
77522	Proton treatment delivery;	Proton Beam Treatment	April 2019	19			ASTRO	New PE Inputs	Contractor Priced High Volume1	January 2018	XXX	0.00	0.00	0	0	7,240	FALSE		FALSE						TRUE	PE Only
77523	Proton treatment delivery;	Proton Beam Treatment	April 2019	19			ASTRO	New PE Inputs	High Volume Growth4 / Contractor	October 2016	XXX	0.00	0.00	0	0	65,902	FALSE		FALSE						TRUE	PE Only
77525	Proton treatment delivery;	Proton Beam Treatment	April 2019	19			ASTRO	New PE Inputs	Contractor Priced High Volume1	October 2018	XXX	0.00	0.00	0	0	11,709	FALSE		FALSE						TRUE	PE Only
77600	Hyperthermia, externally	Hyperthermia - PE Only	April 2013	30	September 2024	RAW		Review action plan. New PE	Services with Stand-Alone PE	October 2012	XXX	1.31	NA	14.92	0.12	9,924	FALSE		FALSE						TRUE	PE Only
77767	Remote afterloading high dose	Surface Radionuclide	January 2015	16			ASTRO, ACRO	1.05	Codes Reported Together 75% or	October 2014	XXX	1.05	NA	6.36	0.09	4,607	FALSE		FALSE		October 2014	28/29	Complete		TRUE	Decrease
77768	Remote afterloading high dose	Surface Radionuclide	January 2015	16			ASTRO, ACRO	1.40	Codes Reported Together 75% or	October 2014	XXX	1.40	NA	9.46	0.13	5,488	FALSE		FALSE		October 2014	28/29	Complete		TRUE	Decrease
77770	Remote afterloading high dose	Surface Radionuclide	January 2015	16			ASTRO, ACRO	1.95	Codes Reported Together 75% or	October 2014	XXX	1.95	NA	8.36	0.14	15,451	FALSE		FALSE		October 2014	28/29	Complete		TRUE	Decrease
77771	Remote afterloading high dose	Surface Radionuclide	January 2015	16			ASTRO, ACRO	3.80	Codes Reported Together 75% or	October 2014	XXX	3.80	NA	14.1	0.27	10,180	FALSE		FALSE		October 2014	28/29	Complete		TRUE	Decrease
77772	Remote afterloading high dose	Surface Radionuclide	January 2015	16			ASTRO, ACRO	5.40	Codes Reported Together 75% or	October 2014	XXX	5.40	NA	21.33	0.41	3,159	FALSE		FALSE		October 2014	28/29	Complete		TRUE	Decrease
77776	Interstitial radiation source	Interstitial Radiation	April 2015	17			ACR, ASTRO	Deleted from CPT	Codes Reported Together 75% or	February 2015						FALSE			FALSE		February 2015	35	Complete		TRUE	Deleted from
77777	Interstitial radiation source	Interstitial Radiation	April 2015	17			ACR, ASTRO	Deleted from CPT	Codes Reported Together 75% or	February 2015						FALSE			FALSE		February 2015	35	Complete		TRUE	Deleted from
77778	Interstitial radiation source	Interstitial Radiation	October 2015	21			ACR, ASTRO	8.78	Codes Reported Together 75% or	October 2012	000	8.78	NA	18.32	0.53	3,250	FALSE		TRUE	The Joint Workgroup recommends the	February 2015	35	Complete		TRUE	Decrease
77781	Deleted from CPT	Brachytherapy	October 2008	26			ASTRO	Deleted from CPT	CMS Fastest Growing	October 2008						FALSE			TRUE	Deleted from CPT at February 2008 CPT	February 2008	36	Code		TRUE	Deleted from
77782	Deleted from CPT	Brachytherapy	February 2008	S			ASTRO	Deleted from CPT	High Volume Growth1 / CMS Fastest	February 2008						FALSE			TRUE	Deleted from CPT at February 2008 CPT	February 2008	36	Code		TRUE	Deleted from
77784	Deleted from CPT	Brachytherapy	February 2008	S			ASTRO	Deleted from CPT	CMS Fastest Growing	February 2008						FALSE			TRUE	Deleted from CPT at February 2008 CPT	February 2008	36	Code		TRUE	Deleted from
77785	Remote afterloading high dose	Surface Radionuclide	January 2015	16			ASTRO	Deleted from CPT	High Volume Growth1 / CMS Fastest							FALSE			TRUE	In October 2012, the Joint Workgroup	October 2014	28/29	Complete		TRUE	Deleted from
77786	Remote afterloading high dose	Surface Radionuclide	January 2015	16			ASTRO	Deleted from CPT	High Volume Growth1 / CMS Fastest							FALSE			TRUE	In October 2012, the Joint Workgroup	October 2014	28/29	Complete		TRUE	Deleted from
77787	Remote afterloading high dose	Surface Radionuclide	January 2015	16			ASTRO	Deleted from CPT	High Volume Growth1 / CMS Fastest	October 2012						FALSE			TRUE	In October 2012, the Joint Workgroup	October 2014	28/29	Complete		TRUE	Deleted from
77790	Supervision, handling, loading	Interstitial Radiation	October 2015	21			ACR, ASTRO, SIR	0.00	Codes Reported Together 75% or	October 2012	XXX	0.00	NA	0.52	0.02	39	FALSE		TRUE	The Joint Workgroup recommends the	February 2015	35	Complete		TRUE	Decrease
78000	Thyroid uptake; single	Thyroid Uptake/Imaging	April 2012	22			ACR, ACNM,	Deleted from CPT	Harvard Valued - Utilization over							FALSE			TRUE	Identified with 78007. The specialty	February 2012	13	Complete		TRUE	Deleted from
78001	Thyroid uptake; multiple	Thyroid Uptake/Imaging	April 2012	22			ACR, ACNM,	Deleted from CPT	Harvard Valued - Utilization over							FALSE			TRUE	Identified with 78007. The specialty	February 2012	13	Complete		TRUE	Deleted from
78003	Thyroid uptake; stimulation,	Thyroid Uptake/Imaging	April 2012	22			ACR, ACNM,	Deleted from CPT	Harvard Valued - Utilization over							FALSE			TRUE	Identified with 78007. The specialty	February 2012	13	Complete		TRUE	Deleted from
78006	Thyroid imaging, with uptake;	Thyroid Uptake/Imaging	April 2012	22			ACR, ACNM,	Deleted from CPT	Harvard Valued - Utilization over							FALSE			TRUE	Identified with 78007. The specialty	February 2012	13	Complete		TRUE	Deleted from
78007	Thyroid imaging, with uptake;	Thyroid Uptake/Imaging	April 2012	22			ACR, ACNM,	Deleted from CPT	Harvard Valued - Utilization over	April 2011						FALSE			TRUE	Specialty requests referral to CPT to review	February 2012	13	Complete		TRUE	Deleted from
78010	Thyroid imaging; only	Thyroid Uptake/Imaging	April 2012	22			ACR, ACNM,	Deleted from CPT	Harvard Valued - Utilization over							FALSE			TRUE	Identified with 78007. The specialty	February 2012	13	Complete		TRUE	Deleted from
78011	Thyroid imaging; with vascular	Thyroid Uptake/Imaging	April 2012	22			ACR, ACNM,	Deleted from CPT	Harvard Valued - Utilization over							FALSE			TRUE	Identified with 78007. The specialty	February 2012	13	Complete		TRUE	Deleted from
78012	Thyroid uptake, single or	Thyroid Uptake/Imaging	April 2012	22			ACR, ACNM,	0.19	Harvard Valued - Utilization over		XXX	0.19	NA	2.2	0.04	952	FALSE		TRUE	Identified with 78007 and RUC requested	February 2012	13	Complete		TRUE	Decrease
78013	Thyroid imaging (including	Thyroid Uptake/Imaging	April 2012	22			ACR, ACNM,	0.37	Harvard Valued - Utilization over		XXX	0.37	NA	4.71	0.06	804	FALSE		TRUE	Identified with 78007 and RUC requested	February 2012	13	Complete		TRUE	Decrease
78014	Thyroid imaging (including	Thyroid Uptake/Imaging	April 2012	22			ACR, ACNM,	0.50	Harvard Valued - Utilization over		XXX	0.50	NA	5.97	0.06	11,032	FALSE		TRUE	Identified with 78007 and RUC requested	February 2012	13	Complete		TRUE	Decrease
78070	Parathyroid planar imaging	Parathyroid Imaging	January 2016	54			ACR, ACNM,	0.80	Harvard Valued - Utilization over	April 2011	XXX	0.80	NA	7.19	0.09	9,359	TRUE	Dec 2016	yes	FALSE					TRUE	Maintain
78071	Parathyroid planar imaging	Parathyroid Imaging	January 2016	54			ACR, ACNM,	1.20	Harvard Valued - Utilization over	April 2011	XXX	1.20	NA	8.3	0.11	6,434	TRUE	Dec 2016	yes	FALSE					TRUE	Maintain
78072	Parathyroid planar imaging	Parathyroid Imaging	January 2016	54			ACR, ACNM,	1.60	Harvard Valued - Utilization over	April 2011	XXX	1.60	NA	10.19	0.13	11,283	TRUE	Dec 2016	yes	FALSE					TRUE	Maintain
78223	Hepatobiliary ductal system	Hepatobiliary Ductal	February 2011	12			ACR, SNM	Deleted from CPT	Harvard Valued - Utilization over	October 2009						FALSE			TRUE	The specialties will be submitting CPT	October 2010	21	Complete		TRUE	Deleted from
78226	Hepatobiliary system imaging,	Hepatobiliary System	February 2011	12			ACR, SNM,	0.74	Harvard Valued - Utilization over		XXX	0.74	NA	8.07	0.09	51,282	FALSE		FALSE						TRUE	Decrease
78227	Hepatobiliary system imaging,	Hepatobiliary System	February 2011	12			ACR, SNM,	0.90	Harvard Valued - Utilization over		XXX	0.90	NA	10.93	0.11	37,289	FALSE		FALSE						TRUE	Decrease
78278	Acute gastrointestinal blood	Acute GI Blood Loss	September 2011	34			ACR, SNM,	0.99	Harvard Valued - Utilization over	April 2011	XXX	0.99	NA	8.46	0.11	15,876	FALSE		FALSE						TRUE	Maintain
78300	Bone and/or joint imaging;	Bone Imaging	April 2016	38			ACNM, ACR,	0.62	CMS High Expenditure Procedural	July 2015	XXX	0.62	NA	5.52	0.06	3,852	FALSE		FALSE						TRUE	Maintain
78305	Bone and/or joint imaging;	Bone Imaging	April 2016	38			ACNM, ACR,	0.83	CMS High Expenditure Procedural	July 2015	XXX	0.83	NA	6.57	0.08	679	FALSE		FALSE						TRUE	Maintain
78306	Bone and/or joint imaging;	Bone Imaging	April 2016	38			ACNM, ACR,	0.86	CMS High Expenditure Procedural	July 2015	XXX	0.86	NA	7.14	0.08	193,289	FALSE		FALSE						TRUE	Maintain
78429	Myocardial imaging, positron	Myocardial PET	January 2019	13			ACC, ACR,	1.76	High Volume Growth4	May 2018	XXX	0.00	NA	0	0	1,025	FALSE		FALSE						TRUE	Increase
78430	Myocardial imaging, positron	Myocardial PET	January 2019	13			ACC, ACR,	1.67	High Volume Growth4	May 2018	XXX	0.00	NA	0	0	478	FALSE		FALSE						TRUE	Increase
78431	Myocardial imaging, positron	Myocardial PET	January 2019	13			ACC, ACR,	1.90	High Volume Growth4	May 2018	XXX	0.00	NA	0	0	87,173	FALSE		FALSE						TRUE	Increase
78432	Myocardial imaging, positron	Myocardial PET	January 2019	13			ACC, ACR,	2.07	High Volume Growth4	May 2018	XXX	0.00	NA	0	0	26	FALSE		FALSE						TRUE	Increase
78433	Myocardial imaging, positron	Myocardial PET	January 2019	13			ACC, ACR,	2.26	High Volume Growth4	May 2018	XXX	0.00	NA	0	0	1,876	FALSE		FALSE						TRUE	Increase
78434	Absolute quantitation of	Myocardial PET	January 2019	13			ACC, ACR,	0.63	High Volume Growth4	May 2018	ZZZ	0.00	NA	0	0	72,932	FALSE		FALSE						TRUE	Increase
78451	Myocardial perfusion imaging,	Myocardial Perfusion	February 2009	16			SNM, ACR,	1.40	Codes Reported Together 95% or	NA	XXX	1.38	NA	7.91	0.1	22,908	FALSE		FALSE						TRUE	Increase
78452	Myocardial perfusion imaging,	Myocardial Perfusion	February 2009	16			SNM, ACR,	1.75	Codes Reported Together 95% or	NA	XXX	1.62	NA	11.24	0.14	1,326,697	FALSE		FALSE						TRUE	Decrease
78453	Myocardial perfusion imaging,	Myocardial Perfusion	February 2009	16			SNM, ACR,	1.00	Codes Reported Together 95% or	NA	XXX	1.00	NA	6.92	0.08	1,466	FALSE		FALSE						TRUE	Decrease
78454	Myocardial perfusion imaging,	Myocardial Perfusion	February 2009	16			SNM, ACR,	1.34	Codes Reported Together 95% or	NA	XXX	1.34	NA	10.47	0.14	5,291	FALSE		FALSE						TRUE	Decrease
78459	Myocardial imaging, positron	Myocardial PET	January 2019	13			ACC, ACR,	1.61	High Volume Growth4	May 2018	XXX	0.00	NA	0	0	658	FALSE		FALSE						TRUE	Increase
78460	Deleted from CPT	Myocardial Perfusion	February 2009	16			SNM, ACR,	Deleted from CPT	Codes Reported Together 95% or								FALSE		FALSE		October 2008	23			TRUE	Deleted from
78461	Deleted from CPT	Myocardial Perfusion	February 2009	16			SNM, ACR,	Deleted from CPT	Codes Reported Together 95% or								FALSE		FALSE		October 2008	23			TRUE	Deleted from
78464	Deleted from CPT	Myocardial Perfusion	February 2009	16			SNM, ACR,	Deleted from CPT	Codes Reported Together 95% or								FALSE		FALSE		October 2008	23			TRUE	Deleted from
78465	Deleted from CPT	Myocardial Perfusion	February 2009	16			SNM, ACR,	Deleted from CPT	Codes Reported Together 95% or	February 2008							FALSE		TRUE	Referred to the CPT Editorial Panel for	October 2008	23	Code		TRUE	Deleted from
78472	Cardiac blood pool imaging,	Cardiac Blood Pool	September 2011	35			ACC, ACR, SNM,	0.98	Harvard Valued - Utilization over	April 2011	XXX	0.98	NA	5.25	0.08	9,798	FALSE		FALSE						TRUE	Maintain
78478	Deleted from CPT	Myocardial Perfusion	February 2009	16			SNM, ACR,	Deleted from CPT	Codes Reported Together 95% or	February 2008							FALSE		TRUE	Referred to the CPT Editorial Panel for	October 2008	23	Code		TRUE	Deleted from
78480	Deleted from CPT	Myocardial Perfusion	February 2009	16			SNM, ACR,	Deleted from CPT	Codes Reported Together 95% or	February 2008							FALSE		TRUE	Referred to the CPT Editorial Panel for	October 2008	23	Code		TRUE	Deleted from
78491	Myocardial imaging, positron	Myocardial PET	January 2019	13			ACC, ACR,	1.56	High Volume Growth4	May 2018	XXX	0.00	NA	0	0	384	FALSE		FALSE						TRUE	Increase
78492	Myocardial imaging, positron	Myocardial PET	January 2019	13			ACC, ACR,	1.80	High Volume Growth4	October 2016	XXX	0.00	NA	0	0	113,774	FALSE		TRUE	This service was identified by the High	May 2018	28	Yes		TRUE	Increase
78579	Pulmonary ventilation imaging	Pulmonary Imaging	February 2011	13			ACR, SNM	0.49	Harvard Valued - Utilization over	February 2010	XXX	0.49	NA	4.63	0.05	249	FALSE		TRUE		October 2010	23	Complete		TRUE	Decrease
78580	Pulmonary perfusion imaging	Pulmonary Imaging	April 2024	12			ACR, ACNM, SIR,	0.74	Harvard Valued - Utilization over	February 2010	XXX	0.74	NA	5.68	0.08	69,975	FALSE		TRUE	The specialties recommend a	October 2010	23	complete		TRUE	Maintain
78582	Pulmonary ventilation (eg,	Pulmonary Imaging	February 2011	13			ACR, SNM	1.07	Harvard Valued - Utilization over	February 2010	XXX	1.07	NA	7.93	0.1	51,181	FALSE		TRUE		October 2010	23	Complete		TRUE	Decrease
78584	Pulmonary perfusion imaging,	Pulmonary Perfusion	February 2010	31			SNM, ACR	Deleted from CPT	Harvard Valued - Utilization over	February 2010							FALSE		TRUE	The specialties recommend a	October 2010	23	Code		TRUE	Deleted from
78585	Pulmonary perfusion imaging,	Pulmonary Perfusion	February 2010	31			SNM, ACR	Deleted from CPT	Harvard Valued - Utilization over	October 2009							FALSE		TRUE	The specialties recommend a	October 2010	23	Code		TRUE	Deleted from
78586	Pulmonary ventilation imaging,	Pulmonary Perfusion	February 2010	31			SNM, ACR	Deleted from CPT	Harvard Valued - Utilization over	February 2010							FALSE		TRUE	The specialties recommend a	October 2010	23	Code		TRUE	Deleted from
78587	Deleted from CPT	Pulmonary Perfusion	February 2010	31			SNM, ACR	Deleted from CPT	Harvard Valued - Utilization over	February 2010							FALSE		TRUE	The specialties recommend a	October 2010	23	Code		TRUE	Deleted from
78588	Deleted from CPT	Pulmonary Perfusion	February 2010	31			SNM, ACR	Deleted from CPT	Harvard Valued - Utilization over	February 2010							FALSE		TRUE	The specialties recommend a	October 2010	23	Code		TRUE	Deleted from
78591	Deleted from CPT	Pulmonary Perfusion	February 2010	31			SNM, ACR	Deleted from CPT	Harvard Valued - Utilization over	February 2010							FALSE		TRUE	The specialties recommend a	October 2010	23	Code		TRUE	Deleted from
78593	Deleted from CPT	Pulmonary Perfusion	February 2010	31			SNM, ACR	Deleted from CPT	Harvard Valued - Utilization over	February 2010							FALSE		TRUE	The specialties recommend a	October 2010	23	Code		TRUE	Deleted from
78594	Deleted from CPT	Pulmonary Perfusion	February 2010	31			SNM, ACR	Deleted from CPT	Harvard Valued - Utilization over	February 2010							FALSE		TRUE	The specialties recommend a	October 2010	23	Code		TRUE	Deleted from
78596	Deleted from CPT	Pulmonary Perfusion	February 2010	31			SNM, ACR	Deleted from CPT	Harvard Valued - Utilization over	February 2010							FALSE		TRUE	The specialties recommend a	October 2010	23	Code		TRUE	Deleted from
78597	Quantitative differential	Pulmonary Imaging	February 2011	13			ACR, SNM	0.75	Harvard Valued - Utilization over	February 2010	XXX	0.75	NA	4.7	0.06	2,183	FALSE		FALSE		October 2010	23			TRUE	Decrease
78598	Quantitative differential	Pulmonary Imaging	February 2011	13			ACR, SNM	0.85	Harvard Valued - Utilization over	February 2010	XXX	0.85	NA	7.33	0.08	1,266	FALSE		TRUE		October 2010	23	Complete		TRUE	Decrease
78803	Radiopharmaceutical	RAW	January 2019	14			ACR, ACNM,	1.20	Harvard Valued - Utilization over	January 2016	XXX	1.09	NA	9.23	0.1	35,894	TRUE	Dec 2016	yes	FALSE					TRUE	Increase
78815	Positron emission tomography		February 2011	41			ACR, SNM	Reaffirmed RUC	MPC List	October 2010	XXX	0.00	NA	0	0	626,249	FALSE		FALSE						TRUE	Maintain
79101	Radiopharmaceutical therapy,	Radiopharmaceutical	February 2010	31			SNM, ACR	Article published Feb 2012	Different Performing Specialty from	October 2009	XXX	1.96	NA	2.31	0.09	11,274	TRUE	Feb 2012	Yes	FALSE					TRUE	Maintain
80500	Clinical pathology consultation;	Pathology Clinical	January 2021	20			CAP	Deleted from CPT	CMS-Other - Utilization over 20,000	January 2019	XXX						FALSE		TRUE	In October 2018, the Workgroup discussed	October 2020	50	complete		TRUE	Deleted from
80502	Clinical pathology consultation;	Pathology Clinical	January 2021	20			CAP	Deleted from CPT	CMS-Other - Utilization over 20,000	January 2021	XXX						FALSE		FALSE		October 2020	50	complete		TRUE	Deleted from
80503	Pathology clinical consultation;	Pathology Clinical	January 2021	20			CAP	0.50	CMS-Other - Utilization over 20,000	January 2021	XXX	0.43	0.20	0.35	0.02	22,690	FALSE		FALSE		October 2020	50	complete		TRUE	Decrease
80504	Pathology clinical consultation;	Pathology Clinical	January 2021	20			CAP	0.91	CMS-Other - Utilization over 20,000	January 2021	XXX	0.91	0.44	0.62	0.05	3,676	FALSE		FALSE		October 2020	50	complete		TRUE	Decrease
80505	Pathology clinical consultation;	Pathology Clinical	January 2021	20			CAP	1.80	CMS-Other - Utilization over 20,000	January 2021	XXX	1.71	0.82	1.04	0.1	2,772	FALSE		FALSE		October 2020	50	complete		TRUE	Decrease
80506	Pathology clinical consultation;	Pathology Clinical	January 2021	20			CAP	0.80	CMS-Other - Utilization over 20,000	January 2021	ZZZ	0.80	NA	0.42	0.04	1,890	FALSE		FALSE		October 2020	50	complete		TRUE	Decrease
85060	Blood smear, peripheral,	Blood Smear	April 2017	30			CAP	0.45	CMS-Other - Utilization over	April 2016	XXX	0.45	0.22		0.03	160,824	FALSE		FALSE						TRUE	Maintain
85097	Bone marrow, smear	Bone Marrow	April 2017	31			CAP	1.00	CMS-Other - Utilization over	April 2016	XXX	0.94	0.42	1.09	0.05	129,491	FALSE		FALSE						TRUE	Increase
85390	Fibrinolysins or coagulopathy	Fibrinolysins Screen	January 2018	26				0.75	Negative IWPUT	April 2017	XXX	0.00	0.00	0	0	26,869	FALSE		FALSE						TRUE	Increase
88104	Cytopathology, fluids, washings	Cytopathology	April 2015	36			AUR, ASC, CAP	New PE Inputs. 0.56	Harvard Valued - Utilization over	October 2009	XXX	0.56	NA	1.68	0.03	33,535	FALSE		FALSE						TRUE	Maintain
88106	Cytopathology, fluids, washings	Cytopathology	April 2015	36			AUR, ASC, CAP	New PE Inputs. 0.56	Harvard Valued - Utilization over	February 2010	XXX	0.37	NA	1.74	0.03	1,246	FALSE		FALSE						TRUE	Maintain
88107	Deleted from CPT	Cytopathology	October 2010	17			AUR, ASC, CAP	Deleted from CPT	Harvard Valued - Utilization over	February 2010							FALSE		TRUE	This service was brought forward as part of	October 2010	30	Complete		TRUE	Deleted from
88108	Cytopathology, concentration	Cytopathology	April 2015	36		RUC	ACR, CAP	New PE Inputs. 0.56	Harvard Valued - Utilization over	February 2010	XXX	0.44	NA	1.6	0.02	178,673	FALSE		FALSE						TRUE	Maintain
88112	Cytopathology, selective	Cytopathology	April 2015	36		RUC	ACR, CAP	New PE Inputs. 0.56	CMS High Expenditure Procedural	September 2011	XXX	0.56	NA	1.46	0.02	743,800	FALSE		FALSE						TRUE	Decrease
88120	Cytopathology, in situ	RAW review	October 2017	19				Utilization shift is appropriate.	CMS Request - Final Rule for 2013	November 2012	XXX	1.20	NA	16.14	0.05	42,054	FALSE		FALSE						TRUE	Maintain
88121	Cytopathology, in situ	RAW review	October 2017	19				Utilization shift is appropriate.	CMS Request - Final Rule for 2013	November 2012	XXX	1.00	NA	11.54	0.04	20,338	FALSE		FALSE						TRUE	Maintain
88141	Cytopathology, cervical or	Cytopathology	April 2018	26			CAP	0.42	CMS-Other - Utilization over 30,000	October 2017	XXX	0.26	0.45	0.45	0.01	43,300	FALSE		FALSE						TRUE	Maintain
88160	Cytopathology, smears, any	Cytopathology	April 2015	36				New PE Inputs	CMS Request - Final Rule for 2015	April 2015	XXX	0.50	NA	1.86	0.03	4,853	FALSE		FALSE						TRUE	PE Only
88161	Cytopathology, smears, any	Cytopathology	April 2015	36				New PE Inputs	CMS Request - Final Rule for 2015	April 2015	XXX	0.50	NA	1.91	0.03	3,844	FALSE		FALSE						TRUE	PE Only
88162	Cytopathology, smears, any	Cytopathology	April 2015	36				New PE Inputs	CMS Request - Final Rule for 2015	April 2015	XXX	0.76	NA	3.06	0.04	566	FALSE		FALSE						TRUE	PE Only
88184	Flow cytometry, cell surface,	Flow Cytometry	January 2016				CAP	New PE Inputs. Removed from	CMS High Expenditure Procedural	July 2015	XXX	0.00	NA	2.32	0.02	94,171	FALSE		FALSE						TRUE	PE Only
88185	Flow cytometry, cell surface,	Flow Cytometry	January 2016				CAP	New PE Inputs. Removed from	CMS High Expenditure Procedural	July 2015	ZZZ	0.00	NA	0.71	0	1,966,902	FALSE		FALSE						TRUE	PE Only
88187	Flow cytometry, interpretation;	Flow Cytometry	January 2016	42			CAP	0.74	CMS High Expenditure Procedural	July 2015	XXX	0.74	0.28	0.28	0.03	27,897	FALSE		FALSE						TRUE	Decrease
88188	Flow cytometry, interpretation;	Flow Cytometry	January 2016	42			CAP	1.40	CMS High Expenditure Procedural	July 2015	XXX	1.20	0.55	0.55	0.06	38,457	FALSE		FALSE						TRUE	Decrease
88189	Flow cytometry, interpretation;	Flow Cytometry	January 2016	42			CAP	1.70	CMS High Expenditure Procedural	July 2015	XXX	1.70	0.67	0.67	0.08	236,357	FALSE		FALSE						TRUE	Decrease
88300	Level I - Surgical pathology,	Pathology Consultations	January 2012	24			AAD, AGA, CAP,	0.08 and new PE inputs	Havard Valued - Utilization over 1	February 2009	XXX	0.08	NA	0.39	0.02	166,076	FALSE		FALSE						TRUE	Maintain
88302	Level II - Surgical pathology,	Pathology Consultations	January 2012	24			AAD, AGA, CAP,	0.13 and new PE inputs	Havard Valued - Utilization over 1	February 2009	XXX	0.13	NA	0.85	0.02	58,536	FALSE		FALSE						TRUE	Maintain
88304	Level III - Surgical pathology,	Pathology Consultations	January 2012	24			AAD, AGA, CAP,	0.22 and new PE inputs	Havard Valued - Utilization over 1	October 2008	XXX	0.22	NA	1.05	0.02	779,959	FALSE		FALSE						TRUE	Maintain
88305	Level IV - Surgical pathology,	Pathology Consultations	January 2012	24			AAD, AGA, CAP,	0.75 and new PE inputs	Havard Valued - Utilization over 1	October 2008	XXX	0.75	NA	1.38	0.02	15,836,017	FALSE		FALSE						TRUE	Maintain
88307	Level V - Surgical pathology,	Pathology Consultations	January 2012	24			AAD, AGA, CAP,	1.59 and new PE inputs	Havard Valued - Utilization over 1	February 2009	XXX	1.59	NA	6.98	0.07	897,943	FALSE		FALSE						TRUE	Maintain

88309	Level VI - Surgical pathology,	Pathology Services	January 2012	24			AAD, AGA, CAP,	2.80 and new PE inputs	Havard Valued - Utilization over 1	February 2009	XXX	2.80	NA	10.09	0.09	131,272	FALSE			FALSE					TRUE	Maintain
88312	Special stain including	Special Stains	January 2012	33			CAP	0.54	Havard Valued - Utilization over 1	October 2008	XXX	0.54	NA	2.82	0.02	1,163,061	FALSE			TRUE	At the February 2010 RUC meeting, the	June 2010	12	Complete	TRUE	Maintain
88313	Special stain including	Special Stains	February 2011	33			CAP	0.24	Havard Valued - Utilization over 1	October 2008	XXX	0.24	NA	2.23	0.02	1,236,949	FALSE			TRUE	At the February 2010 RUC meeting, the	June 2010	12	Complete	TRUE	Maintain
88314	Special stain including	Special Stains	February 2011	33			CAP	0.45	Havard Valued - Utilization over 1	February 2009	XXX	0.45	NA	2.18	0.03	21,903	FALSE			TRUE	At the February 2010 RUC meeting, the	June 2010	12	Complete	TRUE	Maintain
88318	Deleted from CPT	Special Stains	February 2010	22			CAP, AAD	Deleted from CPT	Havard Valued - Utilization over 1								FALSE			TRUE	At the February 2010 RUC meeting, the	June 2010	12	Complete	TRUE	Deleted from
88319	Special stain including	Special Stains	February 2011	33			CAP	0.53	Havard Valued - Utilization over 1		XXX	0.53	NA	3.54	0.03	12,731	FALSE			TRUE	At the February 2010 RUC meeting, the	June 2010	12	Complete	TRUE	Maintain
88321	Consultation and report on	Microslide Consultation	January 2016	43			CAP, ASC	1.63	CMS High Expenditure Procedural	July 2015	XXX	1.63	0.73	1.18	0.08	163,519	FALSE			FALSE					TRUE	Maintain
88323	Consultation and report on	Microslide Consultation	January 2016	43			CAP, ASC	1.83	CMS High Expenditure Procedural	July 2015	XXX	1.83	NA	1.59	0.03	33,571	FALSE			FALSE					TRUE	Maintain
88325	Consultation, comprehensive,	Microslide Consultation	January 2016	43			CAP, ASC	2.85	CMS High Expenditure Procedural	July 2015	XXX	2.85	0.95	1.66	0.12	11,300	FALSE			FALSE					TRUE	Increase
88329	Pathology consultation during	Pathology Consultation	October 2010	18			CAP	0.67	Harvard Valued - Utilization over	February 2010	XXX	0.67	0.32	0.94	0.04	22,555	FALSE			FALSE					TRUE	Maintain
88331	Pathology consultation during	Pathology Consultation	October 2010	18			CAP	1.19	Harvard Valued - Utilization over	October 2009	XXX	1.19	NA	1.81	0.03	333,252	FALSE			FALSE					TRUE	Maintain
88332	Pathology consultation during	Pathology Consultation	October 2010	18			CAP	0.59	Harvard Valued - Utilization over	October 2009	XXX	0.59	NA	1.02	0.02	122,479	FALSE			FALSE					TRUE	Maintain
88333	Pathology consultation during	Pathology Consultation	April 2016	39			ASC, CAP	1.20	CMS Request - Final Rule for 2016	July 2015	XXX	1.20	NA	1.51	0.03	58,951	FALSE			FALSE					TRUE	Maintain
88334	Pathology consultation during	Pathology Consultation	April 2016	39			ASC, CAP	0.73	CMS Request - Final Rule for 2016	July 2015	ZZZ	0.73	NA	0.92	0.01	28,643	FALSE			FALSE					TRUE	Maintain
88341	Immunohistochemistry or	Morphometric Analysis In	April 2014	21			CAP	0.65	CMS Request - Final Rule for 2014	November 2013	ZZZ	0.56	NA	2.15	0.01	3,299,705	FALSE			FALSE					TRUE	Decrease
88342	Immunohistochemistry or	Morphometric Analysis In	April 2014	21			CAP	0.70	CMS-Other - Utilization over	April 2011	XXX	0.70	NA	2.46	0.02	2,105,463	FALSE			TRUE	In Jan 2012, the specialty society	May 2012		Complete	TRUE	Decrease
88343	Immunohistochemistry or	Morphometric Analysis In	April 2014	21			CAP	Deleted from CPT	CMS Request - Final Rule for 2014	November 2013							FALSE			FALSE					TRUE	Deleted from
88344	Immunohistochemistry or	Morphometric Analysis In	April 2014	21			CAP	0.77	CMS Request - Final Rule for 2014	November 2013	XXX	0.77	NA	4.4	0.02	165,839	FALSE			FALSE					TRUE	Decrease
88346	Immunofluorescence, per	Immunofluorescent	January 2015	17			CAP, ASC	0.74	CMS-Other - Utilization over	April 2013	XXX	0.74	NA	3.73	0.03	52,971	FALSE			TRUE	In April 2013, the RUC identified code	October 2014	45	Complete	TRUE	Decrease
88347	Immunofluorescent study, each	Immunofluorescent	January 2015	17			CAP, ASC	Deleted from CPT	CMS-Other - Utilization over	October 2013							FALSE			TRUE	In April 2013, the RUC identified code	October 2014	45	Complete	TRUE	Deleted from
88348	Electron microscopy, diagnostic	Electron Microscopy-PE	October 2013	14			CAP	New PE Inputs	Services with Stand-Alone PE	October 2012	XXX	1.51	NA	12.91	0.11	14,060	FALSE			FALSE					TRUE	PE Only
88349	Electron microscopy; scanning	Electron Microscopy-PE	October 2013	14			CAP	Deleted from CPT	Services with Stand-Alone PE	October 2012							FALSE			TRUE	Refer to CPT to delete.	Oct 2013		Complete	TRUE	Deleted from
88350	Immunofluorescence, per	Immunofluorescent	January 2015	17			CAP, ASC	0.70	CMS-Other - Utilization over	October 2014	ZZZ	0.59	NA	2.81	0.02	230,286	FALSE			FALSE		October 2014	45	Complete	TRUE	Decrease
88356	Morphometric analysis; nerve	RAW	April 2014	37			ASCP, CAP	2.80	High Volume Growth2	April 2013	XXX	2.80	NA	4.18	0.08	20,476	FALSE			FALSE					TRUE	Decrease
88360	Morphometric analysis, tumor	Tumor	April 2016	40			ASC, CAP	0.85	CMS High Expenditure Procedural	July 2015	XXX	0.85	NA	2.74	0.02	623,440	FALSE			FALSE					TRUE	Decrease
88361	Morphometric analysis, tumor	Tumor	April 2016	40			ASC, CAP	0.95	CMS High Expenditure Procedural	July 2015	XXX	0.95	NA	2.61	0.02	145,417	FALSE			FALSE					TRUE	Decrease
88364	In situ hybridization (eg, FISH),	Morphometric Analysis In	April 2014	21			CAP, ASCP, ASC	0.88	CMS Request - Final Rule for 2014	November 2013	ZZZ	0.70	NA	3.28	0.02	36,647	FALSE			FALSE					TRUE	Decrease
88365	In situ hybridization (eg, FISH),	Morphometric Analysis In	April 2014	21			CAP	0.88	CMS Request - Final Rule for 2012 /	September 2011	XXX	0.88	NA	4.41	0.03	57,466	TRUE	Dec 2011	Yes	TRUE	In April 2013, the College of American	May 2013		Complete	TRUE	Decrease
88366	In situ hybridization (eg, FISH),	Morphometric Analysis In	April 2014	21			CAP, ASCP, ASC	1.24	CMS Request - Final Rule for 2012 /	May 2013	XXX	1.24	NA	6.87	0.04	2,587	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
88367	Morphometric analysis, in situ	Morphometric Analysis In	September 2014	18			CAP, ASCP, ASC	0.86	CMS Request - Final Rule for 2012 /	September 2011	XXX	0.73	NA	2.6	0.02	3,964	TRUE	Dec 2011	Yes	TRUE	In April 2013, the College of American	May 2013		Complete	TRUE	Decrease
88368	Morphometric analysis, in situ	Morphometric Analysis In	September 2014	18			CAP, ASCP, ASC	0.88	CMS Request - Final Rule for 2012 /	September 2011	XXX	0.88	NA	3.53	0.03	16,333	TRUE	Dec 2011	Yes	TRUE	In April 2013, the College of American	May 2013		Complete	TRUE	Decrease
88373	Morphometric analysis, in situ	Morphometric Analysis In	April 2014	21			CAP, ASCP, ASC	0.86	CMS Request - Final Rule for 2014	November 2013	ZZZ	0.58	NA	1.44	0.01	5,203	FALSE			FALSE					TRUE	Decrease
88374	Morphometric analysis, in situ	Morphometric Analysis In	April 2014	21			CAP, ASCP, ASC	1.04	CMS Request - Final Rule for 2014		XXX	0.93	NA	7.68	0.02	142,874	FALSE			FALSE					TRUE	Decrease
88377	Morphometric analysis, in situ	Morphometric Analysis In	October 2020	24			CAP, ASCP, ASC	1.40	CMS Request - Final Rule for 2012 /	May 2013	XXX	1.40	NA	10.42	0.04	121,925	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
88381	Microdissection (ie, sample	RAW	September 2022	13	April 2025	RAW	ASC, AP	Review action plan	High Volume Growth8	April 2022	XXX	0.53	NA	5.46	0.05	56,078	FALSE			FALSE					FALSE	
90460	Immunization administration	Immunization	April 2021	19			AAFP, AAP,	0.24	CMS Request-Final Rule for 2021	July 2020	XXX	0.24	NA	0.43	0.02	146	FALSE			FALSE					TRUE	Increase
90461	Immunization administration	Immunization	April 2021	19			AAFP, AAP,	0.18	CMS Request-Final Rule for 2021	July 2020	ZZZ	0.18	NA	0.07	0.01	30	FALSE			FALSE					TRUE	Increase
90465	Deleted from CPT	Immunization	February 2008	R			AAP	New PE inputs	CMS Request - Practice Expense	NA							FALSE			FALSE					TRUE	Deleted from
90467	Deleted from CPT	Immunization	February 2008	R			AAP	New PE inputs	CMS Request - Practice Expense	NA							FALSE			FALSE					TRUE	Deleted from
90471	Immunization administration	Immunization	April 2021	19			AAFP, AAP,	0.17	CMS Request - Practice Expense	February 2008	XXX	0.17	NA	0.44	0.01	344,382	FALSE			FALSE					TRUE	Maintain
90472	Immunization administration	Immunization	April 2021	19			AAFP, AAP,	0.15	CMS Request - Practice Expense	February 2008	ZZZ	0.15	NA	0.28	0.01	29,042	FALSE			FALSE					TRUE	Maintain
90473	Immunization administration	Immunization	April 2021	19			AAFP, AAP,	0.17	CMS Request - Practice Expense	NA	XXX	0.17	NA	0.32	0.01	1	FALSE			FALSE					TRUE	Maintain
90474	Immunization administration	Immunization	April 2021	19			AAFP, AAP,	0.15	CMS Request - Practice Expense	NA	ZZZ	0.15	NA	0.2	0.01		FALSE			FALSE					TRUE	Maintain
90785	Interactive complexity (List	Psychotherapy for Crisis	April 2024	12			AACAP, APA	0.33	CMS High Expenditure Procedural	April 2013	ZZZ	0.33	0.05	0.1	0.01	333,763	FALSE			TRUE	CPT February 2012 - created new	October 2020	55	Complete	TRUE	Increase
90791	Psychiatric diagnostic	Psychotherapy	April 2012	26			APA, APA	3.00	CMS High Expenditure Procedural	April 2013	XXX	3.84	0.49	1.23	0.1	690,443	FALSE			TRUE	CPT February 2012 - created new	February 2012	93	Complete	TRUE	Increase
90792	Psychiatric diagnostic	Psychotherapy	April 2012	26			APA, APA	3.25	CMS High Expenditure Procedural	April 2013	XXX	4.16	0.75	1.49	0.17	520,437	FALSE			TRUE	CPT February 2012 - created new	February 2012	93	Complete	TRUE	Increase
90801	Psychiatric diagnostic interview	RAW review	January 2012	30				Deleted from CPT	CMS High Expenditure Procedural	September 2011							FALSE			TRUE	January 2012, the RAW noted that coding	February 2012	93	Complete	TRUE	Deleted from
90805	Individual psychotherapy,	RAW review	January 2012	30				Deleted from CPT	CMS High Expenditure Procedural	September 2011							FALSE			TRUE	January 2012, the RAW noted that coding	February 2012	93	Complete	TRUE	Deleted from
90806	Individual psychotherapy,	RAW review	January 2012	30				Deleted from CPT	CMS High Expenditure Procedural	September 2011							FALSE			TRUE	January 2012, the RAW noted that coding	February 2012	93	Complete	TRUE	Deleted from
90808	Individual psychotherapy,	RAW review	January 2012	30				Deleted from CPT	CMS High Expenditure Procedural	September 2011							FALSE			TRUE	January 2012, the RAW noted that coding	February 2012	93	Complete	TRUE	Deleted from
90818	Individual psychotherapy,	RAW review	January 2012	30				Deleted from CPT	CMS High Expenditure Procedural	September 2011							FALSE			TRUE	January 2012, the RAW noted that coding	February 2012	93	Complete	TRUE	Deleted from
90832	Psychotherapy, 30 minutes	Psychotherapy	April 2012	26			APA, APA	1.50	CMS High Expenditure Procedural	April 2013	XXX	1.78	0.22	0.52	0.05	1,966,574	FALSE			TRUE	CPT February 2012 - created new	February 2012	93	Complete	TRUE	Increase
90833	Psychotherapy, 30 minutes	Psychotherapy	April 2012	26			APA, APA	1.50	CMS High Expenditure Procedural	April 2013	ZZZ	1.57	0.28	0.52	0.07	1,371,093	FALSE			TRUE	CPT February 2012 - created new	February 2012	93	Complete	TRUE	Increase
90834	Psychotherapy, 45 minutes	Psychotherapy	April 2012	26			APA, APA	2.00	CMS High Expenditure Procedural	April 2013	XXX	2.35	0.30	0.69	0.06	3,755,636	FALSE			TRUE	CPT February 2012 - created new	February 2012	93	Complete	TRUE	Increase
90836	Psychotherapy, 45 minutes	Psychotherapy	April 2012	26			APA, APA	1.90	CMS High Expenditure Procedural	April 2013	ZZZ	1.99	0.36	0.66	0.08	423,970	FALSE			TRUE	CPT February 2012 - created new	February 2012	93	Complete	TRUE	Increase
90837	Psychotherapy, 60 minutes	Psychotherapy	April 2012	26			APA, APA	3.00	CMS High Expenditure Procedural	April 2013	XXX	3.47	0.44	1.01	0.09	6,073,697	FALSE			TRUE	CPT February 2012 - created new	February 2012	93	Complete	TRUE	Increase
90838	Psychotherapy, 60 minutes	Psychotherapy	April 2012	26			APA, APA	2.50	CMS High Expenditure Procedural	April 2013	ZZZ	2.62	0.49	0.89	0.11	94,952	FALSE			TRUE	CPT February 2012 - created new	February 2012	93	Complete	TRUE	Increase
90839	Psychotherapy for crisis; first	Psychotherapy for Crisis	April 2013	35			APA, APA	3.13	CMS High Expenditure Procedural	April 2013	XXX	3.28	0.49	1.02	0.1	18,399	FALSE			TRUE	CPT February 2012 - created new	February 2012	93	Complete	TRUE	Increase
90840	Psychotherapy for crisis; each	Psychotherapy for Crisis	April 2013	35			APA, APA	1.50	CMS High Expenditure Procedural	April 2013	ZZZ	1.57	0.29	0.53	0.08	6,138	FALSE			TRUE	CPT February 2012 - created new	February 2012	93	Complete	TRUE	Increase
90845	Psychoanalysis	Psychotherapy	October 2011					2.10	CMS High Expenditure Procedural	April 2013	XXX	2.20	0.33	0.67	0.07	7,261	FALSE			FALSE					TRUE	Increase
90846	Family psychotherapy (without	Psychotherapy	April 2012	26			APA, APA	2.40	CMS High Expenditure Procedural	April 2013	XXX	2.51	0.34	0.35	0.07	22,452	FALSE			TRUE	CPT February 2012 - created new	February 2012	93	Complete	TRUE	Increase
90847	Family psychotherapy (conjoint	Psychotherapy	April 2012	26			APA, APA	2.50	CMS High Expenditure Procedural	April 2013	XXX	2.62	0.36	0.38	0.07	116,686	FALSE			TRUE	CPT February 2012 - created new	February 2012	93	Complete	TRUE	Increase
90853	Group psychotherapy (other	Psychotherapy	April 2012	26			APA, APA	0.59	CMS High Expenditure Procedural	April 2013	XXX	0.62	0.08	0.19	0.02	421,146	FALSE			TRUE	CPT February 2012 - created new	February 2012	93	Complete	TRUE	Maintain
90862	Pharmacologic management,	RAW review	January 2012	30				Deleted from CPT	CMS High Expenditure Procedural	September 2011							FALSE			TRUE	January 2012, the RAW noted that coding	February 2012	93	Complete	TRUE	Deleted from
90863	Pharmacologic management,	Pharmacologic	April 2013	40			APA (HCPAC)	0.48	CMS High Expenditure Procedural	April 2013	XXX	0.48	0.19	0.24	0.03		FALSE			TRUE	CPT February 2012 - created new	February 2012	93	Complete	TRUE	Increase
90868	Therapeutic repetitive	RAW	September 2022	13			APA (psychiatry)	Maintain	Contractor Priced High Volume /	January 2018	000	0.00	0.00	0	0	240,106	FALSE			FALSE					TRUE	Maintain
90870	Electroconvulsive therapy	Electroconvulsive	April 2010	41			APA	2.50	Harvard Valued - Utilization over	October 2009	000	2.50	0.52	2.58	0.1	89,143	FALSE			FALSE					TRUE	Increase
90901	Biofeedback training by any	Biofeedback Training	April 2024	09	January 2025	RUC	ACOG, APTA,	Refer to CPT	High Volume Growth9	April 2023	000	0.41	0.14	0.8	0.02	48,132	FALSE			TRUE	In April 2023, the Relativity Assessment	Sep 2024			FALSE	
90911	Biofeedback training, perineal	Biofeedback Training	January 2019	15			ACOG, AUA	Deleted from CPT	Negative IWPUT	April 2017							FALSE			TRUE	At the April 2018 meeting, the specialty	September 2018	34	complete	TRUE	Deleted from
90912	Biofeedback training, perineal	Biofeedback Training	April 2024	09	January 2025	RUC	ACOG, APTA,	Refer to CPT 0.90	Negative IWPUT	September 2018	000	0.90	0.31	1.47	0.05	24,229	FALSE			TRUE	In April 2023, the Relativity Assessment	Sep 2024; Feb 2019-	Sep20		FALSE	Increase
90913	Biofeedback training, perineal	Biofeedback Training	April 2024	09	January 2025	RUC	ACOG, APTA,	Refer to CPT. 0.50	Negative IWPUT	September 2018	ZZZ	0.50	0.18	0.43	0.03	14,465	FALSE			TRUE	In April 2023, the Relativity Assessment	Sep 2024; Feb 2019-	Sep20		FALSE	Increase
90935	Hemodialysis procedure with	Hemodialysis-Dialysis	October 2009	30			RPA	1.48	Havard Valued - Utilization over 1	October 2008	000	1.48	0.53		0.09	696,670	FALSE			FALSE					TRUE	Increase
90937	Hemodialysis procedure	Hemodialysis-Dialysis	October 2009	30			RPA	2.11	Havard Valued - Utilization over 1	February 2009	000	2.11	0.78		0.13	30,666	FALSE			FALSE					TRUE	Maintain
90945	Dialysis procedure other than	Hemodialysis-Dialysis	October 2009	30			RPA	1.56	Havard Valued - Utilization over 1	February 2009	000	1.56	0.88		0.1	123,896	FALSE			FALSE					TRUE	Increase
90947	Dialysis procedure other than	Hemodialysis-Dialysis	October 2009	30			RPA	2.52	Havard Valued - Utilization over 1	February 2009	000	2.52	0.92		0.18	10,059	FALSE			FALSE					TRUE	Increase
90951	End-stage renal disease (ESRD)	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised	CMS Request - Practice Expense	February 2009	XXX	23.92	9.18	9.18	1.64	61	FALSE			FALSE					TRUE	PE Only
90952	End-stage renal disease (ESRD)	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised	CMS Request - Practice Expense	February 2009	XXX	0.00	0.00	0	0	8	FALSE			FALSE					TRUE	PE Only
90953	End-stage renal disease (ESRD)	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised	CMS Request - Practice Expense	February 2009	XXX	0.00	0.00	0	0	17	FALSE			FALSE					TRUE	PE Only
90954	End-stage renal disease (ESRD)	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised	CMS Request - Practice Expense	February 2009	XXX	20.86	7.57	7.57	1.35	422	FALSE			FALSE					TRUE	PE Only
90955	End-stage renal disease (ESRD)	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised	CMS Request - Practice Expense	February 2009	XXX	10.32	4.49	4.49	0.68	111	FALSE			FALSE					TRUE	PE Only
90956	End-stage renal disease (ESRD)	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised	CMS Request - Practice Expense	February 2009	XXX	6.64	3.29	3.29	0.4	72	FALSE			FALSE					TRUE	PE Only
90957	End-stage renal disease (ESRD)	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised	CMS Request - Practice Expense	February 2009	XXX	15.46	6.35	6.35	0.99	1,196	FALSE			FALSE					TRUE	PE Only
90958	End-stage renal disease (ESRD)	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised	CMS Request - Practice Expense	February 2009	XXX	9.87	4.35	4.35	0.62	406	FALSE			FALSE					TRUE	PE Only
90959	End-stage renal disease (ESRD)	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised	CMS Request - Practice Expense	February 2009	XXX	6.19	3.09	3.09	0.4	283	FALSE			FALSE					TRUE	PE Only
90960	End-stage renal disease (ESRD)	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised	CMS Request - Practice Expense	February 2009	XXX	6.77	3.32	3.32	0.41	1,402,405	FALSE			FALSE					TRUE	PE Only
90961	End-stage renal disease (ESRD)	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised	CMS Request - Practice Expense	February 2009	XXX	5.52	2.86	2.86	0.34	494,092	FALSE			FALSE					TRUE	PE Only
90962	End-stage renal disease (ESRD)	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised	CMS Request - Practice Expense	February 2009	XXX	3.57	2.23	2.23	0.22	155,332	FALSE			FALSE					TRUE	PE Only
90963	End-stage renal disease (ESRD)	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised	CMS Request - Practice Expense	February 2009	XXX	12.09	5.14	5.14	0.77	132	FALSE			FALSE					TRUE	PE Only
90964	End-stage renal disease (ESRD)	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised	CMS Request - Practice Expense	February 2009	XXX	10.25	4.52	4.52	0.66	682	FALSE			FALSE					TRUE	PE Only
90965	End-stage renal disease (ESRD)	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised	CMS Request - Practice Expense	February 2009	XXX	9.80	4.39	4.39	0.62	1,031	FALSE			FALSE					TRUE	PE Only
90966	End-stage renal disease (ESRD)	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised	CMS Request - Practice Expense	February 2009	XXX	5.52	2.86	2.86	0.34	323,474	FALSE			FALSE					TRUE	PE Only
91038	Esophageal function test,	Gastroenterological Tests	February 2010	23			AGA, ASGE	New PE Inputs	CMS Request - Practice Expense	February 2010	000	1.10	NA	10.91	0.07	3,794	FALSE			FALSE					TRUE	PE Only
91110	Gastrointestinal tract imaging,	Gastrointestinal Tract	January 2016	44			ACG, AGA, ASGE	2.49	CMS High Expenditure Procedural	July 2015	XXX	2.24	NA	19.58	0.08	42,423	FALSE			FALSE					TRUE	Decrease
91111	Gastrointestinal tract imaging,	Gastrointestinal Tract	January 2016	44			ACG, AGA, ASGE	1.00	CMS High Expenditure Procedural	July 2015	XXX	0.90	NA	25.3	0.04	142	FALSE			FALSE					TRUE	Maintain
91120	Rectal sensation, tone, and	RAW	September 2023	22	September 2024	RUC	ACG, AGA, ASGE	Refer to CPT to bundle	Codes Reported Together 75% or	April 2023	XXX	0.97	NA	13.97	0.06	9,330	FALSE			TRUE	In April 2023, the RAW identified codes	May 2024			FALSE	
91122	Anorectal manometry	RAW	September 2023	22	September 2024	RUC	ACG, AGA, ASGE	Refer to CPT to bundle	Codes Reported Together 75% or	April 2023	000	1.77	NA	6.39	0.12	17,726	FALSE			TRUE	In April 2023, the RAW identified codes	May 2024			FALSE	
91132	Electrogastrography,	Electrogastrography	February 2010	24			AGA, ACG, ASGE	New PE Inputs	CMS Request - Practice Expense		XXX	0.52	NA	12.57	0.03	89	FALSE			FALSE					TRUE	PE Only
91133	Electrogastrography,	Electrogastrography	February 2010	24			AGA, ACG, ASGE	New PE Inputs	CMS Request - Practice Expense		XXX	0.66	NA	13.1	0.03	64	FALSE			FALSE					TRUE	PE Only
92065	Orthoptic training; performed	Orthoptic Training	April 2021	10			AAO, AOA	0.71	Harvard Valued - Utilization over	October 2019	XXX	0.71	0.27	0.47	0.01	28,649	FALSE			TRUE	This service was identified in October 2019	February 2021 May	35	Complete	TRUE	Increase
92066	Orthoptic training; under	Orthoptic Training	April 2021	10			AAO, AOA	New PE Inputs	Harvard Valued - Utilization over	February 2021	XXX	0.00	NA	0.78	0.01		FALSE			FALSE					TRUE	PE Only
92081	Visual field examination,	Visual Field Examination	April 2010	42			AAO, AOA	0.30	Harvard Valued - Utilization over	October 2009	XXX	0.30	NA	0.68	0.02	77,430	FALSE			FALSE					TRUE	Decrease
92082	Visual field examination,	Visual Field Examination	April 2010	42			AAO, AOA	0.40	Harvard Valued - Utilization over	October 2009	XXX	0.40	NA	0.99	0.02	102,781	FALSE			FALSE					TRUE	Decrease
92083	Visual field examination,	Visual Field Examination	April 2012	46			AAO, AOA	0.50	MPC List / CMS High Expenditure	October 2010	XXX	0.50	NA	1.38	0.02	2,653,897	FALSE			FALSE					TRUE	Maintain
92100	Serial tonometry (separate	Serial Tonometry	September 2011	36			AAO, AOA	0.61	Harvard Valued - Utilization over	April 2011	XXX	0.61	0.32	1.92	0.02	23,374	FALSE			FALSE					TRUE	Decrease
92133	Scanning computerized	Computerized Scanning	April 2010	23			AAO, AOA (eye)	0.50	CMS Fastest Growing	October 2009	XXX	0.40	NA	0.67	0.02	2,647,877	FALSE			FALSE		October 2009	44		TRUE	Decrease
92134	Scanning computerized	Computerized Scanning	September 2022	13			AAO, AOA (eye)	0.50	CMS Fastest Growing / Codes	October 2008	XXX	0.45	NA	0.74	0.02	7,625,266	FALSE			FALSE		October 2009	44		TRUE	Decrease
92135	Deleted from CPT	Ophthalmic Diagnostic	October 2009	31			AAO, AOA	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			TRUE	Revise to specify optic nerve and to	October 2009	44	Code	TRUE	Deleted from
92136	Ophthalmic biometry by partial	Ophthalmic Biometry	April 2016	36			AAO	0.54	CMS Fastest Growing / CMS High	October 2008	XXX	0.54	NA	0.85	0.02	1,553,667	FALSE			FALSE					TRUE	Maintain
92140	Provocative tests for glaucoma,	Glaucoma Provacative	April 2016	41			AAO, AOA	Deleted from CPT	Harvard Valued - Utilization over	October 2015							FALSE			TRUE	The specialty societies noted that they	May 2016	26	Complete	TRUE	Deleted from
92201	Ophthalmoscopy, extended;	Ophthalmoscopy	April 2018	05			AAO, AOA	0.40	Negative IWPUT	February 2018	XXX	0.40	0.25	0.32	0.02	470,308	FALSE			FALSE		February 2018	22		TRUE	Decrease
92202	Ophthalmoscopy, extended;	Ophthalmoscopy	April 2018	05			AAO, AOA	0.26	Negative IWPUT	February 2018	XXX	0.26	0.16	0.19	0.01	692,251	FALSE			FALSE		February 2018	22		TRUE	Decrease
92225	Ophthalmoscopy, extended,	Ophthalmoscopy	April 2018	05			AAO, AOA	Deleted from CPT	Negative IWPUT	April 2017							FALSE			TRUE	A RUC member requested that the	February 2018	22	complete	TRUE	Deleted from
92226	Ophthalmoscopy, extended,	Ophthalmoscopy	April 2018	05			AAO, AOA	Deleted from CPT	Negative IWPUT	February 2018							FALSE			FALSE		February 2018	22		TRUE	Deleted from
92227	Imaging of retina for detection	RAW	September 2023	22				Remove from screen	Work Neutrality 2021	April 2023	XXX	0.00	NA	0.52	0.01	1,025	FALSE			FALSE					TRUE	Remove from
92228	Imaging of retina for detection	RAW	September 2023	22				Remove from screen	Work Neutrality 2021	April 2023	XXX	0.32	NA	0.55	0.02	5,758	FALSE			FALSE					TRUE	Remove from
92229	Imaging of retina for detection	RAW	September 2023	22				Remove from screen	Work Neutrality 2021	April 2023	XXX	0.00	NA	1.22	0.01	1,426	FALSE			FALSE					TRUE	Remove from

92235	Fluorescein angiography	Ophthalmoscopic	January 2016	21		RUC	AAO, ASRS	0.75	Harvard Valued - Utilization over	April 2011	XXX	0.75	NA	4.1	0.02	292,734	FALSE			TRUE	In January 2015, the Joint CPT/RUC	October 2015	55	Complete	TRUE	Decrease
92240	Indocyanine-green angiography	Ophthalmoscopic	January 2016	21		RUC	AAO, ASRS	0.80	Codes Reported Together 75% or	January 2015	XXX	0.80	NA	4.76	0.08	7,696	FALSE			TRUE	In January 2015, the Joint CPT/RUC	October 2015	55	Complete	TRUE	Decrease
92242	Fluorescein angiography and	Ophthalmoscopic	January 2016	21		RUC	AAO, ASRS	0.95	Codes Reported Together 75% or	October 2015	XXX	0.95	NA	7.44	0.04	30,533	FALSE			TRUE	In January 2015, the Joint CPT/RUC	October 2015	55	Complete	TRUE	Decrease
92250	Fundus photography with	Fundus Photography	January 2016	45			AAO, ASRS, AOA	0.40	MPC List / CMS High Expenditure	October 2010	XXX	0.40	NA	0.69	0.02	3,262,549	FALSE			FALSE					TRUE	Decrease
92270	Electro-oculography with	Electro-oculography	October 2017	19			AAO-HNS	CPT Assistant article	High Volume Growth1 / High	February 2008	XXX	0.81	NA	2.68	0.03	1,556	TRUE	Aug 2008	Yes	TRUE	The specialties indicated that they will	February 2014	87	Complete	TRUE	Maintain
92273	Electroretinography (ERG), with	Electroretinography	January 2024	16	April 2028	RAW	AAO, AOA	Refer to CPT Assistant. 0.80	CMS High Expenditure Procedural	September 2017	XXX	0.69	NA	3.06	0.03	95,837	TRUE			FALSE					FALSE	Decrease
92274	Electroretinography (ERG), with	Electroretinography	January 2024	16	April 2028	RAW	AAO, AOA	Refer to CPT Assistant. 0.72	CMS High Expenditure Procedural	September 2017	XXX	0.61	NA	2.05	0.02	3,580	TRUE			FALSE					FALSE	Decrease
92275	Electroretinography with	Electroretinography	January 2018	17			AAO, ASRS, AOA	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			TRUE	In January 2016, the specialty society	June 2017	24	yes	TRUE	Deleted from
92284	Diagnostic dark adaptation	Dark Adaptation	April 2024	05			AAO, AOA	0.32	Harvard Valued - Utilization over	October 2020	XXX	0.00	NA	1.11	0.01	39,431	TRUE			TRUE	In October 2020, CPT code 92284 was	February 2024	30	Complete	TRUE	Decrease
92285	External ocular photography	Ocular Photography	October 2009	32			AAO, AOA	0.05 and new PE inputs	CMS Fastest Growing, Harvard	October 2008	XXX	0.05	NA	0.63	0.02	394,233	FALSE			TRUE	The specialty noted that utilization has	February 2010		Complete	TRUE	Decrease
92286	Anterior segment imaging with	Anterior Segment	April 2012	28			AAO, AOA	0.40	Harvard Valued - Utilization over	April 2011	XXX	0.40	NA	0.75	0.02	98,478	FALSE			TRUE	The specialty societies indicated and AMA	October 2011	20	Complete	TRUE	Decrease
92287	Anterior segment imaging with	Anterior Segment	April 2021	21			AAO, ASRS	0.40	Harvard Valued - Utilization over		XXX	0.40	NA	3.86	0.02	4,594	TRUE	Mar	Yes	TRUE	The specialty societies indicated and AMA	October 2011	20	Complete	TRUE	Decrease
922X1		Dark Adaptation	April 2024	05	April 2024	RUC	AAO, AOA	0.17	Harvard Valued - Utilization over	February 2024							FALSE			FALSE		February 2024	30	Complete	TRUE	Decrease
92504	Binocular microscopy (separate	Binocular Microscopy	April 2010	43			AAO-HNS	0.18	Harvard Valued - Utilization over	October 2009	XXX	0.18	0.08	0.68	0.01	234,114	FALSE			FALSE					TRUE	Maintain
92506	Evaluation of speech, language,	Speech Language	February 2010	28			ASHA	Deleted from CPT	CMS Request/Speech Language								FALSE			TRUE	The specialty society after reviewing the	October 2012	28	Complete	TRUE	Deleted from
92507	Treatment of speech, language,	Speech Language	April 2024	12	September 2024	RAW	ASHA	Review action plan. 1.30 work	CMS Request/Speech Language	October 2015	XXX	1.30	NA	0.96	0.03	550,374	FALSE			FALSE					FALSE	Decrease
92508	Treatment of speech, language,	Speech Language	February 2010	28			ASHA	0.43 work RVU and clinical	CMS Request/Speech Language		XXX	0.33	NA	0.39	0.01	3,031	FALSE			FALSE					TRUE	Decrease
92521	Evaluation of speech fluency	Speech Evaluation	January 2013	32			ASHA	1.75	CMS Request/Speech Language		XXX	2.24	NA	1.69	0.06	293	FALSE			FALSE		October 2012	28	Complete	TRUE	Increase
92522	Evaluation of speech sound	Speech Evaluation	January 2013	32			ASHA	1.50	CMS Request/Speech Language		XXX	1.92	NA	1.35	0.07	4,003	FALSE			FALSE		October 2012	28	Complete	TRUE	Increase
92523	Evaluation of speech sound	Speech Evaluation	April 2023	15	September 2026	RAW	ASHA	Refer to CPT Assistant. 3.36	CMS Request/Speech Language		XXX	3.84	NA	2.9	0.1	30,789	TRUE	Apr 2024	complete	FALSE		October 2012	28	Complete	TRUE	Increase
92524	Behavioral and qualitative	Speech Evaluation	January 2013	32			ASHA	1.75	CMS Request/Speech Language		XXX	1.92	NA	1.3	0.07	19,542	FALSE			FALSE		October 2012	28	Complete	TRUE	Increase
92526	Treatment of swallowing	Speech Language	October 2020	23			ASHA, AAO-HNS	Maintain	CMS Request/Speech Language	NA	XXX	1.34	NA	1.17	0.03	202,921	FALSE			FALSE					TRUE	Decrease
92537	Caloric vestibular test with	Vestibular Caloric	January 2015	18			AAA, AAN, AAO-	0.80	CMS-Other - Utilization over	October 2014	XXX	0.60	NA	0.57	0.02	51,886	FALSE			FALSE		October 2014	54	Complete	TRUE	Increase
92538	Caloric vestibular test with	Vestibular Caloric	January 2015	18			AAA, AAN, AAO-	0.55	CMS-Other - Utilization over	October 2014	XXX	0.30	NA	0.35	0.02	5,720	FALSE			FALSE		October 2014	54	Complete	TRUE	Increase
92540	Basic vestibular evaluation,	EOG VNG	April 2014	24	September 2024	RAW	AAN, ASHA, AAO-	Review action plan. 1.50	Codes Reported Together 95% or		XXX	1.50	NA	1.67	0.03	69,977	FALSE			FALSE					TRUE	Decrease
92541	Spontaneous nystagmus test,	EOG VNG	April 2014	24			AAN, ASHA, AAO-	0.40	Codes Reported Together 95% or	February 2008	XXX	0.40	NA	0.33	0.02	11,381	FALSE			TRUE	Referred to the CPT Editorial Panel for	February 2009	54	Complete	TRUE	Maintain
92542	Positional nystagmus test,	EOG VNG	April 2014	24			AAN, ASHA, AAO-	0.48	Codes Reported Together 95% or	February 2008	XXX	0.48	NA	0.36	0.02	15,961	FALSE			TRUE	Referred to the CPT Editorial Panel for	February 2009	54	Complete	TRUE	Increase
92543	Caloric vestibular test, each	Vestibular Caloric	January 2015	18			AAA, AAN, AAO-	Deleted from CPT	Codes Reported Together 95% or	February 2008							FALSE			TRUE	The RUC discussed the confusion that	October 2014	54	Complete	TRUE	Deleted from
92544	Optokinetic nystagmus test,	EOG VNG	April 2014	24			AAN, ASHA, AAO-	0.27	Codes Reported Together 95% or	February 2008	XXX	0.27	NA	0.24	0.02	2,964	FALSE			TRUE	Referred to the CPT Editorial Panel for	February 2009	54	Complete	TRUE	Increase
92545	Oscillating tracking test, with	EOG VNG	April 2014	24			AAN, ASHA, AAO-	0.25	Codes Reported Together 95% or	February 2008	XXX	0.25	NA	0.23	0.02	4,274	FALSE			TRUE	Referred to the CPT Editorial Panel for	February 2009	54	Complete	TRUE	Increase
92546	Sinusoidal vertical axis	EOG VNG	April 2014	24	September 2024	RAW		Review action plan. Editorial	CMS-Other - Utilization over	February 2014	XXX	0.29	NA	3.66	0.03	36,034	FALSE			TRUE	Referred to the CPT Editorial Panel for	February 2014	87	Complete	TRUE	Maintain
92547	Use of vertical electrodes (List	EOG VNG	April 2014	24				Editorial change only	CMS-Other - Utilization over	February 2014	ZZZ	0.00	NA	0.32	0	22,811	FALSE			TRUE	Referred to the CPT Editorial Panel for	February 2014	87	Complete	TRUE	Maintain
92548	Computerized dynamic	Computerized Dynamic	January 2019	16			AAA, AAN, ASHA	0.76	CMS-Other - Utilization over	February 2014	XXX	0.67	NA	0.71	0.03	29,891	FALSE			TRUE	In 2014 the RUC referred this code to the	September 2018 /	35	complete	TRUE	Increase
92549	Computerized dynamic	Computerized Dynamic	January 2019	16		RUC		0.96	CMS-Other - Utilization over	September 2018	XXX	0.87	NA	1.04	0.02	6,326	FALSE			FALSE		September 2018	35	complete	TRUE	Increase
92550	Tympanometry and reflex	Bundled Audiology Tests	April 2009	22	September 2024	RAW	ASHA, AAO-	Review action plan. 0.35	Codes Reported Together 95% or		XXX	0.35	NA	0.29	0.01	183,937	FALSE			FALSE					TRUE	Decrease
92557	Comprehensive audiometry	Bundled Audiology Tests	April 2009	22	September 2024	RAW	ASHA, AAO-	Review action plan. 0.60 work	Codes Reported Together 95% or	February 2008	XXX	0.60	0.32	0.47	0.02	1,158,835	FALSE			TRUE	Referred to the CPT Editorial Panel for	February 2009	54	Complete	TRUE	Decrease
92558	Evoked otoacoustic emissions,	Otoacoustic Emissions	April 2011	35			ASHA	0.17	CMS Fastest Growing	February 2011	XXX	0.17	0.07	0.1	0.01		FALSE			FALSE		February 2011			TRUE	Increase
92567	Tympanometry (impedance	Bundled Audiology Tests	April 2009	22	September 2024	RAW	ASHA, AAO-	Review action plan. 0.20 work	Codes Reported Together 95% or	February 2008	XXX	0.20	0.11	0.28	0.01	876,262	FALSE			TRUE	Referred to the CPT Editorial Panel for	February 2009	54	Complete	TRUE	Decrease
92568	Acoustic reflex testing,	Bundled Audiology Tests	April 2009	22			ASHA, AAO-	0.29 work RVU and clinical	Codes Reported Together 95% or	February 2008	XXX	0.29	0.14	0.15	0.01	2,572	FALSE			TRUE	Referred to the CPT Editorial Panel for	February 2009	54	Complete	TRUE	Decrease
92569	Deleted from CPT	Bundled Audiology Tests	April 2009	22			ASHA, AAO-	Deleted from CPT	Codes Reported Together 95% or	February 2008							FALSE			TRUE	Referred to the CPT Editorial Panel for	February 2009	54	Code	TRUE	Deleted from
92570	Acoustic immittance testing,	Bundled Audiology Tests	October 2015	21			ASHA, AAO-	0.55	Codes Reported Together 95% or		XXX	0.55	0.29	0.39	0.02	28,837	FALSE			FALSE					TRUE	Decrease
92584	Electrocochleography	Auditory Evoked	April 2019	06			AAA, AAO-HNS,	1.00	CMS-Other - Utilization over 30,000	February 2019	XXX	1.00	NA	2.28	0.04	9,735	FALSE			FALSE					TRUE	Increase
92585	Auditory evoked potentials for	Auditory Evoked	April 2019	06			AAA, AAO-HNS,	Deleted from CPT	CMS-Other - Utilization over 30,000	October 2017							FALSE			TRUE	In October 2017, the RAW requested that	February 2019	19	complete	TRUE	Deleted from
92586	Auditory evoked potentials for	Auditory Evoked	April 2019	06			AAA, AAO-HNS,	Deleted from CPT	CMS-Other - Utilization over 30,000	February 2019							FALSE			FALSE		February 2019	19	complete	TRUE	Deleted from
92587	Distortion product evoked	Otoacoustic Emissions	April 2011	35			ASHA	0.45	CMS Fastest Growing	October 2008	XXX	0.35	NA	0.27	0.02	40,518	FALSE			TRUE	The specialty noted that this is now a very	October 2010	41	Complete	TRUE	Increase
92588	Distortion product evoked	Otoacoustic Emissions	April 2011	35			ASHA	0.60	CMS Fastest Growing		XXX	0.55	NA	0.42	0.02	80,237	FALSE			FALSE		February 2011			TRUE	Increase
92597	Evaluation for use and/or	Speech Language	February 2009	30			ASHA	1.48 work RVU and clinical	CMS Request/Speech Language	NA	XXX	1.26	NA	0.87	0.04	1,865	FALSE			FALSE					TRUE	Decrease
92605	Evaluation for prescription of	Eval of Rx for Non-Speech	April 2011	35			ASHA	1.75	CMS Request/Speech Language		XXX	1.75	0.68	0.85	0.11		FALSE			TRUE	The specialty society after reviewing the	February 2011	58	Complete	TRUE	Increase
92606	Therapeutic service(s) for the	Speech Language	February 2010	28			ASHA	1.40 work RVU and clinical	CMS Request/Speech Language		XXX	1.40	0.54	0.87	0.08		FALSE			FALSE					TRUE	Decrease
92607	Evaluation for prescription for	Speech Language	February 2010	28			ASHA	1.85 work RVU and clinical	CMS Request/Speech Language		XXX	1.85	NA	1.82	0.05	512	FALSE			FALSE					TRUE	Decrease
92608	Evaluation for prescription for	Speech Language	February 2010	28			ASHA	0.70 work RVU and clinical	CMS Request/Speech Language		ZZZ	0.70	NA	0.74	0.02	243	FALSE			FALSE					TRUE	Decrease
92609	Therapeutic services for the	Speech Language	February 2010	28			ASHA	1.50 work RVU and clinical	CMS Request/Speech Language		XXX	1.50	NA	1.56	0.04	13,105	FALSE			FALSE					TRUE	Decrease
92610	Evaluation of oral and	Speech Language	October 2020	23			ASHA, AAO-HNS	Maintain	CMS Request/Speech Language	NA	XXX	1.30	0.76	1.22	0.04	28,330	FALSE			FALSE					TRUE	Decrease
92611	Motion fluoroscopic evaluation	Speech Language	April 2009	39			ASHA	1.34 work RVU and clinical	CMS Request/Speech Language	NA	XXX	1.34	NA	1.35	0.07	9,955	FALSE			FALSE					TRUE	Decrease
92618	Evaluation for prescription of	Eval of Rx for Non-Speech	April 2011	35			ASHA	0.65	CMS Request/Speech Language		ZZZ	0.65	0.25	0.26	0.04		FALSE			FALSE		February 2011	58		TRUE	Increase
92620	Evaluation of central auditory	Audiology Services	October 2008	17			ASHA, AAO-HNS	1.50	CMS Request - Audiology Services	NA	XXX	1.50	0.79	1.09	0.05	852	FALSE			FALSE					TRUE	Decrease
92621	Evaluation of central auditory	Audiology Services	October 2008	17			ASHA, AAO-HNS	0.35	CMS Request - Audiology Services	NA	ZZZ	0.35	0.19	0.29	0.01	42	FALSE			FALSE					TRUE	Decrease
92625	Assessment of tinnitus	Audiology Services	October 2008	17			ASHA, AAO-HNS	1.15	CMS Request - Audiology Services	NA	XXX	1.15	0.61	0.82	0.04	7,606	FALSE			FALSE					TRUE	Decrease
92626	Evaluation of auditory function	Audiology Services	October 2018	30			AAA, ASHA	1.40	CMS Request - Audiology Services /	NA	XXX	1.40	0.76	1.14	0.04	19,283	TRUE	July 2014	Yes	TRUE	In October 2016, this service was identified	May 2018	34	Yes	TRUE	Decrease
92627	Evaluation of auditory function	Audiology Services	October 2018	30			ASHA, AAO-HNS	0.33	CMS Request - Audiology Services	NA	ZZZ	0.33	0.18	0.27	0.01	5,334	FALSE			FALSE					TRUE	Decrease
92640	Diagnostic analysis with	Audiology Services	October 2008	17			ASHA, AAO-HNS	1.76	CMS Request - Audiology Services	NA	XXX	1.76	0.96	1.44	0.04	11	FALSE			FALSE					TRUE	Decrease
92650	Auditory evoked potentials;	Auditory Evoked	April 2019	06			AAA, AAO-HNS,	0.25	CMS-Other - Utilization over 30,000	February 2019	XXX	0.25	NA	0.54	0.02		FALSE			FALSE		February 2019	19	complete	TRUE	Decrease
92651	Auditory evoked potentials; for	Auditory Evoked	April 2019	06			AAA, AAO-HNS,	1.00	CMS-Other - Utilization over 30,000	February 2019	XXX	1.00	NA	1.43	0.05	790	FALSE			FALSE		February 2019	19	complete	TRUE	Increase
92652	Auditory evoked potentials; for	Auditory Evoked	April 2019	06			AAA, AAO-HNS,	1.50	CMS-Other - Utilization over 30,000	February 2019	XXX	1.50	NA	1.78	0.08	5,069	FALSE			FALSE		February 2019	19	complete	TRUE	Increase
92653	Auditory evoked potentials;	Auditory Evoked	April 2019	06			AAA, AAN, AAO-	1.05	CMS-Other - Utilization over 30,000	February 2019	XXX	1.05	NA	1.38	0.06	22,574	FALSE			FALSE		February 2019	19	complete	TRUE	Increase
92920	Percutaneous transluminal	Percutaneous Coronary	January 2012	10			ACC	9.00	MPC List	October 2010	000	9.85	3.37		2.23	19,059	FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92921	Percutaneous transluminal	Percutaneous Coronary	January 2012	10			ACC	4.00	MPC List	October 2010	ZZZ	0.00	0.00	0	0		FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92924	Percutaneous transluminal	Percutaneous Coronary	January 2012	10			ACC	11.00	MPC List	October 2010	000	11.74	4.02		2.67	1,613	FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92925	Percutaneous transluminal	Percutaneous Coronary	January 2012	10			ACC	5.00	MPC List	October 2010	ZZZ	0.00	0.00	0	0		FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92928	Percutaneous transcatheter	Percutaneous Coronary	January 2012	10			ACC	10.49	MPC List	October 2010	000	10.96	3.75		2.48	192,605	FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92929	Percutaneous transcatheter	Percutaneous Coronary	January 2012	10			ACC	4.44	MPC List	October 2010	ZZZ	0.00	0.00	0	0	1	FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92933	Percutaneous transluminal	Percutaneous Coronary	January 2012	10			ACC	12.32	MPC List	October 2010	000	12.29	4.20		2.79	14,719	FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92934	Percutaneous transluminal	Percutaneous Coronary	January 2012	10			ACC	5.50	MPC List	October 2010	ZZZ	0.00	0.00	0	0		FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92937	Percutaneous transluminal	Percutaneous Coronary	January 2012	10			ACC	10.49	MPC List	October 2010	000	10.95	3.75		2.49	12,338	FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92938	Percutaneous transluminal	Percutaneous Coronary	January 2012	10			ACC	6.00	MPC List	October 2010	ZZZ	0.00	0.00	0	0		FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92941	Percutaneous transluminal	Percutaneous Coronary	January 2012	10			ACC	12.32	MPC List	October 2010	000	12.31	4.21		2.78	30,763	FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92943	Percutaneous transluminal	Percutaneous Coronary	January 2012	10			ACC	12.32	MPC List	October 2010	000	12.31	4.20		2.79	7,473	FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92944	Percutaneous transluminal	Percutaneous Coronary	January 2012	10			ACC	6.00	MPC List	October 2010	ZZZ	0.00	0.00	0	0		FALSE			TRUE		October 2011	21	Complete	TRUE	Decrease
92960	Cardioversion, elective,	Cardioversion	October 2010	19			ACC	2.25	Harvard Valued - Utilization over	October 2009	000	2.00	1.03	2.44	0.15	199,137	FALSE			FALSE					TRUE	Maintain
92973	Percutaneous transluminal	RAW	October 2017	19				Remove from screen	High Volume Growth2	April 2013	ZZZ	3.28	1.13		0.74	2,209	FALSE			FALSE					TRUE	Maintain
92980	Transcatheter placement of an	Percutaneous Coronary	January 2012	10			ACC	Deleted from CPT	MPC List	October 2010							FALSE			TRUE	Specialty society is planning to submit a	October 2011	21	Deleted	TRUE	Deleted from
92981	Transcatheter placement of an	Percutaneous Coronary	January 2012	10			ACC	Deleted from CPT	MPC List	October 2010							FALSE			TRUE	Specialty society is planning to submit a	October 2011	21	Deleted	TRUE	Deleted from
92982	Percutaneous transluminal	Percutaneous Coronary	January 2012	10			ACC	Deleted from CPT	MPC List / Harvard-Valued Annual	October 2010							FALSE			TRUE	Specialty society is planning to submit a	October 2011	21	Deleted	TRUE	Deleted from
92984	Percutaneous transluminal	Percutaneous Coronary	January 2012	10			ACC	Deleted from CPT	MPC List	October 2010							FALSE			TRUE	Specialty society is planning to submit a	October 2011	21	Deleted	TRUE	Deleted from
92986	Percutaneous balloon	Valvuloplasty	October 2008	26			ACC	Deleted from CPT	CMS Fastest Growing	October 2008	090	22.60	11.22		5.16	2,014	FALSE			FALSE					TRUE	Remove from
92992	Atrial septectomy or	Atrial Septostomy	January 2020	13				Deleted from CPT	CMS Request - Final Rule for 2019	October 2018							FALSE			TRUE	In January 2019, the RUC identified the	September 2019	16	yes	TRUE	Deleted from
92993	Atrial septectomy or	Atrial Septostomy	January 2020	13				Deleted from CPT	CMS Request - Final Rule for 2019	October 2018							FALSE			TRUE	In January 2019, the RUC identified the	September 2019	16	yes	TRUE	Deleted from
92995	Percutaneous transluminal	Percutaneous Coronary	January 2012	10			ACC	Deleted from CPT	MPC List	October 2010							FALSE			TRUE	Specialty society is planning to submit a	October 2011	21	Deleted	TRUE	Deleted from
92996	Percutaneous transluminal	Percutaneous Coronary	January 2012	10			ACC	Deleted from CPT	MPC List	October 2010							FALSE			TRUE	Specialty society is planning to submit a	October 2011	21	Deleted	TRUE	Deleted from
93000	Electrocardiogram, routine ECG	Complete	April 2019	20			ACC	0.17	CMS High Expenditure Procedural	September 2011	XXX	0.17	NA	0.24	0.02	10,199,595	FALSE			FALSE					TRUE	Maintain
93005	Electrocardiogram, routine ECG	Complete	April 2019	20			ACC	0.00	High Volume Growth1 / CMS High	February 2008	XXX	0.00	NA	0.18	0.01	410,510	FALSE			FALSE					TRUE	PE Only
93010	Electrocardiogram, routine ECG	Complete	April 2019	20			ACC	0.17	MPC List / CMS High Expenditure	October 2010	XXX	0.17	0.06	0.06	0.01	15,687,869	FALSE			FALSE					TRUE	Maintain
93012	Deleted from CPT	External Cardiovascular	April 2010	25			ACC	Deleted from CPT	Harvard Valued - Utilization over	October 2009							FALSE			FALSE		February 2010	57		TRUE	Deleted from
93014	Deleted from CPT	External Cardiovascular	April 2010	25			ACC	Deleted from CPT	Harvard Valued - Utilization over	October 2009							FALSE			FALSE		February 2010	57		TRUE	Deleted from
93015	Cardiovascular stress test using	Cardiovascular Stress	April 2012	47			ACC	0.75. CPT Assistant published.	Codes Reported Together 75% or	February 2010	XXX	0.75	NA	1.37	0.04	815,131	TRUE	Jan 2010	Yes	TRUE	The RUC accepted the specialty’s	October 2010	42	Complete	TRUE	Maintain
93016	Cardiovascular stress test using	Cardiovascular Stress	April 2012	47	September 2024	RAW	ACC	Review action plan.0.45	Codes Reported Together 75% or	February 2010	XXX	0.45	0.16	0.16	0.01	772,953	FALSE			FALSE					TRUE	Maintain
93017	Cardiovascular stress test using	Cardiovascular Stress	April 2010	45			ACC	New PE inputs	High Volume Growth1 / CMS	February 2008	XXX	0.00	NA	1.11	0.02	74,416	FALSE			FALSE					TRUE	PE Only
93018	Cardiovascular stress test using	Cardiovascular Stress	April 2012	47	September 2024	RAW	ACC	Review action plan. 0.30	Codes Reported Together 75% or	February 2010	XXX	0.30	0.10	0.1	0.01	918,865	TRUE	Jan 2010	Yes	TRUE	The RUC accepted the specialty’s	October 2010	42	Complete	TRUE	Maintain
93025	Microvolt T-wave alternans for	Microvolt T-Wave	October 2008	18			ACC	New PE Inputs	CMS Request - Practice Expense	NA	XXX	0.75	NA	2.96	0.04	78	FALSE			FALSE					TRUE	PE Only
93040	Rhythm ECG, 1-3 leads; with	Rhythm EKG	October 2009	34			ACC	0.15	Havard Valued - Utilization over 1	February 2009	XXX	0.15	NA	0.22	0.02	76,436	FALSE			FALSE					TRUE	Decrease
93041	Rhythm ECG, 1-3 leads; tracing	Rhythm EKG	October 2009	34			ACC	0.00 (PE only)	Havard Valued - Utilization over 1	February 2009	XXX	0.00	NA	0.18	0.01	11,534	FALSE			FALSE					TRUE	Maintain
93042	Rhythm ECG, 1-3 leads;	Rhythm EKG	October 2009	34			ACC, ACEP	0.15	Havard Valued - Utilization over 1	October 2008	XXX	0.15	0.04	0.04	0.01	280,815	FALSE			FALSE					TRUE	Decrease
93050	Arterial pressure waveform	RAW	April 2023	15				Remove from screen	Different Performing Specialty from	April 2023	XXX	0.17	NA	0.29	0.02	10,496	FALSE			FALSE					TRUE	Remove from
93150	Therapy activation of	Phrenic Nerve	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023	XXX	0.85	0.35	2.08	0.06		FALSE			FALSE					FALSE	
93151	Interrogation and programming	Phrenic Nerve	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023	XXX	0.80	0.33	1.75	0.06		FALSE			FALSE					FALSE	
93152	Interrogation and programming	Phrenic Nerve	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023	XXX	1.82	0.83	2.77	0.13		FALSE			FALSE					FALSE	
93153	Interrogation without	Phrenic Nerve	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 2023	XXX	0.43	0.17	1.08	0.04		FALSE			FALSE					FALSE	
93224	External electrocardiographic	External Cardiovascular	September 2023	22			ACC	0.52	Harvard Valued - Utilization over	October 2009	XXX	0.39	NA	1.74	0.03	163,054	FALSE			TRUE	The ACC and the Heart Rhythm Society has	February 2010	57	Revised	TRUE	Maintain
93225	External electrocardiographic	External Cardiovascular	September 2023	22			ACC	N/A no physician work	Harvard Valued - Utilization over	October 2009	XXX	0.00	NA	0.54	0.01	62,060	FALSE			FALSE		February 2010	57		TRUE	Maintain
93226	External electrocardiographic	External Cardiovascular	September 2023	22			ACC	N/A no physician work	Harvard Valued - Utilization over	October 2009	XXX	0.00	NA	1.06	0.01	107,862	FALSE			FALSE		February 2010	57		TRUE	Maintain
93227	External electrocardiographic	External Cardiovascular	September 2023	22			ACC	0.52	Harvard Valued - Utilization over	October 2009	XXX	0.39	0.14	0.14	0.01	213,030	FALSE			TRUE	The ACC and the Heart Rhythm Society has	Feburary 2010	57	Revised	TRUE	Remove from
93228	External mobile cardiovascular	External Cardiovascular	October 2020	20			ACC, HRS	0.52	Harvard Valued - Utilization over	October 2009	XXX	0.48	0.23	0.23	0.03	249,275	FALSE			FALSE					TRUE	Maintain
93229	External mobile cardiovascular	External Cardiovascular	April 2024	12			ACC, HRS	PE Only	Harvard Valued - Utilization over	October 2009	XXX	0.00	NA	24.33	0.09	335,158	FALSE			FALSE					TRUE	PE Only
93230	Deleted from CPT	Cardiac Device	April 2009	31			ACC	Deleted from CPT	CMS Request - 2009 Final Rule,	NA							FALSE			TRUE	CMS stated that 93230 and 93233 were not	February 2010	57	Deleted	TRUE	Deleted from
93231	Deleted from CPT	External Cardiovascular	April 2010	25				Deleted from CPT	Harvard Valued - Utilization over	October 2009							FALSE			FALSE		February 2010	57		TRUE	Deleted from
93232	Deleted from CPT	External Cardiovascular	April 2010	25				Deleted from CPT	Harvard Valued - Utilization over	October 2009							FALSE			FALSE		February 2010	57		TRUE	Deleted from

93233	Deleted from CPT	Cardiac Device	April 2009	31			ACC	Deleted from CPT	CMS Request - 2009 Final Rule,	NA							FALSE			TRUE	CMS stated that 93230 and 93233 were not	February 2010	57	Deleted		TRUE	Deleted from
93235	Deleted from CPT	External Cardiovascular	April 2010	25				Deleted from CPT	Harvard Valued - Utilization over	October 2009							FALSE			FALSE		February 2010	57			TRUE	Deleted from
93236	Deleted from CPT	Cardiovascular Stress	April 2009	38			ACC	Deleted from CPT	Harvard Valued - Utilization over	February 2008							FALSE			TRUE	In February 2008 the Workgroup	February 2010	57	Deleted		TRUE	Deleted from
93237	Deleted from CPT	Wearable Cardiac Device	February 2010	31			ACC	Deleted from CPT	Harvard Valued - Utilization over	October 2009							FALSE			TRUE	The ACC and the Heart Rhythm Society has	February 2010	57	Complete		TRUE	Deleted from
93241	External electrocardiographic	RAW	September 2023	22				Remove from screen	Work Neutrality 2021	April 2023	XXX	0.50	NA	7.21	0.04	17,555	FALSE			FALSE						TRUE	Remove from
93242	External electrocardiographic	RAW	September 2023	22				Remove from screen	Work Neutrality 2021	April 2023	XXX	0.00	NA	0.35	0.01	115,087	FALSE			FALSE						TRUE	Remove from
93243	External electrocardiographic	RAW	September 2023	22				Remove from screen	Work Neutrality 2021	April 2023	XXX	0.00	NA	6.7	0.01	199,314	FALSE			FALSE						TRUE	Remove from
93244	External electrocardiographic	RAW	September 2023	22				Remove from screen	Work Neutrality 2021	April 2023	XXX	0.50	0.16	0.16	0.02	193,172	FALSE			FALSE						TRUE	Remove from
93245	External electrocardiographic	RAW	September 2023	22				Remove from screen	Work Neutrality 2021	April 2023	XXX	0.55	NA	7.56	0.04	7,680	FALSE			FALSE						TRUE	Remove from
93246	External electrocardiographic	RAW	September 2023	22				Remove from screen	Work Neutrality 2021	April 2023	XXX	0.00	NA	0.35	0.01	118,970	FALSE			FALSE						TRUE	Remove from
93247	External electrocardiographic	RAW	September 2023	22				Remove from screen	Work Neutrality 2021	April 2023	XXX	0.00	NA	7.03	0.01	291,116	FALSE			FALSE						TRUE	Remove from
93248	External electrocardiographic	RAW	September 2023	22				Remove from screen	Work Neutrality 2021	April 2023	XXX	0.55	0.18	0.18	0.02	253,207	FALSE			FALSE						TRUE	Remove from
93268	External patient and, when	External Cardiovascular	April 2010	25			ACC	0.52	Harvard Valued - Utilization over	October 2009	XXX	0.52	NA	4.69	0.04	10,036	FALSE			FALSE		February 2010	57			TRUE	Maintain
93270	External patient and, when	External Cardiovascular	April 2010	25			ACC	New PE inputs	Harvard Valued - Utilization over	October 2009	XXX	0.00	NA	0.24	0.01	30,235	FALSE			FALSE		February 2010	57			TRUE	PE Only
93271	External patient and, when	External Cardiovascular	April 2024	12			ACC, HRS	PE Only	Harvard Valued - Utilization over	October 2009	XXX	0.00	NA	4.28	0.01	38,931	FALSE			FALSE		February 2010	57			TRUE	PE Only
93272	External patient and, when	External Cardiovascular	April 2010	25			ACC	0.52	Harvard Valued - Utilization over	October 2009	XXX	0.52	0.17	0.17	0.02	84,804	FALSE			FALSE		February 2010	57			TRUE	Maintain
93279	Programming device evaluation	Cardiac Electrophysiology	October 2016	25			ACC, HRS	0.65	CMS High Expenditure Procedural	July 2015	XXX	0.65	NA	1.33	0.03	106,695	FALSE			TRUE	In the NPRM for 2016 CMS re-ran the high	February 2017	Adviso	yes		TRUE	Maintain
93280	Programming device evaluation	Cardiac Electrophysiology	October 2016	25			ACC, HRS	0.77	CMS High Expenditure Procedural	July 2015	XXX	0.77	NA	1.55	0.03	756,768	FALSE			TRUE	In the NPRM for 2016 CMS re-ran the high	February 2017	Adviso	yes		TRUE	Maintain
93281	Programming device evaluation	Cardiac Electrophysiology	October 2016	25			ACC, HRS	0.85	CMS High Expenditure Procedural	July 2015	XXX	0.85	NA	1.61	0.04	67,605	FALSE			TRUE	In the NPRM for 2016 CMS re-ran the high	February 2017	Adviso	yes		TRUE	Decrease
93282	Programming device evaluation	Cardiac Electrophysiology	October 2016	25			ACC, HRS	0.85	CMS High Expenditure Procedural	July 2015	XXX	0.85	NA	1.48	0.04	72,442	FALSE			TRUE	In the NPRM for 2016 CMS re-ran the high	February 2017	Adviso	yes		TRUE	Maintain
93283	Programming device evaluation	Cardiac Electrophysiology	October 2016	25			ACC, HRS	1.15	CMS High Expenditure Procedural	July 2015	XXX	1.15	NA	1.71	0.05	148,782	FALSE			TRUE	In the NPRM for 2016 CMS re-ran the high	February 2017	Adviso	yes		TRUE	Maintain
93284	Programming device evaluation	Cardiac Electrophysiology	October 2016	25			ACC, HRS	1.25	CMS High Expenditure Procedural	July 2015	XXX	1.25	NA	1.84	0.05	182,819	FALSE			TRUE	In the NPRM for 2016 CMS re-ran the high	February 2017	Adviso	yes		TRUE	Maintain
93285	Programming device evaluation	Cardiac Electrophysiology	October 2016	25			ACC, HRS	0.52	CMS High Expenditure Procedural	July 2015	XXX	0.52	NA	1.24	0.03	36,157	FALSE			TRUE	In the NPRM for 2016 CMS re-ran the high	February 2017	Adviso	yes		TRUE	Maintain
93286	Peri-procedural device	Cardiac Electrophysiology	October 2016	25			ACC, HRS	0.30	CMS High Expenditure Procedural	July 2015	XXX	0.30	NA	1.03	0.02	27,841	FALSE			TRUE	In the NPRM for 2016 CMS re-ran the high	February 2017	Adviso	yes		TRUE	Maintain
93287	Peri-procedural device	Cardiac Electrophysiology	October 2016	25			ACC, HRS	0.45	CMS High Expenditure Procedural	July 2015	XXX	0.45	NA	1.09	0.02	13,647	FALSE			TRUE	In the NPRM for 2016 CMS re-ran the high	February 2017	Adviso	yes		TRUE	Maintain
93288	Interrogation device evaluation	Cardiac Electrophysiology	October 2016	25			ACC, HRS	0.43	CMS High Expenditure Procedural	July 2015	XXX	0.43	NA	1.23	0.02	166,997	FALSE			TRUE	In the NPRM for 2016 CMS re-ran the high	February 2017	Adviso	yes		TRUE	Maintain
93289	Interrogation device evaluation	Cardiac Electrophysiology	October 2016	25			ACC, HRS	0.75	CMS High Expenditure Procedural	July 2015	XXX	0.75	NA	1.36	0.04	61,363	FALSE			TRUE	In the NPRM for 2016 CMS re-ran the high	February 2017	Adviso	yes		TRUE	Decrease
93290	Interrogation device evaluation	Cardiac Electrophysiology	October 2016	25			ACC, HRS	0.43	CMS High Expenditure Procedural	July 2015	XXX	0.43	NA	1.13	0.03	78,882	FALSE			TRUE	In the NPRM for 2016 CMS re-ran the high	February 2017	Adviso	yes		TRUE	Maintain
93291	Interrogation device evaluation	Cardiac Electrophysiology	October 2016	25			ACC, HRS	0.37	CMS High Expenditure Procedural	July 2015	XXX	0.37	NA	1.07	0.02	56,650	FALSE			TRUE	In the NPRM for 2016 CMS re-ran the high	February 2017	Adviso	yes		TRUE	Decrease
93292	Interrogation device evaluation	Cardiac Electrophysiology	October 2016	25			ACC, HRS	0.43	CMS High Expenditure Procedural	July 2015	XXX	0.43	NA	1.07	0.03	1,159	FALSE			TRUE	In the NPRM for 2016 CMS re-ran the high	February 2017	Adviso	yes		TRUE	Maintain
93293	Transtelephonic rhythm strip	Cardiac Electrophysiology	January 2017	23			ACC, HRS	0.31	CMS High Expenditure Procedural	July 2015	XXX	0.31	NA	0.99	0.02	12,341	FALSE			TRUE	In the NPRM for 2016 CMS re-ran the high	February 2017	Adviso	yes		TRUE	Decrease
93294	Interrogation device	Cardiac Electrophysiology	January 2017	23			ACC, HRS	0.60	CMS High Expenditure Procedural	July 2015	XXX	0.60	0.23	0.23	0.04	1,612,239	FALSE			FALSE						TRUE	Decrease
93295	Interrogation device	Cardiac Electrophysiology	January 2017	23			ACC, HRS	0.74	CMS High Expenditure Procedural	July 2015	XXX	0.74	0.29	0.29	0.05	693,545	FALSE			FALSE						TRUE	Decrease
93296	Interrogation device	Cardiac Electrophysiology	October 2016	25			ACC, HRS	New PE inputs and Refer to	CMS High Expenditure Procedural	July 2015	XXX	0.00	NA	0.63	0.01	1,706,050	FALSE			TRUE	In the NPRM for 2016 CMS re-ran the high	February 2017	Adviso	yes		TRUE	PE Only
93297	Interrogation device	Remote Interrogation	January 2023	20			ACC, HRS	0.52 and PE Inputs	CMS High Expenditure Procedural	July 2015	XXX	0.52		1.26	0.03	595,700	FALSE			FALSE						TRUE	Maintain
93298	Interrogation device	Remote Interrogation	January 2023	20			ACC, HRS	0.52 and PE Inputs	CMS High Expenditure Procedural	July 2015	XXX	0.52		2.49	0.04	1,057,416	FALSE			FALSE						TRUE	Maintain
93299	Interrogation device	Cardiac Electrophysiology	October 2018	22			ACC, HRS	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			TRUE	In October 2018, the RUC recommeded	February 2019	20	complete		TRUE	Deleted from
93306	Echocardiography,	Complete Transthoracic	April 2019	21			ACC, ASE	1.46	CMS High Expenditure Procedural	July 2015	XXX	1.46	NA	4.35	0.08	6,556,291	FALSE			FALSE						TRUE	Decrease
93307	Echocardiography,	Transthoracic	April 2016	42			ACC	0.92	CMS Request - Practice Expense	NA	XXX	0.92	NA	3.12	0.05	22,997	FALSE			FALSE						TRUE	Maintain
93308	Echocardiography,	Transthoracic	April 2016	42			ACC	0.53	CMS Fastest Growing, Harvard	October 2008	XXX	0.53	NA	2.39	0.04	518,514	FALSE			FALSE						TRUE	Maintain
93320	Doppler echocardiography,	Doppler	January 2014	30			ACC	0.38	CMS Request - Practice Expense	February 2009	ZZZ	0.38	NA	1.12	0.02	315,122	FALSE			FALSE						TRUE	Maintain
93321	Doppler echocardiography,	Doppler	January 2014	30			ACC	0.15	CMS-Other - Utilization over	October 2013	ZZZ	0.15	NA	0.59	0.01	294,668	FALSE			FALSE						TRUE	Maintain
93325	Doppler echocardiography	Doppler	January 2014	30			ACC	0.07	CMS Request - Practice Expense	February 2009	ZZZ	0.07	NA	0.63	0	602,818	FALSE			FALSE						TRUE	Maintain
93350	Echocardiography,	Stress Transthoracic	October 2016	26		RUC	ACC, ASE	1.46; CPT Assistant article	Other - Identified by RUC / Codes	April 2008	XXX	1.46	NA	4.03	0.07	66,435	TRUE	Jan 2010	Yes	TRUE	The RUC accepted the specialty's	October 2010	42	Complete		TRUE	Decrease
93351	Echocardiography,	Stress Transthoracic	October 2016	26		RUC	ACC, ASE	1.75	CMS High Expenditure Procedural	July 2015	XXX	1.75	NA	5.11	0.1	180,025	FALSE			FALSE						TRUE	Maintain
93451	Right heart catheterization	Diagnostic Cardiac	April 2018	33			ACC	Remove from Modifier -51	Codes Reported Together 95% or		000	2.47	NA	22.57	0.46	42,202	FALSE			FALSE		October 2009	13			TRUE	Decrease
93452	Left heart catheterization	Diagnostic Cardiac	April 2011	28			ACC	4.32	Codes Reported Together 95% or		000	4.50	NA	21.12	0.9	3,229	FALSE			FALSE		October 2009	13			TRUE	Decrease
93453	Combined right and left heart	Diagnostic Cardiac	April 2011	28			ACC	5.98	Codes Reported Together 95% or		000	5.99	NA	26.66	1.19	1,886	FALSE			FALSE		October 2009	13			TRUE	Decrease
93454	Catheter placement in coronary	Diagnostic Cardiac	April 2011	28			ACC	4.95	Codes Reported Together 95% or		000	4.54	NA	21.29	0.91	106,882	FALSE			FALSE		October 2009	13			TRUE	Decrease
93455	Catheter placement in coronary	Diagnostic Cardiac	April 2011	28			ACC	6.15	Codes Reported Together 95% or		000	5.29	NA	23.45	1.06	19,948	FALSE			FALSE		October 2009	13			TRUE	Decrease
93456	Catheter placement in coronary	Diagnostic Cardiac	April 2018	33			ACC	Remove from Modifier -51	Codes Reported Together 95% or		000	5.90	NA	26.19	1.18	20,099	FALSE			FALSE		October 2009	13			TRUE	Decrease
93457	Catheter placement in coronary	Diagnostic Cardiac	April 2011	28			ACC	7.66	Codes Reported Together 95% or		000	6.64	NA	28.31	1.31	3,345	FALSE			FALSE		October 2009	13			TRUE	Decrease
93458	Catheter placement in coronary	Diagnostic Cardiac	April 2011	28			ACC	6.51	Codes Reported Together 95% or		000	5.60	NA	24.04	1.12	388,146	FALSE			FALSE		October 2009	13			TRUE	Decrease
93459	Catheter placement in coronary	Diagnostic Cardiac	April 2011	28			ACC	7.34	Codes Reported Together 95% or		000	6.35	NA	25.47	1.27	59,598	FALSE			FALSE		October 2009	13			TRUE	Decrease
93460	Catheter placement in coronary	Diagnostic Cardiac	April 2011	28			ACC	7.88	Codes Reported Together 95% or		000	7.10	NA	28.21	1.4	72,649	FALSE			FALSE		October 2009	13			TRUE	Decrease
93461	Catheter placement in coronary	Diagnostic Cardiac	April 2011	28			ACC	9.00	Codes Reported Together 95% or		000	7.85	NA	31.09	1.56	10,155	FALSE			FALSE		October 2009	13			TRUE	Decrease
93462	Left heart catheterization by	Diagnostic Cardiac	April 2011	28			ACC	3.73	Codes Reported Together 95% or		ZZZ	3.73	1.48	1.48	0.85	7,108	FALSE			FALSE		October 2009	13			TRUE	Decrease
93463	Pharmacologic agent	Diagnostic Cardiac	April 2011	28			ACC	2.00	Codes Reported Together 95% or		ZZZ	2.00	0.70	0.7	0.16	5,281	FALSE			FALSE		October 2009	13			TRUE	Decrease
93464	Physiologic exercise study (eg,	Diagnostic Cardiac	April 2011	28			ACC	1.80	Codes Reported Together 95% or		ZZZ	1.80	NA	4.61	0.12	1,210	FALSE			FALSE		October 2009	13			TRUE	Decrease
93501	Deleted from CPT	Cardiac Catheterization	April 2010	26			ACC	Deleted from CPT	Codes Reported Together 95% or	February 2008							FALSE			TRUE	Referred to the CPT Editorial Panel for	October 2009	13	Deleted		TRUE	Deleted from
93503	Insertion and placement of	Insertion of Catheter	April 2018	33			ACR, ASA	2.00	CMS High Expenditure Procedural	July 2015	000	2.00	0.39		0.18	51,189	FALSE			FALSE						TRUE	Decrease
93508	Deleted from CPT	Cardiac Catheterization	April 2010	26			ACC	Deleted from CPT	Codes Reported Together 95% or	February 2008							FALSE			TRUE	Referred to the CPT Editorial Panel for	October 2009	13	Deleted		TRUE	Deleted from
93510	Deleted from CPT	Cardiac Catheterization	February 2009	31			ACC	Deleted from CPT	Codes Reported Together 95% or	February 2008							FALSE			TRUE	Referred to the CPT Editorial Panel for	October 2009	13	Deleted		TRUE	Deleted from
93511	Deleted from CPT	Cardiac Catheterization	April 2010	26			ACC	Deleted from CPT	Codes Reported Together 95% or	February 2008							FALSE			TRUE	Referred to the CPT Editorial Panel for	October 2009	13	Deleted		TRUE	Deleted from
93514	Deleted from CPT	Cardiac Catheterization	April 2010	26			ACC	Deleted from CPT	Codes Reported Together 95% or	February 2008							FALSE			TRUE	Referred to the CPT Editorial Panel for	October 2009	13	Deleted		TRUE	Deleted from
93524	Deleted from CPT	Cardiac Catheterization	April 2010	26			ACC	Deleted from CPT	Codes Reported Together 95% or	February 2008							FALSE			TRUE	Referred to the CPT Editorial Panel for	October 2009	13	Deleted		TRUE	Deleted from
93526	Deleted from CPT	Cardiac Catheterization	February 2008	S			ACC	Deleted from CPT	Codes Reported Together 95% or	February 2008							FALSE			TRUE	Referred to the CPT Editorial Panel for	October 2009	13	Deleted		TRUE	Deleted from
93527	Deleted from CPT	Cardiac Catheterization	April 2010	26			ACC	Deleted from CPT	Codes Reported Together 95% or	February 2008							FALSE			TRUE	Referred to the CPT Editorial Panel for	October 2009	13	Deleted		TRUE	Deleted from
93528	Deleted from CPT	Cardiac Catheterization	April 2010	26			ACC	Deleted from CPT	Codes Reported Together 95% or	February 2008							FALSE			TRUE	Referred to the CPT Editorial Panel for	October 2009	13	Deleted		TRUE	Deleted from
93529	Deleted from CPT	Cardiac Catheterization	April 2010	26			ACC	Deleted from CPT	Codes Reported Together 95% or	February 2008							FALSE			TRUE	Referred to the CPT Editorial Panel for	October 2009	13	Deleted		TRUE	Deleted from
93539	Deleted from CPT	Cardiac Catheterization	February 2008	S			ACC	Deleted from CPT	Codes Reported Together 95% or	February 2008							FALSE			TRUE	Referred to the CPT Editorial Panel for	October 2009	13	Deleted		TRUE	Deleted from
93540	Deleted from CPT	Cardiac Catheterization	February 2008	S			ACC	Deleted from CPT	Codes Reported Together 95% or	February 2008							FALSE			TRUE	Referred to the CPT Editorial Panel for	October 2009	13	Deleted		TRUE	Deleted from
93541	Deleted from CPT	Cardiac Catheterization	April 2010	26			ACC	Deleted from CPT	Codes Reported Together 95% or	February 2008							FALSE			TRUE	Referred to the CPT Editorial Panel for	October 2009	13	Deleted		TRUE	Deleted from
93542	Deleted from CPT	Cardiac Catheterization	April 2010	26			ACC	Deleted from CPT	Codes Reported Together 95% or	February 2008							FALSE			TRUE	Referred to the CPT Editorial Panel for	October 2009	13	Deleted		TRUE	Deleted from
93543	Deleted from CPT	Cardiac Catheterization	February 2009	31			ACC	Deleted from CPT	Codes Reported Together 95% or	February 2008							FALSE			TRUE	Referred to the CPT Editorial Panel for	October 2009	13	Deleted		TRUE	Deleted from
93544	Deleted from CPT	Cardiac Catheterization	February 2008	S			ACC	Deleted from CPT	Codes Reported Together 95% or	February 2008							FALSE			TRUE	Referred to the CPT Editorial Panel for	October 2009	13	Deleted		TRUE	Deleted from
93545	Deleted from CPT	Cardiac Catheterization	February 2009	31			ACC	Deleted from CPT	Codes Reported Together 95% or	February 2008							FALSE			TRUE	Referred to the CPT Editorial Panel for	October 2009	13	Deleted		TRUE	Deleted from
93555	Deleted from CPT	Cardiac Catheterization	February 2009	31			ACC	Deleted from CPT	Codes Reported Together 95% or	February 2008							FALSE			TRUE	Referred to the CPT Editorial Panel for	October 2009	13	Deleted		TRUE	Deleted from
93556	Deleted from CPT	Cardiac Catheterization	February 2009	31			ACC	Deleted from CPT	Codes Reported Together 95% or	February 2008							FALSE			TRUE	Referred to the CPT Editorial Panel for	October 2009	13	Deleted		TRUE	Deleted from
93561	Indicator dilution studies such	Cardiac Output	January 2018	27				0.77	Negative IWPUT	October 2017	ZZZ						FALSE			FALSE						TRUE	Increase
93562	Indicator dilution studies such	Cardiac Output	January 2018	27				0.95	Negative IWPUT	October 2017	ZZZ						FALSE			FALSE						TRUE	Increase
93563	Injection procedure during	Diagnostic Cardiac	April 2011	28			ACC	2.00	Codes Reported Together 95% or		ZZZ	1.00	0.35	0.35	0.16	110	FALSE			FALSE		October 2009	13			TRUE	Decrease
93564	Injection procedure during	Pulmonary Angiography	October 2021	08	October 2025	RAW	ACC, SCAI	Review action plan	Codes Reported Together 95% or	October 2021	ZZZ	1.03	0.35	0.35	0.24	2	FALSE			FALSE		October 2009	13			FALSE	Decrease
93565	Injection procedure during	Diagnostic Cardiac	April 2011	28			ACC	1.90	Codes Reported Together 95% or		ZZZ	0.50	0.17	0.17	0.12	52	FALSE			FALSE		October 2009	13			TRUE	Decrease
93566	Injection procedure during	Diagnostic Cardiac	April 2011	28			ACC	0.96	Codes Reported Together 95% or		ZZZ	0.50	0.17	0.17	0.09	177	FALSE			FALSE		October 2009	13			TRUE	Decrease
93567	Injection procedure during	Diagnostic Cardiac	April 2011	28			ACC	0.97	Codes Reported Together 95% or		ZZZ	0.70	0.24	0.24	0.16	16,125	FALSE			FALSE		October 2009	13			TRUE	Decrease
93568	Injection procedure during	Diagnostic Cardiac	April 2011	28			ACC	0.98	Codes Reported Together 95% or		ZZZ	0.88	0.30	0.3	0.18	1,204	FALSE			TRUE		October 2009	13	Complete		TRUE	Decrease
93571	Intravascular Doppler velocity	Coronary Flow Reserve	October 2017	13			ACC, SCAI	1.50	High Volume Growth4	October 2016	ZZZ	0.00	NA		0	62,078	FALSE			FALSE						TRUE	Decrease
93572	Intravascular Doppler velocity	Coronary Flow Reserve	October 2017	13			ACC, SCAI	1.00	High Volume Growth4	October 2017	ZZZ	0.00	NA		0	11,878	FALSE			FALSE						TRUE	Decrease
93613	Intracardiac electrophysiologic	Cardiac Ablation Services	April 2021	07			ACC, HRS	5.23	CMS Fastest Growing / High Volume	October 2008	ZZZ	5.23	2.08		1.21	7,909	FALSE			FALSE						TRUE	Decrease
93620	Comprehensive	Intracardiac Catheter	April 2010	45			ACC	11.57	Codes Reported Together 75% or	February 2010	000	0.00	NA	0	0	6,224	FALSE			TRUE	The Workgroup recommends that the	October 2011	22	Complete		TRUE	Maintain
93621	Comprehensive	Cardiac Ablation Services	April 2021	07			ACC, HRS	1.75	High Volume Growth6	October 2019	ZZZ	0.00	NA	0	0	3,608	FALSE			FALSE						TRUE	Decrease
93623	Programmed stimulation and	Pacing Heart Stimulation	April 2019	22			ACC, HRS	Referral to CPT for	CMS-Other - Utilization over 30,000-	October 2018	ZZZ	0.00	NA	0	0	38,431	FALSE			TRUE	In April 2019, the specialty societies	May 2019	EC-N	Complete		TRUE	Decrease
93641	Electrophysiologic evaluation	Insertion/Removal of	September 2014	21			ACC	Maintain work RVU and adjust	Codes Reported Together 75% or	February 2010	000	0.00	NA	0	0	7,279	FALSE			TRUE	33213 - This code, when originally	February 2011	13	Complete		TRUE	Maintain
93651	Intracardiac catheter ablation	Bundling EPS with	January 2012	11			ACC, HRS	Deleted from CPT	Codes Reported Together 75% or	February 2010							FALSE			TRUE	The Workgroup recommends that the	October 2011	22	Complete		TRUE	Deleted from
93652	Intracardiac catheter ablation	Bundling EPS with	January 2012	11			ACC, HRS	Deleted from CPT	CMS Fastest Growing/Codes	October 2008							FALSE			TRUE	The Workgroup recommends that the	October 2011	22	Complete		TRUE	Deleted from
93653	Comprehensive	Cardiac Ablation Services	April 2021	07			ACC, HRS	15.00	Codes Reported Together 75% or	October 2011	000	15.00	6.00		3.42	27,100	FALSE			TRUE	The Workgroup recommends that the	October 2011	22	Complete		TRUE	Decrease
93654	Comprehensive	Cardiac Ablation Services	April 2021	07			ACC, HRS	18.10	Codes Reported Together 75% or	October 2011	000	18.10	7.20		4.12	7,891	FALSE			TRUE	The Workgroup recommends that the	October 2011	22	Complete		TRUE	Decrease
93655	Intracardiac catheter ablation	Cardiac Ablation Services	April 2021	07			ACC, HRS	7.00	Codes Reported Together 75% or	October 2011	ZZZ	5.50	2.20		1.25	44,633	FALSE			TRUE	The Workgroup recommends that the	October 2011	22	Complete		TRUE	Decrease
93656	Comprehensive	Cardiac Ablation Services	April 2021	07			ACC, HRS	17.00	Codes Reported Together 75% or	October 2011	000	17.00	6.82		3.87	67,640	FALSE			TRUE	The Workgroup recommends that the	October 2020	61	complete		TRUE	Decrease
93657	Additional linear or focal	Cardiac Ablation Services	April 2021	07			ACC, HRS	7.00	Codes Reported Together 75% or	October 2011	ZZZ	5.50	2.21		1.25	37,851	FALSE			TRUE	The Workgroup recommends that the	October 2011	22	Complete		TRUE	Decrease
93662	Intracardiac echocardiography	Cardiac Ablation Services	April 2021	07			ACC, HRS	2.53	High Volume Growth1 / High	February 2008	ZZZ	0.00	NA	0	0	26,679	FALSE			FALSE						TRUE	Decrease
93668	Peripheral arterial disease	Peripheral Artery Disease	January 2018	28				New PE Inputs	CMS Request - Final Rule for 2018	July 2017	XXX	0.00	NA	0.43	0.01	1,183	FALSE			FALSE						TRUE	PE Only
93701	Bioimpedance-derived		February 2011	41				Remove from screen	Low Value-High Volume	October 2010	XXX	0.00	NA	0.8	0.01	3,819	FALSE			FALSE						TRUE	Remove from
93731	Deleted from CPT	Cardiology Services	October 2008	26			ACC	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			FALSE						TRUE	Deleted from
93732	Deleted from CPT	Cardiology Services	October 2008	26			ACC	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			FALSE						TRUE	Deleted from
93733	Deleted from CPT	Cardiology Services	October 2008	26			ACC	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			FALSE						TRUE	Deleted from
93743	Deleted from CPT	Cardiology Services	October 2008	26			ACC	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			FALSE						TRUE	Deleted from
93744	Deleted from CPT	Cardiology Services	October 2008	26			ACC	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			FALSE						TRUE	Deleted from
93750	Interrogation of ventricular	Ventricular Assist Device	April 2019	24			AATS, ACC, STS	0.85	High Volume Growth5	October 2018	XXX	0.75	0.31	0.65	0.12	78,765	FALSE			FALSE						TRUE	Decrease
93792	Patient/caregiver training for	Home INR Monitoring	January 2022	20	January 2025	RAW		Review in 3 years. 0.00 PE	High Volume Growth3 / Work	September 2016	XXX	0.00	NA	2.08	0.03	890	FALSE			FALSE		September 2016	08	yes		TRUE	PE Only
93793	Anticoagulant management for	Home INR Monitoring	January 2022	20	January 2025	RAW		Review in 3 years. 0.18	High Volume Growth3 / Work	September 2016	XXX	0.18	NA	0.15	0.01	1,483,382	FALSE			FALSE		September 2016	08	yes		TRUE	Maintain
93875	Deleted from CPT	Noninvasive Vascular	April 2010	45			AAN, ACC, ACR,	Deleted from CPT	Codes Reported Together 75% or	February 2010							TRUE	SS in	Yes	TRUE	The Workgroup recommends: A. That	October 2010	43	Complete		TRUE	Deleted from
93880	Duplex scan of extracranial	Duplex Scans	April 2014	33			ACR, ACC, SVS	0.80	Codes Reported Together 75% or	February 2010	XXX	0.80	NA	4.8	0.1	1,698,816	TRUE	Addresse	Yes	TRUE	The Workgroup recommends: A. That	October 2010	43	Complete		TRUE	Increase
93882	Duplex scan of extracranial	Duplex Scans	April 2014	33			ACC, ACR, SVS	0.50	CMS High Expenditure Procedural	January 2012	XXX	0.50	NA	3.16	0.08	26,072	FALSE			FALSE						TRUE	Increase
93886	Transcranial Doppler study of	Transcranial Doppler	September 2023	09			AAN, ACR, ASNR	0.90	Codes Reported Together 75% or	February 2010	XXX	0.91	NA	7.24	0.08	81,451	FALSE			TRUE	In April 2022, the Workgroup identified	May 2023	38	Yes		TRUE	Decrease

93888	Transcranial Doppler study of	Transcranial Doppler	September 2023	09			AAN, ACC, ACR,	0.73	Codes Reported Together 75% or	February 2010	XXX	0.50	NA	4.24	0.05	8,259	FALSE			TRUE	The Workgroup recommends: That the	October 2010	CCI	Complete		TRUE	Increase
93890	Transcranial Doppler study of	Transcranial Doppler	September 2023	09			AAN, ACR, ASNR	Deleted from CPT 2025.	High Volume Growth6 / Codes	October 2019	XXX	1.00	NA	7.44	0.08	39,570	FALSE			TRUE	In April 2022, the Workgroup identified	May 2023	38	Yes		TRUE	Deleted from
93892	Transcranial Doppler study of	Transcranial Doppler	September 2023	09			AAN, ACR, ASNR	1.15	High Volume Growth6 / Codes	October 2019	XXX	1.15	NA	8.57	0.1	41,305	FALSE			TRUE	In April 2022, the Workgroup identified	May 2023	38	Yes		TRUE	Maintain
93893	Transcranial Doppler study of	Transcranial Doppler	September 2023	09			AAN, ACR, ASNR	1.15			XXX	1.15	NA	10.82	0.12	1,835	FALSE			FALSE						TRUE	Maintain
93922	Limited bilateral noninvasive	Extremity Non-Invasive	April 2010	27			SVS, ACR, ACC	0.25	CMS Fastest Growing	October 2008	XXX	0.25	NA	2.17	0.05	582,728	FALSE			TRUE	The Workgroup accepted the specialty	February 2010	58	Revised		TRUE	Maintain
93923	Complete bilateral noninvasive	Extremity Non-Invasive	April 2010	27			SVS, ACR, ACC	0.45	CMS Fastest Growing	February 2009	XXX	0.45	NA	3.37	0.09	324,949	FALSE			TRUE	The Workgroup accepted the specialty	February 2010	58	Revised		TRUE	Maintain
93924	Noninvasive physiologic studies	Extremity Non-Invasive	April 2010	27			SVS, ACR, ACC	0.50	CMS Fastest Growing	February 2009	XXX	0.50	NA	4.21	0.09	40,889	FALSE			TRUE	The Workgroup accepted the specialty	February 2010	58	Revised		TRUE	Maintain
93925	Duplex scan of lower extremity	Duplex Scans	April 2014	33			ACC, ACR, SVS	0.80	CMS-Other - Utilization over	April 2011	XXX	0.80	NA	6.3	0.11	600,464	FALSE			FALSE						TRUE	Maintain
93926	Duplex scan of lower extremity	Duplex Scans	April 2014	33			ACC, ACR, SVS	0.60	CMS-Other - Utilization over	April 2011	XXX	0.50	NA	3.74	0.08	217,657	FALSE			FALSE						TRUE	Increase
93930	Duplex scan of upper extremity	Duplex Scans	April 2014	33			AAN, ACC, ACR,	0.80	CMS Request - Final Rule for 2014	November 2013	XXX	0.80	NA	5.03	0.11	21,965	FALSE			FALSE						TRUE	Increase
93931	Duplex scan of upper extremity	Duplex Scans	April 2014	33			AAN, ACC, ACR,	0.50	Codes Reported Together 75% or	February 2010	XXX	0.50	NA	3.14	0.07	41,366	FALSE			TRUE	The Workgroup recommends: That the	October 2010	CCI	Complete		TRUE	Increase
93965	Noninvasive physiologic studies	Non-invasive Physiologic	January 2016	47			ACC, ACR, SCAI,	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			TRUE	In January 2016, the specialty societies	May 2016	28	Complete		TRUE	Deleted from
93970	Duplex scan of extremity veins	Duplex Scans	April 2014	33			ACC, ACR, SVS	0.70	CMS-Other - Utilization over	April 2011	XXX	0.70	NA	4.82	0.09	1,476,860	FALSE			FALSE						TRUE	Maintain
93971	Duplex scan of extremity veins	Duplex Scans	April 2014	33			ACR, SVS, ACC	0.45	Low Value-High Volume / CMS	October 2010	XXX	0.45	NA	3.07	0.05	1,491,961	FALSE			FALSE						TRUE	Maintain
93975	Duplex scan of arterial inflow	Duplex Scans	April 2014	33			ACR, SVS, ACC	1.30	CMS Request - Final Rule for 2014	November 2013	XXX	1.16	NA	6.64	0.13	202,616	FALSE			FALSE						TRUE	Decrease
93976	Duplex scan of arterial inflow	Duplex Scans	April 2014	33			ACR	1.00	CMS Fastest Growing / CMS Request	October 2008	XXX	0.80	NA	3.89	0.07	148,998	FALSE			FALSE						TRUE	Decrease
93978	Duplex scan of aorta, inferior	Duplex Scans	April 2014	33				0.97	CMS-Other - Utilization over	April 2013	XXX	0.80	NA	4.48	0.13	242,324	FALSE			FALSE						TRUE	Increase
93979	Duplex scan of aorta, inferior	Duplex Scans	April 2014	33				0.70	CMS-Other - Utilization over	October 2013	XXX	0.50	NA	2.96	0.08	53,565	FALSE			FALSE						TRUE	Increase
93982	Noninvasive physiologic study	Endovascular Repair	January 2017	10			SVS, SIR, STS,	Deleted from CPT	Codes Reported Together 75%or	January 2017							FALSE			FALSE						TRUE	Deleted from
93985	Duplex scan of arterial inflow	Duplex Scan Arterial	January 2019	17				0.80	CMS-Other - Utilization over 30,000-	October 2018	XXX	0.80	NA	6.47	0.16	18,144	FALSE			FALSE		September 2018	36			TRUE	Increase
93986	Duplex scan of arterial inflow	Duplex Scan Arterial	January 2019	17				0.50	CMS-Other - Utilization over 30,000-	October 2018	XXX	0.50	NA	3.77	0.1	6,266	FALSE			FALSE		September 2018	36			TRUE	Increase
93990	Duplex scan of hemodialysis	Doppler Flow Testing	April 2014	40			ACR, SVS	0.60	CMS Fastest Growing / High Volume	October 2008	XXX	0.50	NA	3.8	0.11	95,663	FALSE			FALSE						TRUE	Increase
93X94		Transcranial Doppler	September 2023	09			AAN, ACR, ASNR	0.81									FALSE			FALSE						TRUE	Decrease
93X95		Transcranial Doppler	September 2023	09			AAN, ACR, ASNR	0.73									FALSE			FALSE						TRUE	Decrease
93X96		Transcranial Doppler	September 2023	09			AAN, ACR, ASNR	0.85									FALSE			FALSE						TRUE	Decrease
94010	Spirometry, including graphic	Spirometry	October 2019	12			ATS, CHEST	0.17	Low Value-High Volume	October 2010	XXX	0.17	NA	0.63	0.02	795,524	FALSE			FALSE						TRUE	Maintain
94014	Patient-initiated spirometric	Pulmonary Tests	February 2009	38			ACCP/ATS	Remove from screen - RUC	High Volume Growth1	February 2008	XXX	0.52	NA	1.13	0.03	183	FALSE			FALSE						TRUE	Remove from
94015	Patient-initiated spirometric	Pulmonary Tests	February 2009	38			ACCP/ATS	Remove from screen - RUC	High Volume Growth1	February 2008	XXX	0.00	NA	0.95	0.01	55	FALSE			FALSE						TRUE	Remove from
94016	Patient-initiated spirometric	Pulmonary Tests	February 2009	38			ACCP/ATS	Remove from screen - RUC	High Volume Growth1	April 2008	XXX	0.52	0.18	0.18	0.02	6,674	FALSE			FALSE						TRUE	Remove from
94060	Bronchodilation	Spirometry	October 2019	12			ATS, CHEST	0.22	MPC List / CPT Assistant Analysis	October 2010	XXX	0.22	NA	0.93	0.02	770,176	TRUE	Mar	Yes	FALSE						TRUE	Decrease
94200	Maximum breathing capacity,	Lung Function Test	April 2018	28			ATS, CHEST	0.05	CMS-Other - Utilization over 30,000	October 2017	XXX	0.05	NA	0.38	0.02	49,239	FALSE			FALSE						TRUE	Decrease
94240	Deleted from CPT	Pulmonary Tests	April 2010	45			ACCP, ATS	Deleted from CPT	Codes Reported Together 75% or	February 2010							FALSE			TRUE	The RUC accepted the specialties'	October 2010	44	Complete		TRUE	Deleted from
94250	Expired gas collection,	RAW	October 2019	17				Deleted from CPT	CMS-Other - Utilization over 20,000	January 2019							FALSE			FALSE						TRUE	Deleted from
94260	Deleted from CPT	Pulmonary Tests	April 2010	45			ACCP, ATS	Deleted from CPT	Codes Reported Together 75% or	February 2010							FALSE			TRUE	The RUC accepted the specialties'	October 2010	44	Complete		TRUE	Deleted from
94350	Deleted from CPT	Pulmonary Tests	April 2010	45			ACCP, ATS	Deleted from CPT	Codes Reported Together 75% or	February 2010							FALSE			TRUE	The RUC accepted the specialties'	October 2010	44	Complete		TRUE	Deleted from
94360	Deleted from CPT	Pulmonary Tests	April 2010	45			ACCP, ATS	Deleted from CPT	Codes Reported Together 75% or	February 2010							FALSE			TRUE	The RUC accepted the specialties'	October 2010	44	Complete		TRUE	Deleted from
94370	Determination of airway closing	Pulmonary Tests	April 2010	45			ACCP, ATS	Deleted from CPT	Codes Reported Together 75% or	February 2010							FALSE			TRUE	The RUC accepted the specialties'	October 2010	44	Complete		TRUE	Deleted from
94400	Breathing response to CO2	Evaluation of Wheezing	April 2019	25			ATS, CHEST	Deleted from CPT	Codes Reported Together 75% or								TRUE	Mar	Yes	TRUE	In January 2019, the RUC recommended to	September 2019	49	yes		TRUE	Deleted from
94450	Breathing response to hypoxia	Pulmonary Tests	February 2009	38			ACCP/ATS	Remove from screen - RUC	High Volume Growth1	February 2008	XXX	0.40	NA	1.96	0.03	515	FALSE			FALSE						TRUE	Remove from
94617	Exercise test for bronchospasm,	Pulmonary Diagnostic	October 2016	05			ATS, CHEST	0.70	CMS High Expenditure Procedural	February 2016	XXX	0.70	NA	1.93	0.04	7,524	FALSE			FALSE		February 2016	39	Complete		TRUE	Decrease
94618	Pulmonary stress testing (eg, 6-	Pulmonary Diagnostic	October 2016	05			ATS, CHEST	0.48	CMS High Expenditure Procedural	February 2016	XXX	0.48	NA	0.51	0.03	240,300	FALSE			FALSE		February 2016	39	Complete		TRUE	Decrease
94620	Pulmonary stress testing;	Pulmonary Diagnostic	October 2016	05			ATS, CHEST	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			TRUE	In January 2016, the specialty societies	February 2016	39	Complete		TRUE	Deleted from
94621	Cardiopulmonary exercise	Pulmonary Diagnostic	October 2016	05			ATS, CHEST	1.42	CMS High Expenditure Procedural	January 2016	XXX	1.42	NA	3.11	0.11	16,346	FALSE			TRUE	In January 2016, the specialty societies	February 2016	39	Complete		TRUE	Maintain
94625	Physician or other qualified	Outpatient Pulmonary	April 2024	12	September 2024	RAW		Review action plan	Work Neutrality 2024	April 2024	XXX	0.36	0.15	1.82	0.04	28,811	FALSE			FALSE						FALSE	
94625	Physician or other qualified	RAW	April 2024	12	September 2024	RAW		Review action plan	Different Performing Specialty from	April 2024	XXX	0.36	0.15	1.82		28,811	FALSE			FALSE						FALSE	
94626	Physician or other qualified	Outpatient Pulmonary	April 2024	12	September 2024	RAW		Review action plan	Work Neutrality 2024	April 2024	XXX	0.56	0.20	1.80	0.05	4,551	FALSE			FALSE						FALSE	
94640	Pressurized or nonpressurized	Evaluation of Wheezing	April 2019	25			AAFP, ATS,	New PE Inputs	Codes Reported Together 75% or		XXX	0.00	NA	0.23	0.01	166,120	TRUE	Mar	Yes	FALSE						TRUE	PE Only
94667	Manipulation chest wall, such	Evaluation of Wheezing	April 2019	25			ATS, CHEST	New PE Inputs	CPT Assistant Analysis 2018	April 2019	XXX	0.00	NA	0.73	0.02	3,277	FALSE			FALSE						TRUE	PE Only
94668	Manipulation chest wall, such	Evaluation of Wheezing	April 2019	25			AAFP, ATS,	New PE Inputs CPT Assistant	Codes Reported Together 75% or		XXX	0.00	NA	1.15	0.03	6,247	TRUE	Mar	Yes	FALSE						TRUE	PE Only
94669	Mechanical chest wall	Evaluation of Wheezing	April 2019	25			ATS, CHEST	New PE Inputs	CPT Assistant Analysis 2018	April 2019	XXX	0.00	NA	0.6	0.02	130	FALSE			FALSE						TRUE	PE Only
94681	Oxygen uptake, expired gas	Pulmonary Tests	September 2011	51			AACE, TES,	Remove from screen	High Volume Growth1 / CMS Fastest	February 2008	XXX	0.20	NA	1.21	0.03	3,429	FALSE			FALSE						TRUE	Remove from
94720	Carbon monoxide diffusing	Pulmonary Tests	April 2010	45			ACCP, ATS	Deleted from CPT	Codes Reported Together 75% or	February 2010							FALSE			TRUE	The RUC accepted the specialties'	October 2010	44	Complete		TRUE	Deleted from
94725	Membrane diffusion capacity	Pulmonary Tests	April 2010	45			ACCP, ATS	Deleted from CPT	Codes Reported Together 75% or	February 2010							FALSE			TRUE	The RUC accepted the specialties'	October 2010	44	Complete		TRUE	Deleted from
94726	Plethysmography for	Pulmonary Function	April 2011	19			ACCP, ATS	0.31	Codes Reported Together 75% or	February 2010	XXX	0.26	NA	1.39	0.03	587,560	FALSE			FALSE		February 2011				TRUE	Decrease
94727	Gas dilution or washout for	Pulmonary Function	April 2011	19			ACCP, ATS	0.31	Codes Reported Together 75% or	February 2010	XXX	0.26	NA	1.06	0.02	259,358	FALSE			FALSE		February 2011				TRUE	Decrease
94728	Airway resistance by	Pulmonary Function	April 2011	19			ACCP, ATS	0.31	Codes Reported Together 75% or	February 2010	XXX	0.26	NA	1.05	0.02	3,318	FALSE			FALSE		February 2011				TRUE	Decrease
94729	Diffusing capacity (eg, carbon	Pulmonary Function	April 2011	19			ACCP, ATS	0.19	Codes Reported Together 75% or	February 2010	ZZZ	0.19	NA	1.49	0.02	922,733	FALSE			FALSE		February 2011				TRUE	Decrease
94750	Pulmonary compliance study	RAW	October 2019	17				Deleted from CPT	CMS-Other - Utilization over 20,000	January 2019							FALSE			FALSE						TRUE	Deleted from
94760	Noninvasive ear or pulse	Measure Blood Oxygen	February 2009	32			ACCP, ATS	New PE inputs	CMS Request - Practice Expense	NA	XXX	0.00	NA	0.07	0.01	11,156	FALSE			FALSE						TRUE	PE Only
94761	Noninvasive ear or pulse	Measure Blood Oxygen	February 2009	32			ACCP, ATS	New PE inputs	CMS Request - Practice Expense	NA	XXX	0.00	NA	0.11	0.01	2,493	FALSE			FALSE						TRUE	PE Only
94762	Noninvasive ear or pulse	Measure Blood Oxygen	February 2009	32			ACCP, ATS	New PE inputs	CMS Fastest Growing, CMS Request -	October 2008	XXX	0.00	NA	0.75	0.01	139,776	FALSE			FALSE						TRUE	PE Only
94770	Carbon dioxide, expired gas	Evaluation of Wheezing	April 2019	25			ATS, CHEST	Deleted from CPT	High Volume Growth1 / Codes	February 2008							TRUE	Mar	Yes	TRUE	In April 2019, when reviewing the practice	September 2019	49	yes		TRUE	Deleted from
95004	Percutaneous tests (scratch,	Percutaneous Allergy	October 2016	27		RUC	AAAAI, AAOA,	0.01	Low Value-Billed in Multiple Units /	October 2010	XXX	0.01	NA	0.09	0.01	8,192,459	FALSE			FALSE						TRUE	Maintain
95010	Percutaneous tests (scratch,	Percutaneous Allergy	April 2011	31			JCAAI, ACAAI,	Deleted from CPT	Low Value-Billed in Multiple Units	October 2010							FALSE			TRUE	The specialty societies indicated that	February 2012	15	Complete		TRUE	Deleted from
95012	Nitric oxide expired gas	Exhaled Nitric Oxide	April 2019	26			AAAAI, ACAAI,	New PE Inputs	High Volume Growth5	October 2018	XXX	0.00	NA	0.56	0.01	84,141	FALSE			FALSE						TRUE	PE Only
95015	Intracutaneous (intradermal)	Intracutaneous Allgery	April 2011	31			JCAAI, ACAAI,	Deleted from CPT	Low Value-Billed in Multiple Units	October 2010							FALSE			TRUE	The specialty societies indicated that	February 2012	15	Complete		TRUE	Deleted from
95017	Allergy testing, any	Percutaneous Allergy	April 2012	29			JCAAI	0.07	Low Value-Billed in Multiple Units	October 2010	XXX	0.07	0.03	0.18	0.01	16,575	FALSE			TRUE	Deleted codes 95010 and 95015 to bundle	February 2012	15	Complete		TRUE	Decrease
95018	Allergy testing, any	Percutaneous Allergy	April 2012	29			JCAAI	0.14	Low Value-Billed in Multiple Units	October 2010	XXX	0.14	0.06	0.45	0.01	90,311	FALSE			TRUE	Deleted codes 95010 and 95015 to bundle	February 2012	15	Complete		TRUE	Decrease
95024	Intracutaneous (intradermal)	Intracutaneous Allgery	October 2017	19			JCAAI, ACAAI,	New PE Inputs.	Low Value-Billed in Multiple Units /	October 2010	XXX	0.01	0.01	0.22	0.01	1,386,947	FALSE			FALSE						TRUE	PE Only
95027	Intracutaneous (intradermal)	Intracutaneous Allgery	February 2011	41			JCAAI, ACAAI,	0.01	Low Value-Billed in Multiple Units	October 2010	XXX	0.01	NA	0.13	0.01	116,083	FALSE			FALSE						TRUE	Maintain
95115	Professional services for	Immunotherapy	April 2012	48			JCAAI, AAOA	New PE Inputs	CMS High Expenditure Procedural	January 2012	XXX	0.00	NA	0.3	0.01	767,020	FALSE			FALSE						TRUE	PE Only
95117	Professional services for	Immunotherapy	April 2012	48			JCAAI, AAOA	New PE Inputs	CMS High Expenditure Procedural	September 2011	XXX	0.00	NA	0.36	0.01	2,410,492	FALSE			FALSE						TRUE	PE Only
95144	Professional services for the	Antigen Therapy Services	January 2016	49			AAOHNS, AAOA,	0.06	Low Value-Billed in Multiple Units /	October 2010	XXX	0.06	0.03	0.43	0.01	169,071	FALSE			FALSE						TRUE	Maintain
95148	Professional services for the		October 2010	73				0.06	Low Value-Billed in Multiple Units	October 2010	XXX	0.06	0.02	2.83	0.01	19,653	FALSE			FALSE						TRUE	Maintain
95165	Professional services for the	Antigen Therapy Services	January 2016	49			AAOHNS, AAOA,	0.06	MPC List / CMS High Expenditure	October 2010	XXX	0.06	0.03	0.37	0.01	6,237,888	FALSE			FALSE						TRUE	Maintain
95249	Ambulatory continuous glucose	Continuous Glucose	January 2023	24			AACE, ES, ACP	PE Only	High Volume Growth2		XXX	0.00	NA	1.92	0.04	14,565	TRUE	June	yes	TRUE	The RUC recommends referral to the CPT	June 2017	EC	yes		TRUE	PE Only
95250	Ambulatory continuous glucose	Continuous Glucose	January 2023	24			AACE, ES	New PE inputs	High Volume Growth2 / Work	October 2013	XXX	0.00	NA	4.39	0.04	39,326	FALSE			TRUE	In May 2014, the CPT Editorial Panel	October 2015 &	38	yes		TRUE	PE Only
95251	Ambulatory continuous glucose	Continuous Glucose	January 2023	24			AACE, ES	0.70.	High Volume Growth / Work	April 2013	XXX	0.70	0.29	0.29	0.04	553,918	FALSE			TRUE	In October 2016, at the Practice Expense	February 2017	38	yes		TRUE	Decrease
95700	Electroencephalogram (EEG)	Long-Term EEG	April 2024	12			AAN, ACNS	PE Only	High Volume Growth4 / Contractor	May 2018	XXX	0.00	0.00	0	0	14,831	FALSE			FALSE						TRUE	PE Only
95705	Electroencephalogram (EEG),	Long-Term EEG	October 2018	13			AAN, ACNS	PE Only	High Volume Growth4	May 2018	XXX	0.00	0.00	0	0	308	FALSE			FALSE						TRUE	PE Only
95706	Electroencephalogram (EEG),	Long-Term EEG	October 2018	13			AAN, ACNS	PE Only	High Volume Growth4	May 2018	XXX	0.00	0.00	0	0	272	FALSE			FALSE						TRUE	PE Only
95707	Electroencephalogram (EEG),	Long-Term EEG	October 2018	13			AAN, ACNS	PE Only	High Volume Growth4	May 2018	XXX	0.00	0.00	0	0	162	FALSE			FALSE						TRUE	PE Only
95708	Electroencephalogram (EEG),	Long-Term EEG	October 2018	13			AAN, ACNS	PE Only	High Volume Growth4	May 2018	XXX	0.00	0.00	0	0	7,458	FALSE			FALSE						TRUE	PE Only
95709	Electroencephalogram (EEG),	Long-Term EEG	October 2018	13			AAN, ACNS	PE Only	High Volume Growth4	May 2018	XXX	0.00	0.00	0	0	1,465	FALSE			FALSE						TRUE	PE Only
95710	Electroencephalogram (EEG),	Long-Term EEG	October 2018	13			AAN, ACNS	PE Only	High Volume Growth4	May 2018	XXX	0.00	0.00	0	0	126	FALSE			FALSE						TRUE	PE Only
95711	Electroencephalogram with	Long-Term EEG	October 2018	13			AAN, ACNS	PE Only	High Volume Growth4	May 2018	XXX	0.00	0.00	0	0	147	FALSE			FALSE						TRUE	PE Only
95712	Electroencephalogram with	Long-Term EEG	October 2018	13			AAN, ACNS	PE Only	High Volume Growth4	May 2018	XXX	0.00	0.00	0	0	1,022	FALSE			FALSE						TRUE	PE Only
95713	Electroencephalogram with	Long-Term EEG	October 2018	13			AAN, ACNS	PE Only	High Volume Growth4	May 2018	XXX	0.00	0.00	0	0	2,393	FALSE			FALSE						TRUE	PE Only
95714	Electroencephalogram with	Long-Term EEG	October 2018	13			AAN, ACNS	PE Only	High Volume Growth4	May 2018	XXX	0.00	0.00	0	0	3,239	FALSE			FALSE						TRUE	PE Only
95715	Electroencephalogram with	Long-Term EEG	April 2024	12			AAN, ACNS	PE Only	High Volume Growth4 / Contractor	May 2018	XXX	0.00	0.00	0	0	17,499	FALSE			FALSE						TRUE	PE Only
95716	Electroencephalogram with	Long-Term EEG	October 2018	13			AAN, ACNS	PE Only	High Volume Growth4	May 2018	XXX	0.00	0.00	0	0	2,244	FALSE			FALSE						TRUE	PE Only
95717	Electroencephalogram (EEG),	Long-Term EEG	October 2018	13			AAN, ACNS	2.00	High Volume Growth4	May 2018	XXX	2.00	0.97	1.02	0.16	3,762	FALSE			FALSE						TRUE	Decrease
95718	Electroencephalogram (EEG),	Long-Term EEG	October 2018	13			AAN, ACNS	2.50	High Volume Growth4	May 2018	XXX	2.50	1.26	1.33	0.21	32,988	FALSE			FALSE						TRUE	Decrease
95719	Electroencephalogram (EEG),	Long-Term EEG	October 2018	13			AAN, ACNS	3.00	High Volume Growth4	May 2018	XXX	3.00	1.50	1.58	0.24	6,235	FALSE			FALSE						TRUE	Decrease
95720	Electroencephalogram (EEG),	Long-Term EEG	October 2018	13			AAN, ACNS	3.86	High Volume Growth4	May 2018	XXX	3.86	1.93	2.04	0.32	126,680	FALSE			FALSE						TRUE	Decrease
95721	Electroencephalogram (EEG),	Long-Term EEG	October 2018	13			AAN, ACNS	3.86	High Volume Growth4	May 2018	XXX	3.86	1.93	2.05	0.31	2,557	FALSE			FALSE						TRUE	Decrease
95722	Electroencephalogram (EEG),	Long-Term EEG	October 2018	13			AAN, ACNS	4.70	High Volume Growth4	May 2018	XXX	4.70	2.31	2.45	0.39	2,086	FALSE			FALSE						TRUE	Decrease
95723	Electroencephalogram (EEG),	Long-Term EEG	October 2018	13			AAN, ACNS	4.75	High Volume Growth4	May 2018	XXX	4.75	2.29	2.43	0.36	2,407	FALSE			FALSE						TRUE	Decrease
95724	Electroencephalogram (EEG),	Long-Term EEG	October 2018	13			AAN, ACNS	6.00	High Volume Growth4	May 2018	XXX	6.00	2.86	3.03	0.45	3,920	FALSE			FALSE						TRUE	Decrease
95725	Electroencephalogram (EEG),	Long-Term EEG	October 2018	13			AAN, ACNS	5.40	High Volume Growth4	May 2018	XXX	5.40	2.71	2.92	0.43	194	FALSE			FALSE						TRUE	Decrease
95726	Electroencephalogram (EEG),	Long-Term EEG	October 2018	13			AAN, ACNS	7.58	High Volume Growth4	May 2018	XXX	7.58	3.75	3.99	0.6	577	FALSE			FALSE						TRUE	Decrease
95800	Sleep study, unattended,	Sleep Testing	April 2024	12	September 2024	RAW	ACNS, AAN,	Review action plan. 1.05	CMS Fastest Growing / High Volume	October 2009	XXX	0.85	NA	3.18	0.05	103,574	FALSE			FALSE		October 2009				FALSE	Decrease
95801	Sleep study, unattended,	Sleep Testing	April 2010	28			ACNS, AAN,	1.00	CMS Fastest Growing	October 2009	XXX	0.85	NA	2.02	0.05	198	FALSE			FALSE		October 2009				TRUE	Decrease
95803	Actigraphy testing, recording,	Sleep Testing	April 2010	28			ACNS, AAN,	0.90 and New PE inputs	CMS Request - Practice Expense	NA	XXX	0.90	NA	3.13	0.03	164	FALSE			FALSE						TRUE	Decrease
95805	Multiple sleep latency or	Sleep Testing	April 2010	28			ACNS, AAN,	1.20	CMS Fastest Growing	October 2009	XXX	1.20	NA	11.6	0.16	1,681	FALSE			FALSE		October 2009				TRUE	Decrease
95806	Sleep study, unattended,	Sleep Testing	April 2010	28			ACNS, AAN,	1.28	CMS Fastest Growing	October 2009	XXX	0.93	NA	1.85	0.05	87,153	FALSE			FALSE		October 2009				TRUE	Decrease
95807	Sleep study, simultaneous	Sleep Testing	April 2010	28			ACNS, AAN,	1.25	CMS Fastest Growing	October 2009	XXX	1.28	NA	10.86	0.16	927	FALSE			FALSE		October 2009				TRUE	Decrease
95808	Polysomnography; any age,	Sleep Testing	April 2010	28			ACNS, AAN,	1.74	CMS Fastest Growing	October 2009	XXX	1.74	NA	13.44	0.19	614	FALSE			FALSE		October 2009				TRUE	Decrease
95810	Polysomnography; age 6 years	Sleep Testing	April 2010	28			ACNS, AAN,	2.50	CMS Fastest Growing / MPC List	February 2010	XXX	2.50	NA	15.98	0.24	171,553	FALSE			FALSE		October 2009				TRUE	Decrease
95811	Polysomnography; age 6 years	Sleep Testing	April 2010	28			ACNS, AAN,	2.60	CMS Fastest Growing	October 2009	XXX	2.60	NA	16.71	0.26	187,527	FALSE			FALSE		October 2009				TRUE	Decrease
95812	Electroencephalogram (EEG)	Long-Term EEG	October 2018	13			AAN, ACNS	1.08	CMS Request - Final Rule for 2016	July 2015	XXX	1.08	NA	9.35	0.09	19,969	FALSE			FALSE						TRUE	Maintain
95813	Electroencephalogram (EEG)	Long-Term EEG	October 2018	13			AAN, ACNS	1.63	CMS Request - Final Rule for 2016	July 2015	XXX	1.63	NA	11.55	0.12	23,283	FALSE			FALSE						TRUE	Decrease
95816	Electroencephalogram (EEG);	Electroencephalogram	October 2012	22				1.08	CMS High Expenditure Procedural	January 2012	XXX	1.08	NA	10.67	0.1	233,774	FALSE			FALSE						TRUE	Maintain
95819	Electroencephalogram (EEG);	Electroencephalogram	October 2012	22			AAN, ACNS	1.08	CMS High Expenditure Procedural	September 2011	XXX	1.08	NA	12.46	0.11	156,540	FALSE			FALSE						TRUE	Maintain
95822	Electroencephalogram (EEG);	Electroencephalogram	October 2012	22			AAN, ACNS	1.08	CMS High Expenditure Procedural	January 2012	XXX	1.08	NA	11.22	0.1	24,667	FALSE			FALSE						TRUE	Maintain
95827	Electroencephalogram (EEG);	Long-Term EEG	October 2018	13			AAN, ACNS	Deleted from CPT	High Volume Growth4	May 2018							FALSE			FALSE						TRUE	Deleted from

95831	Muscle testing, manual	Muscle Testing	April 2018	33			AAN, AANEM,	Deleted from CPT	High Volume Growth3 / CMS-Other -	October 2015							FALSE			TRUE	In April 2018, AAN, AANEM, AAPM,	September 2018	39	complete	TRUE	Deleted from
95832	Muscle testing, manual	Muscle Testing	April 2018	33			AAN, AANEM,	Deleted from CPT	High Volume Growth3 / CMS-Other -	October 2017							FALSE			TRUE	In April 2018, AAN, AANEM, AAPM,	September 2018	39	complete	TRUE	Deleted from
95833	Muscle testing, manual	Muscle Testing	April 2018	33			AAN, AANEM,	Deleted from CPT	High Volume Growth3 / CMS-Other -	October 2017							FALSE			TRUE	In April 2018, AAN, AANEM, AAPM,	September 2018	39	complete	TRUE	Deleted from
95834	Muscle testing, manual	Muscle Testing	April 2018	33			AAN, AANEM,	Deleted from CPT	High Volume Growth3 / CMS-Other -	October 2017							FALSE			TRUE	In April 2018, AAN, AANEM, AAPM,	September 2018	39	complete	TRUE	Deleted from
95851	Range of motion	RAW	September 2022	13			APTA	Maintain	CMS-Other - Utilization over 20,000-	April 2022	XXX	0.16	0.06	0.48	0.01	20,414	FALSE			FALSE					TRUE	Maintain
95860	Needle electromyography; 1	EMG in Conjunction with	April 2012	32			AAN, AAPMR,	0.96	Harvard Valued - Utilization over	October 2009	XXX	0.96	NA	2.36	0.05	2,843	FALSE			TRUE	The Workgroup, accepts the specialties'	February 2011 &	09	Complete	TRUE	Maintain
95861	Needle electromyography; 2	EMG in Conjunction with	April 2012	32	September 2024	RAW	AAN, AAPMR,	Review action plan. 1.54	Codes Reported Together 75% or	February 2010	XXX	1.54	NA	3.16	0.08	44,932	FALSE			TRUE	The Workgroup, accepts the specialties'	February 2011 &	09	Complete	TRUE	Maintain
95863	Needle electromyography; 3	EMG in Conjunction with	April 2012	32			AAN, AAPMR,	1.87	Codes Reported Together 75% or	February 2010	XXX	1.87	NA	4.25	0.09	93	FALSE			TRUE	The Workgroup, accepts the specialties'	February 2011 &	09	Complete	TRUE	Maintain
95864	Needle electromyography; 4	EMG in Conjunction with	April 2012	32			AAN, AAPMR,	1.99	Codes Reported Together 75% or	February 2010	XXX	1.99	NA	4.84	0.11	1,107	FALSE			TRUE	The Workgroup, accepts the specialties'	February 2011 &	09	Complete	TRUE	Maintain
95867	Needle electromyography;	EMG in Conjunction with	April 2012	32			AAN, AAPMR,	0.79	Codes Reported Together 75% or		XXX	0.79	NA	2.35	0.05	1,258	FALSE			TRUE	Identifed by CPT with needle EMG with	October 2011	06	Complete	TRUE	Maintain
95868	Needle electromyography;	EMG in Conjunction with	April 2012	32			AAN, AAPMR,	1.18	Codes Reported Together 75% or		XXX	1.18	NA	2.91	0.06	3,766	FALSE			TRUE	Identifed by CPT with needle EMG with	October 2011	06	Complete	TRUE	Maintain
95869	Needle electromyography;	EMG in Conjunction with	April 2012	32			AAN, AAPMR,	0.37	Codes Reported Together 75% or	October 2011	XXX	0.37	NA	2.45	0.03	432	FALSE			TRUE	Identifed by CPT with needle EMG with	October 2011	06	Complete	TRUE	Maintain
95870	Needle electromyography;	EMG in Conjunction with	October 2017	19			AAN, AAPMR,	0.37	Codes Reported Together 75% or	October 2011	XXX	0.37	NA	2.09	0.03	53,954	FALSE			TRUE	Identifed by CPT with needle EMG with	October 2011	06	Complete	TRUE	Maintain
95885	Needle electromyography, each	EMG in Conjunction with	April 2011	20			AAN, AAPMR,	0.35	Codes Reported Together 75% or	February 2010	ZZZ	0.35	NA	1.49	0.01	122,624	FALSE			FALSE		February 2011 and	09	Complete	TRUE	Decrease
95886	Needle electromyography, each	EMG in Conjunction with	April 2011	20			AAN, AAPMR,	0.92	Codes Reported Together 75% or	February 2010	ZZZ	0.86	NA	1.99	0.03	851,191	FALSE			FALSE		February 2011 and	09	Complete	TRUE	Decrease
95887	Needle electromyography, non-	EMG in Conjunction with	April 2011	20			AAN, AAPMR,	0.73	Codes Reported Together 75% or	February 2010	ZZZ	0.71	NA	1.74	0.03	13,829	FALSE			FALSE		February 2011 and	09	Complete	TRUE	Decrease
95900	Nerve conduction, amplitude	EMG in Conjunction with	April 2012	32			AAN, AAPMR,	Deleted from CPT	MPC List / Codes Reported Together	October 2010							FALSE			TRUE	Identified as part of the Reported Together	October 2011&	06 &	Complete	TRUE	Deleted from
95903	Nerve conduction, amplitude	EMG in Conjunction with	April 2012	32			AAN, AAPMR,	Deleted from CPT	CMS High Expenditure Procedural	September 2011							FALSE			TRUE	Identified as part of the Reported Together	October 2011 and	06 &	Complete	TRUE	Deleted from
95904	Nerve conduction, amplitude	EMG in Conjunction with	April 2012	32			AAN, AAPMR,	Deleted from CPT	Codes Reported Together 75% or	February 2010							FALSE			TRUE	The Workgroup, accepts the specialties'	February 2011 &	09 &	Complete	TRUE	Deleted from
95907	Nerve conduction studies; 1-2	EMG in Conjunction with	April 2012	32			AAN, AAPMR,	1.00	Codes Reported Together 75% or		XXX	1.00	NA	1.65	0.05	5,271	FALSE			TRUE	Deleted 6 electromyography codes and	February 2012	16	Complete	TRUE	Decrease
95908	Nerve conduction studies; 3-4	EMG in Conjunction with	April 2012	32			AAN, AAPMR,	1.37	Codes Reported Together 75% or		XXX	1.25	NA	2.04	0.06	45,620	FALSE			TRUE	Deleted 6 electromyography codes and	February 2012	16	Complete	TRUE	Decrease
95909	Nerve conduction studies; 5-6	EMG in Conjunction with	April 2012	32			AAN, AAPMR,	1.77	Codes Reported Together 75% or		XXX	1.50	NA	2.45	0.07	108,998	FALSE			TRUE	Deleted 6 electromyography codes and	February 2012	16	Complete	TRUE	Decrease
95910	Nerve conduction studies; 7-8	EMG in Conjunction with	April 2012	32			AAN, AAPMR,	2.80	Codes Reported Together 75% or		XXX	2.00	NA	3.16	0.09	130,980	FALSE			TRUE	Deleted 6 electromyography codes and	February 2012	16	Complete	TRUE	Decrease
95911	Nerve conduction studies; 9-10	EMG in Conjunction with	April 2012	32			AAN, AAPMR,	3.34	Codes Reported Together 75% or		XXX	2.50	NA	3.72	0.11	158,049	FALSE			TRUE	Deleted 6 electromyography codes and	February 2012	16	Complete	TRUE	Decrease
95912	Nerve conduction studies; 11-	EMG in Conjunction with	April 2012	32			AAN, AAPMR,	4.00	Codes Reported Together 75% or		XXX	3.00	NA	4.26	0.14	69,835	FALSE			TRUE	Deleted 6 electromyography codes and	February 2012	16	Complete	TRUE	Decrease
95913	Nerve conduction studies; 13	EMG in Conjunction with	April 2012	32			AAN, AAPMR,	4.20	Codes Reported Together 75% or		XXX	3.56	NA	4.82	0.16	76,025	FALSE			TRUE	Deleted 6 electromyography codes and	February 2012	16	Complete	TRUE	Decrease
95921	Testing of autonomic nervous	Autonomic Function	September 2023	22	September 2024	RAW	AAFP, AAN,	Review action plan. Refer to	Different Performing Specialty from	October 2009	XXX	0.90	NA	1.69	0.04	54,136	TRUE	Sep 2020	Yes	TRUE	For code pair 95921/95922, the Relativity	Sep 2024			FALSE	Maintain
95922	Testing of autonomic nervous	Autonomic Function	September 2023	22	January 2025	RUC	AAFP, AAN,	Refer to CPT. 0.96	High Volume Growth1 / CMS Fastest	February 2008	XXX	0.96	NA	1.83	0.05	1,853	TRUE	Dec	Yes	TRUE	For code pair 95921/95922, the Relativity	Sep 2024			FALSE	Maintain
95923	Testing of autonomic nervous	Autonomic Function	September 2023	22	September 2024	RAW	AAFP, AAN,	Review action plan. Refer to	Codes Reported Together 75% or	October 2019	XXX	0.90	NA	2.71	0.05	88,688	TRUE	Sep 2020	Yes	TRUE	In October 2019, the Workgroup identified	Sep 2024			FALSE	Maintain
95924	Testing of autonomic nervous	Autonomic Function	September 2023	22	January 2025	RUC	AAFP, AAN,	Refer to CPT. 1.73	Codes Reported Together 75% or		XXX	1.73	NA	2.69	0.11	16,278	TRUE	Sep 2020	Yes	TRUE	CPT Feb 2012 the CPT Editorial Panel	Sep 2024			FALSE	Decrease
95925	Short-latency somatosensory	Evoked Potentials and	January 2013	34			AAN, AANEM,	0.54 and New PE Inputs	Codes Reported Together 75% or	February 2010	XXX	0.54	NA	4.68	0.06	4,601	FALSE			TRUE	The Workgroup recommends that the	October 2010	48	Complete	TRUE	Maintain
95926	Short-latency somatosensory	Evoked Potentials and	January 2013	34			AAN, AANEM,	0.54 and New PE Inputs	Codes Reported Together 75% or	February 2010	XXX	0.54	NA	4.14	0.05	4,391	FALSE			TRUE	The Workgroup recommends that the	October 2010	48	Complete	TRUE	Maintain
95928	Central motor evoked potential	Evoked Potentials and	April 2013	36			AAN, AANEM,	1.50	Codes Reported Together 75% or	February 2010	XXX	1.50	NA	5.63	0.09	388	FALSE			TRUE	The Workgroup recommends that the	October 2010	48	Complete	TRUE	Maintain
95929	Central motor evoked potential	Evoked Potentials and	April 2013	36			AAN, AANEM,	1.50	Codes Reported Together 75% or	February 2010	XXX	1.50	NA	5.72	0.08	1,400	FALSE			TRUE	The Workgroup recommends that the	October 2010	48	Complete	TRUE	Maintain
95930	Visual evoked potential (VEP)	Visual Evoked Potential	October 2016	11			AAO, AOA	0.35	High Volume Growth3	October 2015	XXX	0.35	NA	1.65	0.02	36,554	FALSE			TRUE	In January 2016, the RUC recommended to	May 2016	29	Complete	TRUE	Maintain
95934	H-reflex, amplitude and latency	EMG in Conjunction with	April 2012	32				Deleted from CPT	Codes Reported Together 75% or								FALSE			TRUE	Identified as part of the Codes Reported	October 2011 &	06 &	Complete	TRUE	Deleted from
95936	H-reflex, amplitude and latency	EMG in Conjunction with	April 2012	32				Deleted from CPT	Codes Reported Together 75% or								FALSE			TRUE	Identified as part of the Codes Reported	October 2011 &	06 &	Complete	TRUE	Deleted from
95937	Neuromuscular junction testing	RAW	April 2023	15				Remove from screen	Different Performing Specialty from	April 2023	XXX	0.65	NA	2.43	0.04	32,713	FALSE			FALSE					TRUE	Remove from
95938	Short-latency somatosensory	Evoked Potentials and	January 2013	34	September 2024	RAW	AAN, AANEM,	Review action plan. 0.86 and	Codes Reported Together 75% or	January 2013	XXX	0.86	NA	10.3	0.09	94,688	FALSE			TRUE		October 2010	48	Complete	TRUE	Decrease
95939	Central motor evoked potential	Evoked Potentials and	January 2013	34	September 2024	RAW	AAN, AANEM,	Review action plan. 2.25 and	Codes Reported Together 75% or	January 2013	XXX	2.25	NA	14.33	0.16	45,924	FALSE			TRUE		October 2010	48	Complete	TRUE	Decrease
95940	Continuous intraoperative	Intraoperative	January 2012	12				0.60	Codes Reported Together 75% or	January 2012	XXX	0.60	0.31		0.04	18,201	FALSE			TRUE	Deleted 6 electromyography codes and	February 2012	16	Complete	TRUE	Decrease
95941	Continuous intraoperative	Intraoperative	January 2012	12				2.00	Codes Reported Together 75% or	January 2012	XXX	0.00	0.00	0	0		FALSE			TRUE	Deleted 6 electromyography codes and	February 2012	16	Complete	TRUE	Decrease
95943	Simultaneous, independent,	Autonomic Function	January 2020	37			AAN, AANEM	Deleted from CPT	Codes Reported Together 75% or	January 2018	XXX						FALSE			TRUE	CPT Feb 2012 established 2 new codes	October 2020	65	complete	TRUE	Deleted from
95950	Monitoring for identification	Long-Term EEG	October 2018	13			AAN, ACNS	Deleted from CPT	CMS Fastest Growing	February 2009							FALSE			FALSE					TRUE	Deleted from
95951	Monitoring for localization of	Long-Term EEG	October 2018	13				Deleted from CPT	High Volume Growth4	October 2016							FALSE			TRUE	This service was identifed by the High	May 2018	35	Yes	TRUE	Deleted from
95953	Monitoring for localization of	Long-Term EEG	October 2018	13			AAN, ACNS	Deleted from CPT	CMS Fastest Growing	February 2009							FALSE			FALSE					TRUE	Deleted from
95954	Pharmacological or physical	EEG Monitoring	February 2008	S			AAN, ACNS	Remove from screen	High Volume Growth1	February 2008	XXX	2.45	NA	9.17	0.19	450	FALSE			FALSE					TRUE	Remove from
95956	Monitoring for localization of	Long-Term EEG	October 2018	13			AAN, ACNS	Deleted from CPT	CMS Fastest Growing	October 2008							TRUE	Dec 2009	Yes	FALSE					TRUE	Deleted from
95957	Digital analysis of	Electroencephalogram	January 2016	50			AAN	1.98	CMS High Expenditure Procedural	July 2015	XXX	1.98	NA	6.7	0.12	29,391	FALSE			FALSE					TRUE	Maintain
95970	Electronic analysis of implanted	Neurostimulator Services	January 2019	37			AAN, AANS/CNS,	0.45	Harvard Valued - Utilization over	February 2010	XXX	0.35	0.16	0.18	0.03	27,694	TRUE	Jul 2016	Yes	TRUE	In January 2016, the specialty societies	June 2017	31	Complete	TRUE	Maintain
95971	Electronic analysis of implanted	Neurostimulator Services	October 2017	07			AUA, ACOG,	0.78	Harvard Valued - Utilization over	October 2009	XXX	0.78	0.30	0.59	0.07	17,489	FALSE			TRUE	In January 2014, the RUC recommends that	February 2015,	75, 31	Complete	TRUE	Maintain
95972	Electronic analysis of implanted	Neurostimulator Services	October 2017	07			AUA, ACOG,	0.80	Harvard Valued - Utilization over	February 2010	XXX	0.80	0.31	0.82	0.08	37,002	FALSE			TRUE	In January 2014, the RUC recommends that	May 2014	EC1	Complete	TRUE	Decrease
95973	Electronic analysis of implanted	Implanted	April 2015	21			AANS/CNS,	Deleted from CPT	Harvard Valued - Utilization over	February 2010							FALSE			TRUE	In January 2014, the RUC recommends that	February 2015	75	Complete	TRUE	Deleted from
95974	Electronic analysis of implanted	Neurostimulator Services	October 2017	07			AAN, AANS/CNS,	Deleted from CPT	CMS Request - Final Rule for 2016	July 2015							TRUE	Jul 2016	Yes	TRUE	In January 2016, the specialty societies	June 2017	31	Complete	TRUE	Deleted from
95975	Electronic analysis of implanted	Neurostimulator Services	October 2017	07			AAN, AANS/CNS,	Deleted from CPT	CMS Request - Final Rule for 2016	July 2015							TRUE	Jul 2016	Yes	TRUE	In January 2016, the specialty societies	June 2017	31	Complete	TRUE	Deleted from
95976	Electronic analysis of implanted	Neurostimulator Services	September 2022	13			AAN, AANS/CNS,	0.95	High Volume Growth2 / CMS	June 2017	XXX	0.73	0.35	0.37	0.07	7,455	TRUE	February	Yes	FALSE		June 2017	31		TRUE	Maintain
95977	Electronic analysis of implanted	Neurostimulator Services	September 2022	13			AAN, AANS/CNS,	1.19	High Volume Growth2 / CMS	June 2017	XXX	0.97	0.46	0.49	0.1	4,950	TRUE	February	Yes	FALSE		June 2017	31		TRUE	Maintain
95978	Electronic analysis of implanted	Neurostimulator Services	October 2017	07			AAN, AANS/CNS,	Deleted from CPT	CMS Request - Final Rule for 2016	July 2015							TRUE	Jul 2016	Yes	TRUE	In January 2016, the specialty societies	June 2017	31	Complete	TRUE	Deleted from
95979	Electronic analysis of implanted	Neurostimulator Services	October 2017	07			AAN, AANS/CNS,	Deleted from CPT	CMS Request - Final Rule for 2016	July 2015							TRUE	Jul 2016	Yes	TRUE	In January 2016, the specialty societies	June 2017	31	Complete	TRUE	Deleted from
95980	Electronic analysis of implanted	Neurostimulator Services	October 2017	07			No Interest	Not part of family	CMS Request - Final Rule for 2016	July 2015	XXX	0.80	0.35		0.19	427	FALSE			FALSE		June 2017	31	Complete	TRUE	Maintain
95981	Electronic analysis of implanted	Neurostimulator Services	October 2017	07			No Interest	Not part of family	CMS Request - Final Rule for 2016	July 2015	XXX	0.30	0.17	0.81	0.06	531	FALSE			FALSE		June 2017	31	Complete	TRUE	Maintain
95982	Electronic analysis of implanted	Neurostimulator Services	January 2016	07			No Interest	Not part of family	CMS Request - Final Rule for 2016	July 2015	XXX	0.65	0.31	1.01	0.12	838	FALSE			FALSE		June 2017	31	Complete	TRUE	Maintain
95983	Electronic analysis of implanted	Neurostimulator Services	September 2022	13			AAN, AANS/CNS,	1.25	High Volume Growth2 / CMS	June 2017	XXX	0.91	0.46	0.49	0.09	38,254	TRUE	February	Yes	FALSE		June 2017	31		TRUE	Maintain
95984	Electronic analysis of implanted	Neurostimulator Services	September 2022	13			AAN, AANS/CNS,	1.00	High Volume Growth2 / CMS	June 2017	ZZZ	0.80	0.40	0.42	0.08	51,686	TRUE	February	Yes	FALSE		June 2017	31		TRUE	Maintain
95990	Refilling and maintenance of	Electronic Analysis	February 2011	07			ASA, AAPM,	0.00	Different Performing Specialty from	April 2010	XXX	0.00	NA	2.66	0.05	707	FALSE			TRUE	Identified through the Codes Reported	October 2010		Complete	TRUE	Maintain
95991	Refilling and maintenance of	Electronic Analysis	February 2011	07			ASA, AAPM	0.77	High Volume Growth1 / Codes	February 2008	XXX	0.77	0.32	2.46	0.09	6,897	FALSE			TRUE		October 2010		Complete	TRUE	Maintain
95992	Canalith repositioning		April 2018	33				Remove from Modifier -51	Modifier -51 Exempt	January 2018	XXX	0.75	0.28	0.49	0.03	112,826	FALSE			FALSE					TRUE	Maintain
96101	Psychological testing (includes	Psychological and Neuro-	October 2017	08			APA	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			TRUE	In the July 2015 Proposed Rule and	June 2017	32	complete	TRUE	Deleted from
96102	Psychological testing (includes	Psychological and Neuro-	October 2017	08			APA	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			TRUE	In the July 2015 Proposed Rule and	June 2017	32	complete	TRUE	Deleted from
96103	Psychological testing (includes	Psychological and Neuro-	October 2017	08			APA	Deleted from CPT	High Volume Growth2 / Different	April 2013							FALSE			TRUE	In the July 2015 Proposed Rule and	June 2017	32	complete	TRUE	Deleted from
96105	Assessment of aphasia	Psychological and Neuro-	October 2017	20			APA	1.75	CMS Request/Speech Language	January 2016	XXX	1.75	NA	1.06	0.07	1,718	FALSE			TRUE	In the July 2015 Proposed Rule and	June 2017	32	complete	TRUE	Decrease
96110	Developmental screening (eg,	Psychological and Neuro-	October 2017	08			APA	New PE Inputs	CMS High Expenditure Procedural	January 2017	XXX	0.00	NA	0.34	0.01		FALSE			TRUE	In the July 2015 Proposed Rule and	June 2017	32	complete	TRUE	PE Only
96111	Developmental testing,	Psychological and Neuro-	October 2017	08			APA	Deleted from CPT	CMS High Expenditure Procedural	January 2017							FALSE			TRUE	In the July 2015 Proposed Rule and	June 2017	32	complete	TRUE	Deleted from
96112	Developmental test	Psychological and Neuro-	October 2017	08	September 2024	RAW	APA	Review action plan. 2.50	CMS High Expenditure Procedural	June 2017	XXX	2.56	0.98	1.01	0.15	18,459	FALSE			TRUE	In the July 2015 Proposed Rule and	June 2017	32	complete	FALSE	Decrease
96113	Developmental test	Psychological and Neuro-	October 2017	08			APA	1.10	CMS High Expenditure Procedural	June 2017	ZZZ	1.16	0.46	0.57	0.07	704	FALSE			TRUE	In the July 2015 Proposed Rule and	June 2017	32	complete	TRUE	Decrease
96116	Neurobehavioral status exam	Psychological and Neuro-	October 2017	08			APA	1.86	CMS High Expenditure Procedural	July 2015	XXX	1.86	0.43	0.82	0.08	146,363	FALSE			TRUE	In the July 2015 Proposed Rule and	June 2017	32	complete	TRUE	Maintain
96118	Neuropsychological testing (eg,	Psychological and Neuro-	October 2017	08			APA	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			TRUE	In the July 2015 Proposed Rule and	June 2017	32	complete	TRUE	Deleted from
96119	Neuropsychological testing (eg,	Psychological and Neuro-	October 2017	08			APA	Deleted from CPT	CMS High Expenditure Procedural	July 2015							FALSE			TRUE	In the July 2015 Proposed Rule and	June 2017	32	complete	TRUE	Deleted from
96120	Neuropsychological testing (eg,	Psychological and Neuro-	October 2017	08			APA	Deleted from CPT	High Volume Growth2 / CMS High	April 2013							FALSE			TRUE	In the July 2015 Proposed Rule and	June 2017	32	complete	TRUE	Deleted from
96121	Neurobehavioral status exam	Psychological and Neuro-	October 2017	08			APA	1.71	CMS High Expenditure Procedural	June 2017	ZZZ	1.71	0.22	0.5	0.04	32,562	FALSE			TRUE	In the July 2015 Proposed Rule and	June 2017	32	complete	TRUE	Decrease
96125	Standardized cognitive	Psychological and Neuro-	October 2017	20			APA	1.70	CMS High Expenditure Procedural	January 2016	XXX	1.70	NA	1.31	0.06	6,864	FALSE			TRUE	In the July 2015 Proposed Rule and	June 2017	32	complete	TRUE	Maintain
96127	Brief emotional/behavioral	Psychological and Neuro-	October 2017	08			APA	New PE Inputs	CMS High Expenditure Procedural	January 2016	XXX	0.00	NA	0.13	0.01	600,869	FALSE			TRUE	In the July 2015 Proposed Rule and	June 2017	32	complete	TRUE	PE Only
96130	Psychological testing	Psychological and Neuro-	October 2017	20			APA	2.50	CMS High Expenditure Procedural	June 2017	XXX	2.56	0.57	0.92	0.12	105,672	FALSE			TRUE	In the July 2015 Proposed Rule and	June 2017	32	complete	TRUE	Decrease
96131	Psychological testing	Psychological and Neuro-	October 2017	20			APA	1.90	CMS High Expenditure Procedural	June 2017	ZZZ	1.96	0.24	0.56	0.05	69,961	FALSE			TRUE	In the July 2015 Proposed Rule and	June 2017	32	complete	TRUE	Decrease
96132	Neuropsychological testing	Psychological and Neuro-	October 2017	08			APA	2.50	CMS High Expenditure Procedural	June 2017	XXX	2.56	0.49	1.2	0.09	216,072	FALSE			TRUE	In the July 2015 Proposed Rule and	June 2017	32	complete	TRUE	Decrease
96133	Neuropsychological testing	Psychological and Neuro-	October 2017	08			APA	1.90	CMS High Expenditure Procedural	June 2017	ZZZ	1.96	0.25	0.91	0.05	349,984	FALSE			TRUE	In the July 2015 Proposed Rule and	June 2017	32	complete	TRUE	Decrease
96136	Psychological or	Psychological and Neuro-	October 2017	20			APA	0.55	CMS High Expenditure Procedural	June 2017	XXX	0.55	0.12	0.68	0.02	173,355	FALSE			FALSE		June 2017	32		TRUE	Decrease
96137	Psychological or	Psychological and Neuro-	October 2017	20			APA	0.46	CMS High Expenditure Procedural	June 2017	ZZZ	0.46	0.06	0.66	0.01	332,276	FALSE			FALSE		June 2017	32		TRUE	Decrease
96138	Psychological or	Psychological and Neuro-	October 2017	20			APA	New PE Inputs	CMS High Expenditure Procedural	June 2017	XXX	0.00	NA	1.02	0.01	182,211	FALSE			FALSE		June 2017	32		TRUE	PE Only
96139	Psychological or	Psychological and Neuro-	October 2017	20			APA	New PE Inputs	CMS High Expenditure Procedural	June 2017	ZZZ	0.00	NA	1.05	0.01	358,552	FALSE			FALSE		June 2017	32		TRUE	PE Only
96146	Psychological or	Psychological and Neuro-	October 2017	20			APA	New PE Inputs	CMS High Expenditure Procedural	June 2017	XXX	0.00	NA	0.06	0.01	8,055	FALSE			FALSE		June 2017	32		TRUE	PE Only
96150	Health and behavior	Health and Behavior	January 2019	41				Deleted from CPT	Negative IWPUT	September 2018							FALSE			FALSE		September 2018	40	Complete	TRUE	Deleted from
96151	Health and behavior	Health and Behavior	January 2019	41				Deleted from CPT	Negative IWPUT	September 2018							FALSE			FALSE		September 2018	40	Complete	TRUE	Deleted from
96152	Health and behavior	Health and Behavior	January 2019	41				Deleted from CPT	Negative IWPUT	September 2018							FALSE			FALSE		September 2018	40	Complete	TRUE	Deleted from
96153	Health and behavior	Health and Behavior	January 2019	41				Deleted from CPT	Negative IWPUT	September 2018							FALSE			FALSE		September 2018	40	Complete	TRUE	Deleted from
96154	Health and behavior	Health and Behavior	January 2019	41			APA	Deleted from CPT	Negative IWPUT	April 2017							FALSE			TRUE	In October 2017, the specialty societies	September 2018	40	Complete	TRUE	Deleted from
96155	Health and behavior	Health and Behavior	January 2019	41				Deleted from CPT	Negative IWPUT	September 2018							FALSE			FALSE		September 2018	40	Complete	TRUE	Deleted from
96156	Health behavior assessment, or	Health and Behavior	January 2019	41				2.10	Negative IWPUT	September 2018	XXX	2.20	0.36	0.7	0.07	18,554	FALSE			FALSE		September 2018	40	Complete	TRUE	Increase
96158	Health behavior intervention,	Health and Behavior	January 2019	41				1.45	Negative IWPUT	September 2018	XXX	1.52	0.20	0.45	0.04	31,221	FALSE			FALSE		September 2018	40	Complete	TRUE	Increase
96159	Health behavior intervention,	Health and Behavior	January 2019	41				0.50	Negative IWPUT	September 2018	ZZZ	0.52	0.06	0.15	0.01	29,389	FALSE			FALSE		September 2018	40	Complete	TRUE	Increase
96164	Health behavior intervention,	Health and Behavior	January 2019	41				0.21	Negative IWPUT	September 2018	XXX	0.22	0.05	0.08	0.01	12,356	FALSE			FALSE		September 2018	40	Complete	TRUE	Increase
96165	Health behavior intervention,	Health and Behavior	January 2019	41				0.10	Negative IWPUT	September 2018	ZZZ	0.10	0.02	0.04	0	35,148	FALSE			FALSE		September 2018	40	Complete	TRUE	Increase
96167	Health behavior intervention,	Health and Behavior	January 2019	41				1.55	Negative IWPUT	September 2018	XXX	1.62	0.20	0.46	0.04	1,367	FALSE			FALSE		September 2018	40	Complete	TRUE	Increase
96168	Health behavior intervention,	Health and Behavior	January 2019	41				0.55	Negative IWPUT	September 2018	ZZZ	0.58	0.07	0.17	0.01	1,185	FALSE			FALSE		September 2018	40	Complete	TRUE	Increase
96170	Health behavior intervention,	Health and Behavior	January 2019	41				1.50	Negative IWPUT	September 2018	XXX	1.50	0.58	0.73	0.09		FALSE			FALSE		September 2018	40	Complete	TRUE	Increase
96171	Health behavior intervention,	Health and Behavior	January 2019	41				0.54	Negative IWPUT	September 2018	ZZZ	0.54	0.21	0.26	0.03		FALSE			FALSE		September 2018	40	Complete	TRUE	Increase
96360	Intravenous infusion,	IV Hydration	January 2017	25			ASCO, ASH	0.17	CMS High Expenditure Procedural	July 2015	XXX	0.17	NA	0.79	0.01	212,461	FALSE			TRUE	These services were identified by the CMS	N/A	N/A	N/A	TRUE	Maintain
96361	Intravenous infusion,	IV Hydration	January 2017	25			ASCO, ASH	0.09	CMS High Expenditure Procedural	July 2015	ZZZ	0.09	NA	0.27	0.01	335,419	FALSE			TRUE	These services were identified by the CMS	N/A	N/A	N/A	TRUE	Maintain
96365	Intravenous infusion, for	Intravenous Infusion	January 2013	28			ACRh, ASCO,	0.21	CMS High Expenditure Procedural	September 2011	XXX	0.21	NA	1.63	0.04	1,391,921	FALSE			FALSE					TRUE	Maintain
96366	Intravenous infusion, for	Intravenous Infusion	January 2013	28			ACRh, ASCO,	0.18	CMS High Expenditure Procedural	April 2013	ZZZ	0.18	NA	0.42	0.01	583,669	FALSE			FALSE					TRUE	Maintain
96367	Intravenous infusion, for	Intravenous Infusion	January 2013	28			ACRh, ASCO,	0.19	CMS High Expenditure Procedural	September 2011	ZZZ	0.19	NA	0.65	0.01	960,265	FALSE			FALSE					TRUE	Maintain
96368	Intravenous infusion, for	Intravenous Infusion	January 2013	28			ACRh, ASCO,	0.17	CMS High Expenditure Procedural	April 2013	ZZZ	0.17	NA	0.41	0.01	124,450	FALSE			FALSE					TRUE	Maintain
96372	Therapeutic, prophylactic, or	Application of On-body	January 2017	26			ASCO, ASH,	0.17	Different Performing Specialty from	April 2013	XXX	0.17	NA	0.25	0.01	7,563,903	FALSE			TRUE	These services were identified by the CMS	N/A	N/A	N/A	TRUE	Maintain
96374	Therapeutic, prophylactic, or	Application of On-body	January 2017	26			ASCO, ASH,	0.18	CMS High Expenditure Procedural	July 2015	XXX	0.18	NA	0.9	0.02	238,481	FALSE			TRUE	These services were identified by the CMS	N/A	N/A	N/A	TRUE	Maintain
96375	Therapeutic, prophylactic, or	Application of On-body	January 2017	26			ASCO, ASH,	0.10	CMS High Expenditure Procedural	July 2015	ZZZ	0.10	NA	0.35	0.01	1,423,508	FALSE			TRUE	These services were identified by the CMS	N/A	N/A	N/A	TRUE	Maintain
96401	Chemotherapy administration,	Chemotherapy	January 2017	27			ASBMT, ASCO,	0.21	CMS High Expenditure Procedural	July 2015	XXX	0.21	NA	1.9	0.04	708,931	FALSE			TRUE	These services were identified by the CMS	N/A	N/A	N/A	TRUE	Maintain

96402	Chemotherapy administration,	Chemotherapy	January 2017	27			ASBMT, ASCO,	0.19	CMS High Expenditure Procedural	July 2015	XXX	0.19	NA	0.85	0.02	368,463	FALSE			TRUE	These services were identified by the CMS	N/A	N/A	N/A	TRUE	Maintain
96405	Chemotherapy administration;	Chemotherapy	April 2008	55			ASCO	New PE inputs	CMS Request - Practice Expense	NA	000	0.52	0.30	1.94	0.03	23,807	FALSE			FALSE					TRUE	PE Only
96406	Chemotherapy administration;	Chemotherapy	April 2008	55			ASCO	New PE inputs	CMS Request - Practice Expense	NA	000	0.80	0.46	3.03	0.06	782	FALSE			FALSE					TRUE	PE Only
96409	Chemotherapy administration;	Chemotherapy	January 2017	27			ASBMT, ASCO,	0.24	CMS High Expenditure Procedural	July 2015	XXX	0.24	NA	2.7	0.06	49,737	FALSE			TRUE	These services were identified by the CMS	N/A	N/A	N/A	TRUE	Maintain
96411	Chemotherapy administration;	Chemotherapy	January 2017	27			ASBMT, ASCO,	0.20	CMS High Expenditure Procedural	July 2015	ZZZ	0.20	NA	1.4	0.03	127,123	FALSE			TRUE	These services were identified by the CMS	N/A	N/A	N/A	TRUE	Maintain
96413	Chemotherapy administration,	Chemotherapy	January 2013	29			ACRh, ASCO,	0.28 and new PE inputs	Codes Reported Together 75% or	February 2010	XXX	0.28	NA	3.53	0.07	1,619,733	FALSE			FALSE					TRUE	Maintain
96415	Chemotherapy administration,	Chemotherapy	January 2013	29			ACRh, ASCO,	0.19 and new PE inputs	CMS High Expenditure Procedural	January 2012	ZZZ	0.19	NA	0.62	0.02	705,436	FALSE			FALSE					TRUE	Maintain
96416	Chemotherapy administration,	Chemotherapy	October 2010	20			ACRh, ASCO,	New PE inputs	Codes Reported Together 75% or	February 2010	XXX	0.21	NA	3.54	0.07	23,026	FALSE			FALSE					TRUE	PE Only
96417	Chemotherapy administration,	Chemotherapy	January 2013	29			ACRh, ASCO,	0.21 and new PE inputs	CMS High Expenditure Procedural	January 2012	ZZZ	0.21	NA	1.66	0.04	347,185	FALSE			FALSE					TRUE	Maintain
96440	Chemotherapy administration	Chemotherapy	February 2008	R				New PE inputs	CMS Request - Practice Expense	NA	000	2.12	1.75	20.12	0.14	68	FALSE			FALSE					TRUE	PE Only
96567	Photodynamic therapy by	Photodynamic Therapy	January 2017	16			AAD	0.00 PE Only	High Volume Growth1 / CMS Fastest	February 2008	XXX	0.00	NA	4.1	0.01	44,821	FALSE			TRUE	CPT code 96567 Photodynamic therapy by	September 2016	78	yes	TRUE	Maintain
96573	Photodynamic therapy by	Photodynamic Therapy	January 2017	16			AAD	0.48	CMS High Expenditure Procedural	January 2017	000	0.48	NA	6.3	0.02	32,941	FALSE			FALSE		September 2016	78	yes	TRUE	Increase
96574	Debridement of premalignant	Photodynamic Therapy	January 2017	16			AAD	1.01	CMS High Expenditure Procedural	January 2017	000	1.01	NA	7.27	0.05	54,603	FALSE			FALSE		September 2016	78	yes	TRUE	Increase
96910	Photochemotherapy; tar and	Photo-chemotherapy	April 2016	44			AAD	PE Only	CMS High Expenditure Procedural	July 2015	XXX	0.00	NA	3.54	0.02	290,204	FALSE			FALSE					TRUE	PE Only
96920	Excimer laser treatment for	Laser Treatment – Skin	April 2023	08			AADA	1.00	CMS Fastest Growing / CPT	October 2008	000	1.15	0.68	3.47	0.05	75,369	TRUE	Sep 2016	Yes	TRUE	In October 2015, CPT codes 96920, 96921	February 2023	Withd	Surveyed	TRUE	Decrease
96921	Excimer laser treatment for	Laser Treatment – Skin	April 2023	08			AADA	1.07	High Volume Growth1 / CMS Fastest	February 2008	000	1.30	0.77	3.76	0.06	22,206	TRUE	Sep 2016	Yes	TRUE	In October 2015, CPT codes 96920, 96921	February 2023	Withd	Surveyed	TRUE	Decrease
96922	Excimer laser treatment for	Laser Treatment – Skin	April 2023	08			AADA	1.32	High Volume Growth1 / CMS Fastest	October 2008	000	2.10	1.24	4.78	0.09	13,721	TRUE	Sep 2016	Yes	TRUE	In October 2015, CPT codes 96920, 96921	February 2023	Withd	Surveyed	TRUE	Decrease
97001	Physical therapy evaluation	Physical Medicine and	October 2015	17		HCPAC		Deleted from CPT	CMS High Expenditure Procedural	September 2011							FALSE			TRUE	In Jan 2012, the specialty intends on	February 2015	88	Complete	TRUE	Deleted from
97002	Physical therapy re-evaluation	Physical Medicine and	October 2015	17		HCPAC		Deleted from CPT	CMS High Expenditure Procedural	February 2015							FALSE			FALSE		February 2015	88	Complete	TRUE	Deleted from
97003	Occupational therapy	Physical Medicine and	October 2015	17		HCPAC		Deleted from CPT	CMS High Expenditure Procedural	February 2015							FALSE			FALSE		February 2015	88	Complete	TRUE	Deleted from
97004	Occupational therapy re-	Physical Medicine and	October 2015	17		HCPAC		Deleted from CPT	CMS High Expenditure Procedural	February 2015							FALSE			FALSE		February 2015	88	Complete	TRUE	Deleted from
97010	Application of a modality to 1	Physical Medicine and	April 2017	41			No Interest	No specialty society interest	Physical Medicine and	April 2016	XXX	0.06	NA	0.12	0.01		FALSE			FALSE					TRUE	Maintain
97012	Application of a modality to 1	Physical Medicine and	January 2024	18			APTA	New PE Inputs. 0.25	Physical Medicine and	April 2016	XXX	0.25	NA	0.16	0.01	438,704	FALSE			FALSE				survey	TRUE	Maintain
97014	Application of a modality to 1	Physical Medicine and	January 2024	18			APTA	New PE Inputs. 0.18	Physical Medicine and	April 2016	XXX	0.18	NA	0.18	0.01		FALSE			FALSE				survey	TRUE	Maintain
97016	Application of a modality to 1	Physical Medicine and	January 2024	18			APTA	New PE Inputs. 0.18	Codes Reported Together 75% or	February 2010	XXX	0.18	NA	0.16	0.01	886,927	FALSE			FALSE				survey	TRUE	Maintain
97018	Application of a modality to 1	Physical Medicine and	January 2024	18			AOTA, APTA	New PE Inputs. 0.06	Codes Reported Together 75% or	February 2010	XXX	0.06	NA	0.1	0.01	148,055	FALSE			FALSE				survey	TRUE	Maintain
97022	Application of a modality to 1	Physical Medicine and	January 2024	18			APTA	New PE Inputs.0.17	Physical Medicine and	April 2016	XXX	0.17	NA	0.33	0.01	136,632	FALSE			FALSE				survey	TRUE	Maintain
97032	Application of a modality to 1	Physical Medicine and	January 2024	18			APTA	New PE Inputs. 0.25	CMS High Expenditure Procedural	July 2015	XXX	0.25	NA	0.17	0.01	627,346	FALSE			FALSE				survey	TRUE	Maintain
97033	Application of a modality to 1	Physical Medicine and	January 2024	18			APTA	New PE Inputs. 0.26	Physical Medicine and	April 2016	XXX	0.26	NA	0.31	0.01	34,533	FALSE			FALSE				survey	TRUE	Maintain
97034	Application of a modality to 1	Physical Medicine and	January 2024	18			APTA, AOTA	New PE Inputs. 0.21	Physical Medicine and	April 2016	XXX	0.21	NA	0.2	0.01	7,013	FALSE			FALSE				survey	TRUE	Maintain
97035	Application of a modality to 1	Physical Medicine and	January 2024	18			APTA	New PE Inputs. 0.21	Low Value-High Volume / CMS High	October 2010	XXX	0.21	NA	0.2	0.01	1,370,797	FALSE			FALSE				survey	TRUE	Maintain
97110	Therapeutic procedure, 1 or	Physical Medicine and	January 2024	18			AOTA, APTA	New PE Inputs. 0.45	Codes Reported Together 75% or	February 2010	XXX	0.45	NA	0.42	0.01	61,746,880	FALSE			FALSE				survey	TRUE	Maintain
97112	Therapeutic procedure, 1 or	Physical Medicine and	January 2024	18			APTA, AOTA	New PE Inputs. 0.50	CMS High Expenditure Procedural	September 2011	XXX	0.50	NA	0.5	0.01	25,187,873	FALSE			FALSE				survey	TRUE	Increase
97113	Therapeutic procedure, 1 or	Physical Medicine and	January 2024	18			APTA	New PE Inputs. 0.48	CMS High Expenditure Procedural	July 2015	XXX	0.48	NA	0.61	0.01	1,598,341	FALSE			FALSE				survey	TRUE	Increase
97116	Therapeutic procedure, 1 or	Physical Medicine and	January 2024	18			APTA	New PE Inputs. 0.45	Codes Reported Together 75% or	February 2010	XXX	0.45	NA	0.42	0.01	4,039,891	FALSE			FALSE				survey	TRUE	Increase
97127	Therapeutic interventions that	Cognitive Function	January 2017	29				1.50	High Volume Growth3	January 2017							FALSE			FALSE		September 2016	80	yes	TRUE	Deleted from
97140	Manual therapy techniques (eg,	Physical Medicine and	January 2024	18			APTA	New PE Inputs. 0.43	CMS High Expenditure Procedural	September 2011	XXX	0.43	NA	0.37	0.01	28,628,190	FALSE			FALSE				survey	TRUE	Maintain
97150	Therapeutic procedure(s),	Physical Medicine and	January 2012				APTA	0.29	CMS-Other - Utilization over	April 2011	XXX	0.29	NA	0.24	0.01	1,777,283	FALSE			FALSE				survey	TRUE	Increase
97161	Physical therapy evaluation:	Physical Medicine and	October 2015	17		HCPAC	AOTA, APTA	0.75	CMS High Expenditure Procedural	February 2015	XXX	1.54	NA	1.43	0.04	1,565,700	FALSE			FALSE		February 2015	88	Complete	TRUE	Decrease
97162	Physical therapy evaluation:	Physical Medicine and	October 2015	17		HCPAC	AOTA, APTA	1.18	CMS High Expenditure Procedural	February 2015	XXX	1.54	NA	1.43	0.04	1,368,156	FALSE			FALSE		February 2015	88	Complete	TRUE	Decrease
97163	Physical therapy evaluation:	Physical Medicine and	October 2015	17		HCPAC	AOTA, APTA	1.50	CMS High Expenditure Procedural	February 2015	XXX	1.54	NA	1.43	0.04	275,985	FALSE			FALSE		February 2015	88	Complete	TRUE	Maintain
97164	Re-evaluation of physical	Physical Medicine and	October 2015	17		HCPAC	AOTA, APTA	0.75	CMS High Expenditure Procedural	February 2015	XXX	0.96	NA	1.1	0.03	544,912	FALSE			FALSE		February 2015	88	Complete	TRUE	Increase
97165	Occupational therapy	Physical Medicine and	October 2015	17		HCPAC	AOTA, APTA	0.88	CMS High Expenditure Procedural	February 2015	XXX	1.54	NA	1.46	0.04	159,056	FALSE			FALSE		February 2015	88	Complete	TRUE	Decrease
97166	Occupational therapy	Physical Medicine and	October 2015	17		HCPAC	AOTA, APTA	1.20	CMS High Expenditure Procedural	February 2015	XXX	1.54	NA	1.46	0.04	138,872	FALSE			FALSE		February 2015	88	Complete	TRUE	Maintain
97167	Occupational therapy	Physical Medicine and	October 2015	17		HCPAC	AOTA, APTA	1.70	CMS High Expenditure Procedural	February 2015	XXX	1.54	NA	1.46	0.04	25,058	FALSE			FALSE		February 2015	88	Complete	TRUE	Increase
97168	Re-evaluation of occupational	Physical Medicine and	October 2015	17		HCPAC	AOTA, APTA	0.80	CMS High Expenditure Procedural	February 2015	XXX	0.96	NA	1.11	0.03	35,478	FALSE			FALSE		February 2015	88	Complete	TRUE	Increase
97530	Therapeutic activities, direct	Physical Medicine and	January 2024	18			APTA, AOTA	New PE Inputs. 0.44	CMS High Expenditure Procedural	September 2011	XXX	0.44	NA	0.65	0.01	29,439,992	FALSE			FALSE				survey	TRUE	Maintain
97532	Development of cognitive skills	Cognitive Function	January 2017	29			APTA, AOTA,	Deleted from CPT	High Volume Growth2 / High	April 2013							FALSE			TRUE	In April 2016 the Relativity Assessment	September 2016	80	yes	TRUE	Deleted from
97533	Sensory integrative techniques	Physical Medicine and	January 2024	18			APTA, AOTA	New PE Inputs. 0.48	Physical Medicine and	April 2016	XXX	0.48	NA	1.38	0.01	61,069	FALSE			FALSE				survey	TRUE	Increase
97535	Self-care/home management	Physical Medicine and	January 2024	18			APTA, AOTA	New PE Inputs. 0.45	Codes Reported Together 75% or	October 2012	XXX	0.45	NA	0.52	0.01	3,146,957	TRUE	Article	Yes	FALSE				survey	TRUE	Maintain
97537	Community/work reintegration	Physical Medicine and	January 2024	18			APTA, AOTA	New PE Inputs. 0.48	Physical Medicine and	April 2016	XXX	0.48	NA	0.46	0.01	15,702	FALSE			FALSE				survey	TRUE	Increase
97542	Wheelchair management (eg,	Physical Medicine and	January 2024	18			APTA, AOTA	New PE Inputs. 0.48	High Volume Growth2 / CMS	April 2013	XXX	0.48	NA	0.46	0.01	100,703	FALSE			FALSE				survey	TRUE	Increase
97597	Debridement (eg, high pressure	Open Wound	October 2018	23			AAFP, ACS,	0.88	Site of Service Anomaly / High	September 2007	000	0.77	0.22	2.2	0.06	677,827	FALSE			TRUE	In January 2018, the RUC recommended			N/A	TRUE	Increase
97598	Debridement (eg, high pressure	Open Wound	October 2018	23			AAFP, ACS,	0.50	Site of Service Anomaly / High	September 2007	ZZZ	0.50	0.17	0.79	0.06	143,433	FALSE			TRUE	In January 2018, the RUC recommended			N/A	TRUE	Increase
97602	Removal of devitalized tissue	Physical Medicine and	April 2016	47			AAOS, ACS,	Maintain	Physical Medicine and	April 2016	XXX	0.00	0.00	0	0	1	FALSE			FALSE					TRUE	Maintain
97605	Negative pressure wound	Negative Pressure	April 2016	47			AAOS, ACS,	0.55	High Volume Growth2	April 2013	XXX	0.55	0.16	0.73	0.01	40,481	FALSE			FALSE					TRUE	Maintain
97606	Negative pressure wound	Negative Pressure	April 2016	47			APMA, ACS,	0.60	High Volume Growth2	April 2013	XXX	0.60	0.18	0.92	0.01	14,301	FALSE			FALSE					TRUE	Maintain
97607	Negative pressure wound	Negative Pressure	April 2016	47			APMA, ACS,	0.11	High Volume Growth2	May 2013	XXX	0.41	0.16	9.98	0.06	8,410	FALSE			FALSE					TRUE	Decrease
97608	Negative pressure wound	Negative Pressure	April 2016	47			APMA, ACS,	0.46	High Volume Growth2	May 2013	XXX	0.46	0.19	10.26	0.09	1,516	FALSE			FALSE					TRUE	Decrease
97610	Low frequency, non-contact,	Physical Medicine and	April 2016	47				Maintain	Physical Medicine and	April 2016	XXX	0.40	0.12	12.42	0.01	75,762	FALSE			FALSE					TRUE	Maintain
97755	Assistive technology	Physical Medicine and	April 2016	47			APTA, AOTA	Remove from screen	High Volume Growth1	February 2008	XXX	0.62	NA	0.51	0.02	2,921	FALSE			FALSE					TRUE	Remove from
97760	Orthotic(s) management and	Orthotic Management	January 2017	29			APTA, AOTA	0.50	Physical Medicine and	April 2016	XXX	0.50	NA	0.92	0.01	59,596	FALSE			TRUE	In April 2016 the RAW reviewed the PM&R	September 2016	81	yes	TRUE	Increase
97761	Prosthetic(s) training, upper	Orthotic Management	January 2017	29			APTA	0.50	Physical Medicine and	April 2016	XXX	0.50	NA	0.74	0.01	3,817	FALSE			TRUE	In April 2016 the RAW reviewed the PM&R	September 2016	81	yes	TRUE	Increase
97762	Checkout for	Orthotic Management	January 2017	29			APTA	Deleted from CPT	Physical Medicine and	April 2016							FALSE			TRUE	In April 2016 the RAW reviewed the PM&R	September 2016	81	yes	TRUE	Deleted from
97763	Orthotic(s)/prosthetic(s)	Orthotic Management	January 2017	29			APTA, AOTA	0.48	Physical Medicine and	April 2016	XXX	0.48	NA	1.08	0.01	44,185	FALSE			FALSE					TRUE	Increase
97802	Medical nutrition therapy;	Medical Nutrition	April 2008	53			ADA, AGA, AACE	0.53	CMS Request - Medical Nutrition	NA	XXX	0.53	0.41	0.55	0.01	189,871	FALSE			FALSE					TRUE	Increase
97803	Medical nutrition therapy; re-	Medical Nutrition	April 2008	53			ADA, AGA, AACE	0.45	CMS Request - Medical Nutrition	NA	XXX	0.45	0.35	0.49	0.01	180,865	FALSE			FALSE					TRUE	Increase
97810	Acupuncture, 1 or more	Acupuncture/Electroacup	April 2023	09	April 2029	RAW	AAFP, AAPM&R,	Flag for re-review. 0.61	Different Performing Specialty from	September 2022	XXX	0.60	0.27	0.51	0.04	67,915	FALSE			FALSE					FALSE	
97811	Acupuncture, 1 or more	Acupuncture/Electroacup	April 2023	09	April 2029	RAW	AAFP, AAPM&R,	Flag for re-review. 0.46	Different Performing Specialty from	September 2022	ZZZ	0.50	0.23	0.32	0.03	78,947	FALSE			FALSE					FALSE	
97813	Acupuncture, 1 or more	Acupuncture/Electroacup	April 2023	09	April 2029	RAW	AAFP, AAPM&R,	Flag for re-review. 0.74	Different Performing Specialty from	September 2022	XXX	0.65	0.30	0.67	0.04	55,569	FALSE			FALSE					FALSE	
97814	Acupuncture, 1 or more	Acupuncture/Electroacup	April 2023	09	April 2029	RAW	AAFP, AAPM&R,	Flag for re-review. 0.47	Different Performing Specialty from	September 2022	ZZZ	0.55	0.25	0.51	0.04	67,442	FALSE			FALSE					FALSE	
98925	Osteopathic manipulative	Osteopathic	February 2011	34			AOA	0.50	Harvard Valued - Utilization over	February 2010	000	0.46	0.19	0.45	0.03	42,904	FALSE			FALSE					TRUE	Increase
98926	Osteopathic manipulative	Osteopathic	February 2011	34			AOA	0.75	Harvard Valued - Utilization over	October 2009	000	0.71	0.28	0.6	0.04	84,884	FALSE			FALSE					TRUE	Increase
98927	Osteopathic manipulative	Osteopathic	February 2011	34			AOA	1.00	Harvard Valued - Utilization over	October 2009	000	0.96	0.36	0.75	0.05	78,791	FALSE			FALSE					TRUE	Increase
98928	Osteopathic manipulative	Osteopathic	February 2011	34			AOA	1.25	Harvard Valued - Utilization over	February 2010	000	1.21	0.45	0.87	0.07	84,545	FALSE			FALSE					TRUE	Increase
98929	Osteopathic manipulative	Osteopathic	February 2011	34			AOA	1.50	Harvard Valued - Utilization over	February 2010	000	1.46	0.53	0.99	0.08	77,604	FALSE			FALSE					TRUE	Increase
98940	Chiropractic manipulative	Chiropractic	October 2012	25			ACA	0.46	CMS High Expenditure Procedural	September 2011	000	0.46	0.18	0.35	0.01	4,263,668	FALSE			FALSE					TRUE	Increase
98941	Chiropractic manipulative	Chiropractic	October 2012	25			ACA	0.71	CMS High Expenditure Procedural	September 2011	000	0.71	0.28	0.46	0.01	12,740,778	FALSE			FALSE					TRUE	Increase
98942	Chiropractic manipulative	Chiropractic	October 2012	25			ACA	0.96	CMS High Expenditure Procedural	September 2011	000	0.96	0.37	0.55	0.01	921,306	FALSE			FALSE					TRUE	Increase
98943	Chiropractic manipulative	Chiropractic	October 2012	25			ACA	0.46	CMS High Expenditure Procedural	September 2011	XXX	0.46	0.18	0.28	0.03		FALSE			FALSE					TRUE	Increase
99143	Deleted from CPT	Moderate Sedation	October 2015	14		RUC	AAP, AAOMS,	Deleted from CPT	Moderate Sedation Review	January 2014							FALSE			FALSE					TRUE	Deleted from
99144	Deleted from CPT	Moderate Sedation	October 2015	14		RUC	AAP, AAOMS,	Deleted from CPT	Moderate Sedation Review	January 2014							FALSE			FALSE					TRUE	Deleted from
99148	Deleted from CPT	Moderate Sedation	October 2015	14		RUC	AAP, AAOMS,	Deleted from CPT	Moderate Sedation Review	January 2014							FALSE			FALSE					TRUE	Deleted from
99149	Deleted from CPT	Moderate Sedation	October 2015	14		RUC	AAP, AAOMS,	Deleted from CPT	Moderate Sedation Review	January 2014							FALSE			FALSE					TRUE	Deleted from
99150	Deleted from CPT	Moderate Sedation	October 2015	14		RUC	AAP, AAOMS,	Deleted from CPT	Moderate Sedation Review	January 2014							FALSE			FALSE					TRUE	Deleted from
99151	Moderate sedation services	Moderate Sedation	October 2015	14		RUC	AAP, AAOMS,	0.50	Moderate Sedation Review	January 2014	XXX	0.50	0.18	1.29	0.03	6	FALSE			FALSE					TRUE	Maintain
99152	Moderate sedation services	Moderate Sedation	October 2015	14		RUC	AAP, AAOMS,	0.25	Moderate Sedation Review	January 2014	XXX	0.25	0.08	1.23	0.03	1,544,458	FALSE			FALSE					TRUE	Maintain
99155	Moderate sedation services	Moderate Sedation	October 2015	14		RUC	AAP, AAOMS,	1.90	Moderate Sedation Review	January 2014	XXX	1.90	0.34		0.21	6	FALSE			FALSE					TRUE	Maintain
99156	Moderate sedation services	Moderate Sedation	October 2015	14		RUC	AAP, AAOMS,	1.84	Moderate Sedation Review	January 2014	XXX	1.65	0.40		0.17	8,887	FALSE			FALSE					TRUE	Maintain
99174	Instrument-based ocular	Instrument-Based Ocular	September 2014	09			AAP, AAO	PE Only	CMS Request - Practice Expense	NA	XXX	0.00	NA	0.18	0.01		FALSE			TRUE	CMS requested a review of the practice	May 2014	24	Complete	TRUE	PE Only
99177	Instrument-based ocular	Instrument-Based Ocular	September 2014	09				PE Only	CMS Request - Practice Expense	May 2014	XXX	0.00	NA	0.14	0.01		FALSE			TRUE		May 2014	24	Complete	TRUE	PE Only
99183	Physician or other qualified	Hyperbaric Oxygen Under	January 2024	16	January 2025	RUC	AAFP, UHMS	Refer to CPT. 2.11	CMS-Other - Utilization over	April 2013	XXX	2.11	0.77	0.77	0.26	293,139	FALSE			TRUE	In January 2023, the RUC noted that CMS	Sep 2024			TRUE	Decrease
99281	Emergency department visit for	ED Visits	April 2018	29			AAP, ACEP	0.48	CMS Request - Final Rule for 2018	June 2017	XXX	0.25	0.06		0.03	53,580	FALSE			FALSE					TRUE	Increase
99282	Emergency department visit for	ED Visits	April 2018	29			AAP, ACEP	0.93	CMS Request - Final Rule for 2018	June 2017	XXX	0.93	0.21		0.1	285,295	FALSE			FALSE					TRUE	Increase
99283	Emergency department visit for	ED Visits	April 2018	29			AAP, ACEP	1.42	CMS Request - Final Rule for 2018	June 2017	XXX	1.60	0.34		0.17	1,938,782	FALSE			FALSE					TRUE	Increase
99284	Emergency department visit for	ED Visits	April 2018	29			AAP, ACEP	2.60	CMS Request - Final Rule for 2018	June 2017	XXX	2.74	0.56		0.29	4,040,786	FALSE			FALSE					TRUE	Increase
99285	Emergency department visit for	ED Visits	April 2018	29			AAP, ACEP	3.80	CMS Request - Final Rule for 2018	June 2017	XXX	4.00	0.78		0.42	9,036,154	FALSE			FALSE					TRUE	Maintain
99358	Prolonged evaluation and	Prolonged Services -	October 2021	14			AAFP, AAHPM,	1.80	CMS Request - Final Rule for 2020	November 2019	XXX	1.80	0.70	0.74	0.11	360,913	FALSE			TRUE	In October 2020, the RUC recommends	February 2021	11	complete	TRUE	Decrease
99359	Prolonged evaluation and	Prolonged Services -	October 2021	14			AAFP, AAHPM,	0.75	CMS Request - Final Rule for 2020	November 2019	ZZZ	0.75	0.29	0.33	0.05	12,889	FALSE			TRUE	In October 2020, the RUC recommends	February 2021	11	complete	TRUE	Decrease
99363	Anticoagulant management for	Home INR Monitoring	January 2017	19				Deleted from CPT	High Volume Growth3	September 2016							FALSE			FALSE		September 2016	08	yes	TRUE	Deleted from
99364	Anticoagulant management for	Home INR Monitoring	January 2017	19				Deleted from CPT	High Volume Growth3	September 2016							FALSE			FALSE		September 2016	08	yes	TRUE	Deleted from
99375	Supervision of a patient under	Home Healthcare	April 2016	47			No Interest	RUC recommended to survey	CMS-Other - Utilization over	April 2016	XXX	1.73	0.67	1.2	0.1		FALSE			FALSE					TRUE	Remove from
99378	Supervision of a hospice	Home Healthcare	April 2016	47			No Interest	RUC recommended to survey	CMS-Other - Utilization over	April 2016	XXX	1.73	0.67	1.2	0.1		FALSE			FALSE					TRUE	Remove from
99415	Prolonged clinical staff service	Prolonged Services -	April 2021	15			AAHPM, AAP,	New PE Inputs	CMS Request - Final Rule for 2020		ZZZ	0.00	NA	0.6	0.02	5,909	FALSE			TRUE	In October 2020, the RUC recommends	February 2022	08	complete	TRUE	PE Only
99416	Prolonged clinical staff service	Prolonged Services -	April 2021	15			AAHPM, AAP,	New PE Inputs	CMS Request - Final Rule for 2020		ZZZ	0.00	NA	0.28	0.01	2,568	FALSE			TRUE	In October 2020, the RUC recommends	February 2022	08	complete	TRUE	PE Only
99417	Prolonged outpatient	Prolonged Services - on	January 2022	15			AAFP, AAHPM,	0.61	CMS Request - Final Rule for 2020	November 2021	ZZZ	0.61	0.24	0.27	0.04		FALSE			FALSE		February 2021	11	complete	TRUE	Maintain
99418	Prolonged inpatient or	Prolonged Services - on	January 2022	15			AAHPM, AAN,	0.81	CMS Request - Final Rule for 2020	February 2021	ZZZ	0.81	0.31		0.05		FALSE			FALSE		February 2021	11	complete	TRUE	Increase
99457	Remote physiologic monitoring	RAW	April 2024	12	September 2024	RAW	AAC, ACP	Review action plan.	Different Performing Specialty from	April 2022	XXX	0.61	0.24	0.82	0.04	1,523,232	FALSE			FALSE					FALSE	
99459	Pelvic examination (List	Pelvic Exam (PE Only)	January 2023	13			AAFP, ACOG,	PE Inputs	Gender Equity Payment	April 2022	ZZZ	0.00		0.68	0		FALSE			TRUE	In response to the January 2022 Relativity	September 2022	10	complete	TRUE	PE Only
99492	Initial psychiatric collaborative	Psychiatric Collaborative	April 2023	15			AACAP, AAFP,	Maintain, remove from	Work Neutrality 2018	October 2019	XXX	1.88	0.79	2.6	0.12	13,115	FALSE			FALSE					TRUE	Maintain
99493	Subsequent psychiatric	Psychiatric Collaborative	April 2023	15			AACAP, AAFP,	Maintain, remove from	Work Neutrality 2018	October 2019	XXX	2.05	0.86	2.01	0.14	50,341	FALSE			FALSE					TRUE	Maintain
99494	Initial or subsequent	Psychiatric Collaborative	April 2023	15			AACAP, AAFP,	Maintain, remove from	Work Neutrality 2018	October 2019	ZZZ	0.82	0.35	0.91	0.05	29,466	FALSE			FALSE					TRUE	Maintain
99495	Transitional care management	Transitional Care	September 2022	09			AGS, ANA	Withdrawn	Codes Increased by CMS	October 2021	XXX	2.78	1.20	3.25	0.18	622,897	FALSE			FALSE					TRUE	Increase
99496	Transitional care management	Transitional Care	September 2022	09			AGS, ANA	Withdrawn	Codes Increased by CMS	October 2021	XXX	3.79	1.62	4.37	0.24	615,721	FALSE			FALSE					TRUE	Increase
99497	Advance care planning	Advance Care Planning	April 2022	10			AAHPM, CHEST,	1.50	CPT Assistant Analysis	January 2014	XXX	1.50	0.64	0.86	0.1	2,220,821	TRUE	Dec 2014	Yes	FALSE					TRUE	Maintain
99498	Advance care planning	Advance Care Planning	April 2022	10			AAHPM, CHEST,	1.40	CPT Assistant Analysis	January 2014	ZZZ	1.40	0.61	0.63	0.1	69,391	TRUE	Dec 2014	Yes	FALSE					TRUE	Maintain

9X075		Telemedicine E/M	September 2023	11	April 2029	RAW		0.93	CPT/RUC Telemedicine Office Visits	June 2022							FALSE			FALSE					TRUE	Maintain
9X076		Telemedicine E/M	September 2023	11	April 2029	RAW		1.60	CPT/RUC Telemedicine Office Visits	June 2022							FALSE			FALSE					TRUE	Maintain
9X077		Telemedicine E/M	September 2023	11	April 2029	RAW		2.60	CPT/RUC Telemedicine Office Visits	June 2022							FALSE			FALSE					TRUE	Maintain
9X078		Telemedicine E/M	September 2023	11	April 2029	RAW		3.50	CPT/RUC Telemedicine Office Visits	June 2022							FALSE			FALSE					TRUE	Maintain
9X079		Telemedicine E/M	September 2023	11	April 2029	RAW		0.70	CPT/RUC Telemedicine Office Visits	June 2022							FALSE			FALSE					TRUE	Maintain
9X080		Telemedicine E/M	September 2023	11	April 2029	RAW		1.30	CPT/RUC Telemedicine Office Visits	June 2022							FALSE			FALSE					TRUE	Maintain
9X081		Telemedicine E/M	September 2023	11	April 2029	RAW		1.92	CPT/RUC Telemedicine Office Visits	June 2022							FALSE			FALSE					TRUE	Maintain
9X082		Telemedicine E/M	September 2023	11	April 2029	RAW		2.60	CPT/RUC Telemedicine Office Visits	June 2022							FALSE			FALSE					TRUE	Decrease
9X083		Telemedicine E/M	September 2023	11	April 2029	RAW		0.90	CPT/RUC Telemedicine Office Visits	June 2022							FALSE			FALSE					TRUE	Decrease
9X084		Telemedicine E/M	September 2023	11	April 2029	RAW		1.55	CPT/RUC Telemedicine Office Visits	June 2022							FALSE			FALSE					TRUE	Decrease
9X085		Telemedicine E/M	September 2023	11	April 2029	RAW		2.42	CPT/RUC Telemedicine Office Visits	June 2022							FALSE			FALSE					TRUE	Decrease
9X086		Telemedicine E/M	September 2023	11	April 2029	RAW		3.20	CPT/RUC Telemedicine Office Visits	June 2022							FALSE			FALSE					TRUE	Decrease
9X087		Telemedicine E/M	September 2023	11	April 2029	RAW		0.65	CPT/RUC Telemedicine Office Visits	June 2022							FALSE			FALSE					TRUE	Decrease
9X088		Telemedicine E/M	September 2023	11	April 2029	RAW		1.20	CPT/RUC Telemedicine Office Visits	June 2022							FALSE			FALSE					TRUE	Decrease
9X089		Telemedicine E/M	September 2023	11	April 2029	RAW		1.75	CPT/RUC Telemedicine Office Visits	June 2022							FALSE			FALSE					TRUE	Decrease
9X090		Telemedicine E/M	September 2023	11	April 2029	RAW		2.60	CPT/RUC Telemedicine Office Visits	June 2022							FALSE			FALSE					TRUE	Decrease
9X091		Telemedicine E/M	September 2023	11	April 2029	RAW		0.30	CPT/RUC Telemedicine Office Visits	June 2022							FALSE			FALSE					TRUE	Increase
G0008	Administration of influenza	Immunization	April 2021	19			AAFP, AAP,	0.17	CMS Request-Final Rule for 2021	July 2020	XXX	0.00	0.00	0	0		FALSE			FALSE					TRUE	Maintain
G0009	Administration of	Immunization	April 2021	19			AAFP, AAP,	0.17	CMS Request-Final Rule for 2021	July 2020	XXX	0.00	0.00	0	0		FALSE			FALSE					TRUE	Maintain
G0010	Administration of hepatitis b	Immunization	April 2021	19			AAFP, AAP,	0.17	CMS Request-Final Rule for 2021	July 2020	XXX	0.00	0.00	0	0		FALSE			FALSE					TRUE	Maintain
G0101	Cervical or vaginal cancer		October 2016	35			ACOG	Remove from screen	Low Value-High Volume / CMS-	October 2010	XXX	0.45	0.30	0.66	0.07	762,407	FALSE			FALSE					TRUE	Remove from
G0102	Prostate cancer screening;	RAW	January 2017	30				Remove from screen	High Volume Growth4	October 2016	XXX	0.18	0.07	0.51	0.01	13,311	FALSE			FALSE					TRUE	Remove from
G0104	Colorectal cancer screening;	Flexible Sigmoidoscopy	January 2014	09			AGA, ASGE,	0.84	MPC List	January 2014	000	0.84	0.73	4.63	0.12	2,580	FALSE			FALSE		October 2013	16	Complete	TRUE	Decrease
G0105	Colorectal cancer screening;	Colonoscopy	September 2022	13			AGA, ASGE,	3.36	MPC List / CMS-Other Utilization	September 2011	000	3.26	1.77	6.51	0.42	262,099	FALSE			FALSE					TRUE	Decrease
G0108	Diabetes outpatient self-	Diabetes Management	April 2017	41iv			AND	0.90	CMS-Other - Utilization over	April 2016	XXX	0.90	NA	0.69	0.04	153,572	FALSE			FALSE					TRUE	Maintain
G0109	Diabetes outpatient self-	Diabetes Management	April 2017	41iv			AND	0.25	CMS-Other - Utilization over	April 2016	XXX	0.25	NA	0.21	0.01	36,616	FALSE			FALSE					TRUE	Maintain
G0121	Colorectal cancer screening;	Colonoscopy	September 2022	13			AGA, ASGE,	3.36	MPC List /CMS-Other Utilization	September 2011	000	3.26	1.77	6.51	0.43	182,133	FALSE			FALSE					TRUE	Decrease
G0124	Screening cytopathology,	Cytopathology	April 2018	26			CAP	0.42	CMS-Other - Utilization over 30,000	October 2017	XXX	0.26	0.45	0.45	0.01	40,067	FALSE			FALSE					TRUE	Maintain
G0127	Trimming of dystrophic nails,		September 2011	51			APMA	Remove from screen	CMS-Other - Utilization over	April 2011	000	0.17	0.04	0.54	0.01	1,153,600	FALSE			FALSE					TRUE	Remove from
G0141	Screening cytopathology	Cytopathology	April 2018	26			CAP	0.42	CMS-Other - Utilization over 30,000	October 2017	XXX	0.26	0.45	0.45	0.01	1,668	FALSE			FALSE					TRUE	Maintain
G0166	External counterpulsation, per	External	October 2019	14			ACC	0.00 (PE Only)	CMS-Other - Utilization over	April 2016	XXX	0.00	NA	3.04	0.04	49,673	FALSE			FALSE					TRUE	PE Only
G0168	Wound closure utilizing tissue	Skin Adhesives (PE Only)	April 2023	07			ACEP	New PE inputs. 0.45	CMS 000-Day Global Typically	July 2016	000	0.31	0.07	3.29	0.06	32,674	FALSE			FALSE					TRUE	Maintain
G0179	Physician or allowed	Physician Recertification	April 2016	47			No Interest	RUC recommended to survey	CMS Fastest Growing / CMS-Other -	October 2008	XXX	0.45	NA	0.78	0.03	633,943	FALSE			FALSE					TRUE	Remove from
G0180	Physician or allowed	Physician Recertification	April 2016	47			No Interest	RUC recommended to survey	CMS Fastest Growing / CMS-Other -	October 2008	XXX	0.67	NA	0.89	0.05	962,695	FALSE			FALSE					TRUE	Remove from
G0181	Physician or allowed	Home Healthcare	April 2016	47			No Interest	Recommend deletion after	CMS Fastest Growing / CMS-Other -	October 2008	XXX	1.73	NA	1.29	0.12	396,383	FALSE			FALSE					TRUE	Remove from
G0182	Physician supervision of a	Home Healthcare	April 2016	47			No Interest	Recommend deletion after	CMS-Other - Utilization over	April 2016	XXX	1.73	NA	1.29	0.11	33,657	FALSE			FALSE					TRUE	Remove from
G0202	Screening mammography,	Mammography	January 2016	20			ACR	CMS Deleted for 2018	CMS Fastest Growing / CMS-Other -	February 2008							FALSE			TRUE	In the NPRM for 2015, CMS stated it will	October 2015	38	Complete	TRUE	Deleted from
G0204	Diagnostic mammography,	Mammography	January 2016	20			ACR	CMS Deleted for 2018	CMS Fastest Growing / CMS-Other -	February 2008							FALSE			TRUE	In the NPRM for 2015, CMS stated it will	October 2015	38	Complete	TRUE	Deleted from
G0206	Therapeutic procedures to	Mammography	January 2016	20			ACR	CMS Deleted for 2018	CMS Fastest Growing / CMS-Other -	February 2008							FALSE			TRUE	In the NPRM for 2015, CMS stated it will	October 2015	38	Complete	TRUE	Deleted from
G0237	Therapeutic procedures to	Respiratory Therapy	February 2009	38			ACCP/ATS	Remove from screen - RUC	CMS Fastest Growing	February 2008	XXX	0.00	NA	0.33	0.01	14,732	FALSE			FALSE					TRUE	Remove from
G0238	Therapeutic procedures to	Respiratory Therapy	February 2009	38			ACCP/ATS	Remove from screen - RUC	CMS Fastest Growing	February 2008	XXX	0.00	NA	0.3	0.01	40,330	FALSE			FALSE					TRUE	Remove from
G0248	Demonstration, prior to	Home INR Monitoring	January 2017	19			ACC	Created Category I code,	High Volume Growth3	January 2016	XXX	0.00	NA	2.96	0.04	17,910	FALSE			TRUE	In October 2015, AMA Staff assembled a	September 2016	08	yes	TRUE	Deleted from
G0249	Provision of test materials and	Home INR Monitoring	January 2017	19			ACC	Created Category I code,	CMS Fastest Growing / High Volume	February 2008	XXX	0.00	NA	1.96	0.01	967,209	FALSE			TRUE	In October 2015, AMA Staff assembled a	September 2016	08	yes	TRUE	Deleted from
G0250	Physician review,	Home INR Monitoring	January 2017	19			ACC	Created Category I code,	CMS Fastest Growing / High Volume	February 2008	XXX	0.18	NA	0.07	0.01	124,192	FALSE			TRUE	In October 2015, AMA Staff assembled a	September 2016	08	yes	TRUE	Deleted from
G0268	Removal of impacted cerumen	Removal of Impacted	April 2017	35			AAO-HNS	0.61	CMS Fastest Growing / CMS 000-Day	October 2008	000	0.61	0.29	0.87	0.09	157,864	FALSE			FALSE					TRUE	Maintain
G0270	Medical nutrition therapy;	Medical Nutrition	January 2019	37			ADA	Maintain/Remove from screen	CMS Fastest Growing	February 2008	XXX	0.45	0.35	0.49	0.01	64,023	FALSE			FALSE					TRUE	Maintain
G0277	Hyperbaric oxygen under	Hyperbaric Oxygen Under	January 2024	16	January 2025	RUC	AAFP, UHMS	Refer to CPT. PE Inputs	High Volume Growth8	April 2022	XXX	0.00	NA	5.43	0.04	154,103	FALSE			TRUE	In January 2023, the RUC noted that CMS	Sep 2024			FALSE	PE Only
G0279	Diagnostic digital breast	RAW	January 2018	31				Recommend CMS delete	CMS-Other - Utilization over 30,000	October 2017	ZZZ	0.60	NA	0.79	0.03	944,589	FALSE			FALSE					TRUE	Remove from
G0283	Electrical stimulation	Physical Medicine and	January 2024	18			APTA	New PE Inputs. 0.18	Low Value-High Volume / CMS-	October 2010	XXX	0.18	NA	0.16	0.01	5,773,099	FALSE			FALSE					TRUE	Maintain
G0296	Counseling visit to discuss need	Counseling Visit for Lung	January 2022	20				Maintain	CMS-Other - Utilization over 20,000	January 2019	XXX	0.52	0.20	0.28	0.03	53,676	FALSE			FALSE					TRUE	Maintain
G0297	Low dose ct scan (ldct) for lung	Screening CT of Thorax	October 2019	07				CMS Deleted for 2021.	CMS-Other - Utilization over 30,000-	October 2018							FALSE			TRUE	In October 2018, AMA staff identified the	May 2019	12	Complete	TRUE	Deleted from
G0364	Bone marrow aspiration	RAW	January 2018	31				Deleted from CPT	CMS-Other - Utilization over 30,000	October 2017							FALSE			FALSE					TRUE	Deleted from
G0365	Vessel mapping of vessels for	Duplex Scan Arterial	January 2019	17			ACR, SIR, SVS	Deleted from CPT	CMS-Other - Utilization over 30,000	October 2017							FALSE			TRUE	In October 2017, the RAW requested that	September 2018	36	complete	TRUE	Deleted from
G0389	Ultrasound b-scan and/or real	Abdominal Aorta	October 2015	12			ACC, ACP, ACR,	CPT Assistant article published	Final Rule for 2015 / High Volume	July 2014							TRUE	Jan 2017	yes	TRUE	When Medicare began paying for	May 2015	23	Complete	TRUE	Deleted from
G0396	Alcohol and/or substance		January 2018	31		RUC	AAFP, ASA,	Refer to CPT	CMS-Other - Utilization over 30,000	October 2017	XXX	0.65	0.24	0.33	0.05	55,411	FALSE			TRUE	In October 2017, the RAW requested that	Time Uncertain			FALSE	
G0399	Home sleep test (hst) with type	RAW	September 2022	13			AASM, ATS,	Requested CMS delete	High Volume Growth5 / Contractor	October 2018	XXX	0.00	NA	0	0	75,957	FALSE			FALSE					TRUE	Deleted from
G0402	Initial preventive physical	Initial Preventive Exam	October 2016	35			No Specialty	RUC recommended to survey	CMS-Other - Utilization over	April 2016	XXX	2.60	1.13	2.21	0.17	492,007	FALSE			FALSE					TRUE	Maintain
G0403	Electrocardiogram, routine ecg	EKG for Initial Preventive	October 2016	35			No Specialty	RUC recommended to survey	CMS-Other - Utilization over	April 2016	XXX	0.17	NA	0.24	0.02	107,117	FALSE			FALSE					TRUE	Maintain
G0407	Follow-up inpatient		April 2021	24	April 2025	RAW	AAN, ANA, APA	Review in April 2025 or April	CMS-Other - Utilization over 20,000	October 2020	XXX	1.39	0.63		0.12	26,312	FALSE			FALSE					FALSE	
G0408	Follow-up inpatient		April 2021	24	April 2025	RAW	AAN, ANA, APA	Review in April 2025 or April	CMS-Other - Utilization over 20,000	October 2020	XXX	2.00	0.94		0.18	20,971	FALSE			FALSE					FALSE	
G0416	Surgical pathology, gross and	Prostate Biopsy -	October 2015	16		RUC	ASC, CAP	4.00	Final Rule for 2015	July 2014	XXX	3.60	NA	7.18	0.11	128,143	FALSE			FALSE					TRUE	Increase
G0422	Intensive cardiac rehabilitation;		January 2021	29				Maintain	CMS-Other - Utilization over 20,000	October 2020	XXX	1.92	1.81	1.81	0.12	33,455	FALSE			FALSE					TRUE	Remove from
G0423	Intensive cardiac rehabilitation;		January 2021	29				Maintain	CMS-Other - Utilization over 20,000	October 2020	XXX	1.92	1.81	1.81	0.12	39,320	FALSE			FALSE					TRUE	Remove from
G0425	Telehealth consultation,	Telehealth Consultations -	January 2023	17	April 2025	RAW		No recommendation. Review	CMS-Other - Utilization over 20,000-	April 2022	XXX	1.92	0.65		0.18	32,243	FALSE			FALSE					FALSE	
G0426	Telehealth consultation,	Telehealth Consultations -	January 2023	17	April 2025	RAW		No recommendation. Review	CMS-Other - Utilization over 20,000-	September 2022	XXX	2.61	1.05		0.23	27,853	FALSE			FALSE					FALSE	
G0427	Telehealth consultation,	Telehealth Consultations -	January 2023	17	April 2025	RAW		No recommendation. Review	CMS-Other - Utilization over 20,000-	September 2022	XXX	3.86	1.38		0.26	19,556	FALSE			FALSE					FALSE	
G0436	Smoking and tobacco cessation	RAW	October 2016	35		RUC		Deleted from CPT	CMS-Other - Utilization over	April 2016							FALSE			FALSE					TRUE	Deleted from
G0438	Annual wellness visit; includes	RAW	April 2016	47			No Interest	RUC recommended to survey	CMS-Other - Utilization over	April 2013	XXX	2.60	NA	2.2	0.17	726,692	FALSE			FALSE					TRUE	Remove from
G0439	Annual wellness visit, includes	RAW	April 2016	47			No Interest	RUC recommended to survey	CMS-Other - Utilization over	April 2013	XXX	1.92	NA	1.86	0.13	9,397,762	FALSE			FALSE					TRUE	Remove from
G0442	Annual alcohol misuse	Annual Alcohol Screening	September 2023	15			AAFP, ACP, ANA	0.18	CMS-Other - Utilization over	April 2016	XXX	0.18	0.08	0.38	0.01	871,999	FALSE			FALSE					TRUE	Maintain
G0443	Brief face-to-face behavioral	Annual Alcohol Screening	September 2023	15			AAFP, ACP, ANA	0.63	High Volume Growth8	September 2022	XXX	0.45	0.19	0.27	0.03	2,507	FALSE			FALSE					TRUE	Increase
G0444	Annual depression screening, 5	Annual Depression	September 2023	16			AAFP, ACP, ANA	0.18	CMS-Other - Utilization over	April 2016	XXX	0.18	0.08	0.38	0.01	2,304,857	FALSE			FALSE					TRUE	Maintain
G0445	High intensity behavioral	Behavioral	September 2023	17	September 2026	RAW	AAFP, ACP	0.45	High Volume Growth8	September 2022	XXX	0.45	0.19	0.31	0.03	654	FALSE			FALSE					FALSE	Maintain
G0446	Annual, face-to-face intensive	Behavioral	September 2023	17	September 2026	RAW	AAFP, ACP	0.45	CMS-Other - Utilization over 30,000	October 2017	XXX	0.45	0.20	0.28	0.03	313,297	FALSE			FALSE					FALSE	Maintain
G0447	Face-to-face behavioral	Behavioral	September 2023	17	September 2026	RAW	AAFP, ACP	0.45	CMS-Other - Utilization over	April 2016	XXX	0.45	0.19	0.28	0.03	271,081	FALSE			FALSE					FALSE	Maintain
G0452	Molecular pathology	Molecular Pathology	October 2019	13				0.93	CMS-Other - Utilization over 30,000-	October 2018	XXX	0.93	NA	0.51	0.03	174,711	FALSE			FALSE					TRUE	Increase
G0453	Continuous intraoperative	RAW	October 2016	35				Remove from screen	CMS-Other - Utilization over	April 2016	XXX	0.60	0.30		0.05	351,862	FALSE			FALSE					TRUE	Remove from
G0456	Negative pressure wound	Negative Pressure	January 2014	17				RUC recommended to survey	CMS Request - Final Rule for 2013	November 2012							FALSE			TRUE	In January 2013, the RAW noted that	May 2013	28	Complete	TRUE	Deleted from
G0457	Negative pressure wound	Negative Pressure	January 2014	17				RUC recommended to survey	CMS Request - Final Rule for 2013	November 2012							FALSE			TRUE	In January 2013, the RAW noted that	May 2013	28	complete	TRUE	Deleted from
G0498	Chemotherapy administration,	RAW	April 2024	12	September 2024	RAW		Review action plan	Contractor Priced High Volume3	April 2024	YYY	0.00	0	0	0	92,894	FALSE			FALSE					FALSE	
G0500	Moderate sedation services		January 2021	29				Maintain	CMS-Other - Utilization over 20,000	October 2020	XXX	0.10	0.04	1.59	0.03	279,515	FALSE			FALSE					TRUE	Remove from
G0506	Comprehensive assessment of		October 2021	20				Requested CMS Delete	CMS-Other - Utilization over 20,000	October 2020	ZZZ	0.87	0.38	0.95	0.06	107,354	FALSE			FALSE					TRUE	Request CMS
G0516	Insertion of non-biodegradable	Skin Adhesives (PE Only)	April 2023	07			No Interest	New PE Inputs	PE Skin Adhesives	January 2023	000	1.82	0.94	3.97	0.11	3	FALSE			FALSE					TRUE	PE Only
G0517	Removal of non-biodegradable	Skin Adhesives (PE Only)	April 2023	07			No Interest	New PE Inputs	PE Skin Adhesives	January 2023	000	2.10	1.05	4.33	0.12	3	FALSE			FALSE					TRUE	PE Only
G0518	Removal with reinsertion, non-	Skin Adhesives (PE Only)	April 2023	07			No Interest	New PE Inputs	PE Skin Adhesives	January 2023	000	3.55	1.60	7.7	0.21		FALSE			FALSE					TRUE	PE Only
G2010	Remote evaluation of recorded	RAW	September 2022	13			AADA, AAFP,	Requested CMS delete.	CMS-Other - Utilization over 20,000-	April 2022	XXX	0.18	0.08	0.18	0.01	5,381	FALSE			TRUE	In April 2022, the Relativity Assessment	February 2023		complete	TRUE	Request CMS
G2012	Brief communication	Telemedicine Evaluation	September 2023	11				Requested CMS delete	CMS-Other - Utilization over 20,000-	April 2022	XXX	0.25	0.11	0.15	0.02	125,800	FALSE			TRUE	In April 2022, the Relativity Assessment	February 2023	42	complete	TRUE	Request CMS
G2066	Interrogation device	Remote Interrogation	January 2023	20			ACC, HRS	PE Inputs	Contractor Priced High Volume2	April 2022	XXX					1,257,027	FALSE			FALSE					TRUE	PE Only
G2252	Brief communication	Telemedicine Evaluation	September 2023	11				Requested CMS Delete	Added as part of the family	April 2023	XXX	0.50	0.21	0.26	0.03	5,262	FALSE			FALSE					TRUE	Request CMS
G6001	Ultrasonic guidance for	Radiation Treatment	September 2023	22	January 2025	RUC	AADA, ASTRO	Refer to CPT	CMS-Other - Utilization over 20,000	October 2020	XXX	0.58	NA	4.79	0.03	192,052	FALSE			TRUE	In October 2020, the RUC identified CPT	Sep 2024			FALSE	
G6002	Stereoscopic x-ray guidance for	Radiation Treatment	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT	CMS-Other - Utilization over 20,000	October 2017	XXX	0.39	NA	1.84	0.03	847,801	FALSE			TRUE	In October 2020, the RUC identified CPT	Sep 2024			FALSE	
G6003	Radiation treatment delivery,	Radiation Treatment	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT	CMS-Other - Utilization over 20,000	September 2023	XXX	0.00	NA	4.61	0.01	217	FALSE			TRUE	In October 2020, the RUC identified CPT	Sep 2024			FALSE	
G6004	Radiation treatment delivery,	Radiation Treatment	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT	CMS-Other - Utilization over 20,000	September 2023	XXX	0.00	NA	3.78	0.01	1,018	FALSE			TRUE	In October 2020, the RUC identified CPT	Sep 2024			FALSE	
G6005	Radiation treatment delivery,	Radiation Treatment	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT	CMS-Other - Utilization over 20,000	September 2023	XXX	0.00	NA	3.79	0.01	507	FALSE			TRUE	In October 2020, the RUC identified CPT	Sep 2024			FALSE	
G6006	Radiation treatment delivery,	Radiation Treatment	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT	CMS-Other - Utilization over 20,000	September 2023	XXX	0.00	NA	3.76	0.01	54	FALSE			TRUE	In October 2020, the RUC identified CPT	Sep 2024			FALSE	
G6007	Radiation treatment delivery, 2	Radiation Treatment	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT	CMS-Other - Utilization over 20,000	September 2023	XXX	0.00	NA	6.89	0.01	274	FALSE			TRUE	In October 2020, the RUC identified CPT	Sep 2024			FALSE	
G6008	Radiation treatment delivery, 2	Radiation Treatment	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT	CMS-Other - Utilization over 20,000	September 2023	XXX	0.00	NA	5.21	0.02	117	FALSE			TRUE	In October 2020, the RUC identified CPT	Sep 2024			FALSE	
G6009	Radiation treatment delivery, 2	Radiation Treatment	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT	CMS-Other - Utilization over 20,000	September 2023	XXX	0.00	NA	5.2	0.02	63	FALSE			TRUE	In October 2020, the RUC identified CPT	Sep 2024			FALSE	
G6010	Radiation treatment delivery, 2	Radiation Treatment	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT	CMS-Other - Utilization over 20,000	September 2023	XXX	0.00	NA	5.16	0.02	20	FALSE			TRUE	In October 2020, the RUC identified CPT	Sep 2024			FALSE	
G6011	Radiation treatment delivery, 3	Radiation Treatment	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT	CMS-Other - Utilization over 20,000	September 2023	XXX	0.00	NA	6.86	0.02	4,800	FALSE			TRUE	In October 2020, the RUC identified CPT	Sep 2024			FALSE	
G6012	Radiation treatment delivery,3	Radiation Treatment	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT	CMS-Other - Utilization over 20,000	October 2020	XXX	0.00	NA	6.87	0.02	285,264	FALSE			TRUE	In October 2020, the RUC identified CPT	Sep 2024			FALSE	
G6013	Radiation treatment delivery,3	Radiation Treatment	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT	CMS-Other - Utilization over 20,000	October 2020	XXX	0.00	NA	6.9	0.02	137,074	FALSE			TRUE	In October 2020, the RUC identified CPT	Sep 2024			FALSE	
G6014	Radiation treatment delivery,3	Radiation Treatment	October 2019	17	January 2025	RUC	ACRO, ASTRO	Refer to CPT. Remove from	CMS-Other - Utilization over 20,000	January 2019	XXX	0.00	NA	6.85	0.02	8,864	FALSE			TRUE	In October 2020, the RUC identified CPT	Sep 2024			FALSE	Remove from
G6015	Intensity modulated treatment	Radiation Treatment	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT	CMS-Other - Utilization over 20,000	October 2020	XXX	0.00	NA	10.62	0.06	1,116,088	FALSE			TRUE	In October 2020, the RUC identified CPT	Sep 2024			FALSE	
G6016	Compensator-based beam	Radiation Treatment	September 2023	22	January 2025	RUC	ACRO, ASTRO	Refer to CPT	CMS-Other - Utilization over 20,000	September 2023	XXX	0.00	NA	10.62	0.01	3,980	FALSE			TRUE	In October 2020, the RUC identified CPT	Sep 2024			FALSE	
G6017	Intra-fraction localization and	RAW	September 2022	13			ASTRO	Removed from screen	Contractor Priced High Volume2	April 2022	YYY	0.00	0.00	0	0.00	99,418	FALSE			FALSE					TRUE	Remove from
P3001	Screening papanicolaou smear,	Cytopathology	April 2018	26			CAP	0.42	CMS-Other - Utilization over 30,000	October 2017	XXX	0.26	0.45	0.45	0.01	1,033	FALSE			FALSE					TRUE	Maintain
Q0091	Screening papanicolaou smear;	RAW	January 2019	37			No Specialty	RUC recommended to survey	CMS-Other - Utilization over 30,000-	October 2018	XXX	0.37	0.15	0.94	0.02	408,616	FALSE			FALSE					TRUE	Maintain

RUC Referrals to CPT Editoral Panel - Outstanding Issues

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
0042T	**Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time**	High Volume Category III Codes 2022	September 2022	ACR, ASNR	May 2024

Background: In April 2022, the Relativity Assessment Workgroup identified this Category III code with 2020 Medicare utilization over 1,000. The Workgroup requested an action plan for September 2022. In September 2022, the specialty societies indicated and the RUC supports a submission of a coding application for CPT May 2023. The specialty societies submitted a coding application for May 2023, but it was subsequently withdrawn. The specialty socieites should address the CPT Editorial Panel concerns and submit a new CCA for the September 2023 meeting. At the September 2023 CPT meeting, this issue was withdrawn as the Panel determiend that the scope was too large and went beyond the RUC request. The specialty societies should revise and resubmit a CCA for February 2024.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
0394T	**High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed**	High Volume Category III Codes 2019	September 2023	ASTRO	Sep 2024

Background: In October 2019, this service was identified via the high volume category III codes based on 2021 Medicare utilization data over 1,000. These services are identified to notify and get feedback from specialty societies whether a Category I code should be created. The Workgroup requests an action plan for September 2023. In September 2023, the Workgroup recommended that this service be referred to CPT May 2024 to create a Category I code.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
0421T	**Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)**	High Volume Category III Codes 2023	September 2023	AUA	May 2024

Background: In April 2023, this service was identified via the high volume category III codes based on 2021 Medicare utilization data over 1,000. These services are identified to notify and get feedback from specialty societies whether a Category I code should be created. The Workgroup requests an action plan for September 2023. In September 2023, the Workgroup recommended that this service be referred to CPT May 2024 to create a Category I code.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
36557	**Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age**	Site of Service Anomaly - 2023	January 2024	ACR, ACS, APSA, OEIS, SIR, SVS	Sep 2024

Background: In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 36558 via the site of service anomaly screen, for services with Medicare utilization over 10,000 in 2019-2021 that are typically performed in the inpatient hospital setting, yet only include a half discharge day management visit (99238). The RAW reviewed the action plan in September 2023, and agreed with the specialty societies that the entire family of services (36557-36566) be surveyed for the January 2024 RUC meeting. The specialty societies also requested changing the global period from a 010-day to a 000-day to account for variability in site of service based on the patient presentation and specialty performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the codes through the CPT process prior to surveying. The specialty societies noted that the ages listed within some of the current code descriptors do not accurately reflect the variation of physician work (e.g., babies versus infants versus children versus adults). Additionally, some of the code descriptors are antiquated and include outdated practices and techniques technology that no longer exist or are incorrectly described, which may cause incorrect reporting. For example, patients are receiving central lines at multiple points in time with no way to accurately and appropriately capture work based on the current code family structure. Finding an access location in a patient in which access issues have become harder, takes more time, includes more risk, and potentially requires additional interventions. The RUC recommends that CPT codes 36557, 36558, 36560, 36561, 36563, 36565, and 36566 be referred to the May 2024 CPT Editorial Panel meeting for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
36558	**Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older**	Site of Service Anomaly - 2023	January 2024	ACR, ACS, APSA, OEIS, SIR, SVS	Sep 2024

Background: In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 36558 via the site of service anomaly screen, for services with Medicare utilization over 10,000 in 2019-2021 that are typically performed in the inpatient hospital setting, yet only include a half discharge day management visit (99238). The RAW reviewed the action plan in September 2023, and agreed with the specialty societies that the entire family of services (36557-36566) be surveyed for the January 2024 RUC meeting. The specialty societies also requested changing the global period from a 010-day to a 000-day to account for variability in site of service based on the patient presentation and specialty performing the procedure.

However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the codes through the CPT process prior to surveying. The specialty societies noted that the ages listed within some of the current code descriptors do not accurately reflect the variation of physician work (e.g., babies versus infants versus children versus adults). Additionally, some of the code descriptors are antiquated and include outdated practices and techniques technology that no longer exist or are incorrectly described, which may cause incorrect reporting. For example, patients are receiving central lines at multiple points in time with no way to accurately and appropriately capture work based on the current code family structure. Finding an access location in a patient in which access issues have become harder, takes more time, includes more risk, and potentially requires additional interventions.

The RUC recommends that CPT codes 36557, 36558, 36560, 36561, 36563, 36565, and 36566 be referred to the May 2024 CPT Editorial Panel meeting for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
36560	**Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age**	Site of Service Anomaly - 2023	January 2024	ACR, ACS, APSA, OEIS, SIR, SVS	Sep 2024

Background: In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 36558 via the site of service anomaly screen, for services with Medicare utilization over 10,000 in 2019-2021 that are typically performed in the inpatient hospital setting, yet only include a half discharge day management visit (99238). The RAW reviewed the action plan in September 2023, and agreed with the specialty societies that the entire family of services (36557-36566) be surveyed for the January 2024 RUC meeting. The specialty societies also requested changing the global period from a 010-day to a 000-day to account for variability in site of service based on the patient presentation and specialty performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the codes through the CPT process prior to surveying. The specialty societies noted that the ages listed within some of the current code descriptors do not accurately reflect the variation of physician work (e.g., babies versus infants versus children versus adults). Additionally, some of the code descriptors are antiquated and include outdated practices and techniques technology that no longer exist or are incorrectly described, which may cause incorrect reporting. For example, patients are receiving central lines at multiple points in time with no way to accurately and appropriately capture work based on the current code family structure. Finding an access location in a patient in which access issues have become harder, takes more time, includes more risk, and potentially requires additional interventions. The RUC recommends that CPT codes 36557, 36558, 36560, 36561, 36563, 36565, and 36566 be referred to the May 2024 CPT Editorial Panel meeting for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
36561	**Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older**	Site of Service Anomaly - 2023	January 2024	ACR, ACS, APSA, OEIS, SIR, SVS	Sep 2024

Background: In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 36558 via the site of service anomaly screen, for services with Medicare utilization over 10,000 in 2019-2021 that are typically performed in the inpatient hospital setting, yet only include a half discharge day management visit (99238). The RAW reviewed the action plan in September 2023, and agreed with the specialty societies that the entire family of services (36557-36566) be surveyed for the January 2024 RUC meeting. The specialty societies also requested changing the global period from a 010-day to a 000-day to account for variability in site of service based on the patient presentation and specialty performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the codes through the CPT process prior to surveying. The specialty societies noted that the ages listed within some of the current code descriptors do not accurately reflect the variation of physician work (e.g., babies versus infants versus children versus adults). Additionally, some of the code descriptors are antiquated and include outdated practices and techniques technology that no longer exist or are incorrectly described, which may cause incorrect reporting. For example, patients are receiving central lines at multiple points in time with no way to accurately and appropriately capture work based on the current code family structure. Finding an access location in a patient in which access issues have become harder, takes more time, includes more risk, and potentially requires additional interventions. The RUC recommends that CPT codes 36557, 36558, 36560, 36561, 36563, 36565, and 36566 be referred to the May 2024 CPT Editorial Panel meeting for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
36563	**Insertion of tunneled centrally inserted central venous access device with subcutaneous pump**	Site of Service Anomaly - 2023	January 2024	ACR, ACS, OEIS, SIR, SVS	Sep 2024

Background: In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 36558 via the site of service anomaly screen, for services with Medicare utilization over 10,000 in 2019-2021 that are typically performed in the inpatient hospital setting, yet only include a half discharge day management visit (99238). The RAW reviewed the action plan in September 2023, and agreed with the specialty societies that the entire family of services (36557-36566) be surveyed for the January 2024 RUC meeting. The specialty societies also requested changing the global period from a 010-day to a 000-day to account for variability in site of service based on the patient presentation and specialty performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the codes through the CPT process prior to surveying. The specialty societies noted that the ages listed within some of the current code descriptors do not accurately reflect the variation of physician work (e.g., babies versus infants versus children versus adults). Additionally, some of the code descriptors are antiquated and include outdated practices and techniques technology that no longer exist or are incorrectly described, which may cause incorrect reporting. For example, patients are receiving central lines at multiple points in time with no way to accurately and appropriately capture work based on the current code family structure. Finding an access location in a patient in which access issues have become harder, takes more time, includes more risk, and potentially requires additional interventions. The RUC recommends that CPT codes 36557, 36558, 36560, 36561, 36563, 36565, and 36566 be referred to the May 2024 CPT Editorial Panel meeting for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
36565	**Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)**	Site of Service Anomaly - 2023	January 2024	ACR, ACS, OEIS, SIR, SVS	Sep 2024

Background: In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 36558 via the site of service anomaly screen, for services with Medicare utilization over 10,000 in 2019-2021 that are typically performed in the inpatient hospital setting, yet only include a half discharge day management visit (99238). The RAW reviewed the action plan in September 2023, and agreed with the specialty societies that the entire family of services (36557-36566) be surveyed for the January 2024 RUC meeting. The specialty societies also requested changing the global period from a 010-day to a 000-day to account for variability in site of service based on the patient presentation and specialty performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the codes through the CPT process prior to surveying. The specialty societies noted that the ages listed within some of the current code descriptors do not accurately reflect the variation of physician work (e.g., babies versus infants versus children versus adults). Additionally, some of the code descriptors are antiquated and include outdated practices and techniques technology that no longer exist or are incorrectly described, which may cause incorrect reporting. For example, patients are receiving central lines at multiple points in time with no way to accurately and appropriately capture work based on the current code family structure. Finding an access location in a patient in which access issues have become harder, takes more time, includes more risk, and potentially requires additional interventions. The RUC recommends that CPT codes 36557, 36558, 36560, 36561, 36563, 36565, and 36566 be referred to the May 2024 CPT Editorial Panel meeting for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
36566	**Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)**	Site of Service Anomaly - 2023	January 2024	OEIS, SIR, SVS	Sep 2024

Background: In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 36558 via the site of service anomaly screen, for services with Medicare utilization over 10,000 in 2019-2021 that are typically performed in the inpatient hospital setting, yet only include a half discharge day management visit (99238). The RAW reviewed the action plan in September 2023, and agreed with the specialty societies that the entire family of services (36557-36566) be surveyed for the January 2024 RUC meeting. The specialty societies also requested changing the global period from a 010-day to a 000-day to account for variability in site of service based on the patient presentation and specialty performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the codes through the CPT process prior to surveying. The specialty societies noted that the ages listed within some of the current code descriptors do not accurately reflect the variation of physician work (e.g., babies versus infants versus children versus adults). Additionally, some of the code descriptors are antiquated and include outdated practices and techniques technology that no longer exist or are incorrectly described, which may cause incorrect reporting. For example, patients are receiving central lines at multiple points in time with no way to accurately and appropriately capture work based on the current code family structure. Finding an access location in a patient in which access issues have become harder, takes more time, includes more risk, and potentially requires additional interventions. The RUC recommends that CPT codes 36557, 36558, 36560, 36561, 36563, 36565, and 36566 be referred to the May 2024 CPT Editorial Panel meeting for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37220	**Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty**	High Volume Growth1	April 2024	ACC, ACR, OEIS, SCAI, SIR, SVS	Sep 2024

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 requested 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. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family. In September 2022, CPT indicated the specialty societies should develop a CCA by the May 2024 CPT meeting. The specialty societies had a conference call with the Panel members in April 2023 to review the revised coding structure. The Panel suggested some edits and indicated that specialty societies did not have to have literature for all the “current codes” just the new codes. Next the specialty societies developed the guidelines, but could not do that until mid-Sept 2023 because the app was shut down. In March 2024, the CCA was entered in the smart app and will be submitted for the June 2024 deadline for review by the Panel at the September 2024 meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37221	**Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**	High Volume Growth1	April 2024	ACC, ACR, OEIS, SCAI, SIR, SVS	Sep 2024

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 requested 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. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family. In September 2022, CPT indicated the specialty societies should develop a CCA by the May 2024 CPT meeting. The specialty societies had a conference call with the Panel members in April 2023 to review the revised coding structure. The Panel suggested some edits and indicated that specialty societies did not have to have literature for all the “current codes” just the new codes. Next the specialty societies developed the guidelines, but could not do that until mid-Sept 2023 because the app was shut down. In March 2024, the CCA was entered in the smart app and will be submitted for the June 2024 deadline for review by the Panel at the September 2024 meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37222	**Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)**	High Volume Growth1	April 2024	ACC, ACR, OEIS, SCAI, SIR, SVS	Sep 2024

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 requested 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. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family. In September 2022, CPT indicated the specialty societies should develop a CCA by the May 2024 CPT meeting. The specialty societies had a conference call with the Panel members in April 2023 to review the revised coding structure. The Panel suggested some edits and indicated that specialty societies did not have to have literature for all the “current codes” just the new codes. Next the specialty societies developed the guidelines, but could not do that until mid-Sept 2023 because the app was shut down. In March 2024, the CCA was entered in the smart app and will be submitted for the June 2024 deadline for review by the Panel at the September 2024 meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37223	**Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**	High Volume Growth1	April 2024	ACC, ACR, OEIS, SCAI, SIR, SVS	Sep 2024

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 requested 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. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family. In September 2022, CPT indicated the specialty societies should develop a CCA by the May 2024 CPT meeting. The specialty societies had a conference call with the Panel members in April 2023 to review the revised coding structure. The Panel suggested some edits and indicated that specialty societies did not have to have literature for all the “current codes” just the new codes. Next the specialty societies developed the guidelines, but could not do that until mid-Sept 2023 because the app was shut down. In March 2024, the CCA was entered in the smart app and will be submitted for the June 2024 deadline for review by the Panel at the September 2024 meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37224	**Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty**	High Volume Growth1	April 2024	ACC, ACR, OEIS, SCAI, SIR, SVS	Sep 2024

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 requested 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. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family. In September 2022, CPT indicated the specialty societies should develop a CCA by the May 2024 CPT meeting. The specialty societies had a conference call with the Panel members in April 2023 to review the revised coding structure. The Panel suggested some edits and indicated that specialty societies did not have to have literature for all the “current codes” just the new codes. Next the specialty societies developed the guidelines, but could not do that until mid-Sept 2023 because the app was shut down. In March 2024, the CCA was entered in the smart app and will be submitted for the June 2024 deadline for review by the Panel at the September 2024 meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37225	**Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed**	High Volume Growth1 / PE Screen - High Cost Supplies	April 2024	ACC, ACR, OEIS, SCAI, SIR, SVS	Sep 2024

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 requested 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. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family. In September 2022, CPT indicated the specialty societies should develop a CCA by the May 2024 CPT meeting. The specialty societies had a conference call with the Panel members in April 2023 to review the revised coding structure. The Panel suggested some edits and indicated that specialty societies did not have to have literature for all the “current codes” just the new codes. Next the specialty societies developed the guidelines, but could not do that until mid-Sept 2023 because the app was shut down. In March 2024, the CCA was entered in the smart app and will be submitted for the June 2024 deadline for review by the Panel at the September 2024 meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37226	**Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**	High Volume Growth1	April 2024	ACC, ACR, OEIS, SCAI, SIR, SVS	Sep 2024

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 requested 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. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family. In September 2022, CPT indicated the specialty societies should develop a CCA by the May 2024 CPT meeting. The specialty societies had a conference call with the Panel members in April 2023 to review the revised coding structure. The Panel suggested some edits and indicated that specialty societies did not have to have literature for all the “current codes” just the new codes. Next the specialty societies developed the guidelines, but could not do that until mid-Sept 2023 because the app was shut down. In March 2024, the CCA was entered in the smart app and will be submitted for the June 2024 deadline for review by the Panel at the September 2024 meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
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**	High Volume Growth1 / PE Screen - High Cost Supplies	April 2024	ACC, ACR, OEIS, SCAI, SIR, SVS	Sep 2024

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 requested 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. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family. In September 2022, CPT indicated the specialty societies should develop a CCA by the May 2024 CPT meeting. The specialty societies had a conference call with the Panel members in April 2023 to review the revised coding structure. The Panel suggested some edits and indicated that specialty societies did not have to have literature for all the “current codes” just the new codes. Next the specialty societies developed the guidelines, but could not do that until mid-Sept 2023 because the app was shut down. In March 2024, the CCA was entered in the smart app and will be submitted for the June 2024 deadline for review by the Panel at the September 2024 meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37228	**Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty**	High Volume Growth1	April 2024	ACC, ACR, OEIS, SCAI, SIR, SVS	Sep 2024

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 requested 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. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family. In September 2022, CPT indicated the specialty societies should develop a CCA by the May 2024 CPT meeting. The specialty societies had a conference call with the Panel members in April 2023 to review the revised coding structure. The Panel suggested some edits and indicated that specialty societies did not have to have literature for all the “current codes” just the new codes. Next the specialty societies developed the guidelines, but could not do that until mid-Sept 2023 because the app was shut down. In March 2024, the CCA was entered in the smart app and will be submitted for the June 2024 deadline for review by the Panel at the September 2024 meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37229	**Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed**	High Volume Growth1 / PE Screen - High Cost Supplies / High Volume Growth5	April 2024	ACC, ACR, OEIS, SCAI, SIR, SVS	Sep 2024

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 requested 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. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family. In September 2022, CPT indicated the specialty societies should develop a CCA by the May 2024 CPT meeting. The specialty societies had a conference call with the Panel members in April 2023 to review the revised coding structure. The Panel suggested some edits and indicated that specialty societies did not have to have literature for all the “current codes” just the new codes. Next the specialty societies developed the guidelines, but could not do that until mid-Sept 2023 because the app was shut down. In March 2024, the CCA was entered in the smart app and will be submitted for the June 2024 deadline for review by the Panel at the September 2024 meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37230	**Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**	High Volume Growth1	April 2024	ACC, ACR, OEIS, SCAI, SIR, SVS	Sep 2024

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 requested 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. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family. In September 2022, CPT indicated the specialty societies should develop a CCA by the May 2024 CPT meeting. The specialty societies had a conference call with the Panel members in April 2023 to review the revised coding structure. The Panel suggested some edits and indicated that specialty societies did not have to have literature for all the “current codes” just the new codes. Next the specialty societies developed the guidelines, but could not do that until mid-Sept 2023 because the app was shut down. In March 2024, the CCA was entered in the smart app and will be submitted for the June 2024 deadline for review by the Panel at the September 2024 meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37231	**Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed**	High Volume Growth1	April 2024	ACC, ACR, OEIS, SCAI, SIR, SVS	Sep 2024

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 requested 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. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family. In September 2022, CPT indicated the specialty societies should develop a CCA by the May 2024 CPT meeting. The specialty societies had a conference call with the Panel members in April 2023 to review the revised coding structure. The Panel suggested some edits and indicated that specialty societies did not have to have literature for all the “current codes” just the new codes. Next the specialty societies developed the guidelines, but could not do that until mid-Sept 2023 because the app was shut down. In March 2024, the CCA was entered in the smart app and will be submitted for the June 2024 deadline for review by the Panel at the September 2024 meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37232	**Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)**	High Volume Growth1	April 2024	ACC, ACR, OEIS, SCAI, SIR, SVS	Sep 2024

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 requested 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. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family. In September 2022, CPT indicated the specialty societies should develop a CCA by the May 2024 CPT meeting. The specialty societies had a conference call with the Panel members in April 2023 to review the revised coding structure. The Panel suggested some edits and indicated that specialty societies did not have to have literature for all the “current codes” just the new codes. Next the specialty societies developed the guidelines, but could not do that until mid-Sept 2023 because the app was shut down. In March 2024, the CCA was entered in the smart app and will be submitted for the June 2024 deadline for review by the Panel at the September 2024 meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37233	**Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**	High Volume Growth1	April 2024	ACC, ACR, OEIS, SCAI, SIR, SVS	Sep 2024

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 requested 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. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family. In September 2022, CPT indicated the specialty societies should develop a CCA by the May 2024 CPT meeting. The specialty societies had a conference call with the Panel members in April 2023 to review the revised coding structure. The Panel suggested some edits and indicated that specialty societies did not have to have literature for all the “current codes” just the new codes. Next the specialty societies developed the guidelines, but could not do that until mid-Sept 2023 because the app was shut down. In March 2024, the CCA was entered in the smart app and will be submitted for the June 2024 deadline for review by the Panel at the September 2024 meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37234	**Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**	High Volume Growth1	April 2024	ACC, ACR, OEIS, SCAI, SIR, SVS	Sep 2024

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 requested 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. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family. In September 2022, CPT indicated the specialty societies should develop a CCA by the May 2024 CPT meeting. The specialty societies had a conference call with the Panel members in April 2023 to review the revised coding structure. The Panel suggested some edits and indicated that specialty societies did not have to have literature for all the “current codes” just the new codes. Next the specialty societies developed the guidelines, but could not do that until mid-Sept 2023 because the app was shut down. In March 2024, the CCA was entered in the smart app and will be submitted for the June 2024 deadline for review by the Panel at the September 2024 meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
37235	**Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**	High Volume Growth1	April 2024	ACC, ACR, OEIS, SCAI, SIR, SVS	Sep 2024

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 requested 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. The specialty societies worked with the CPT Editorial Panel and have submitted multiple coding change proposals. In September 2021, CPT Editorial Panel did not approve of the proposed coding changes suggested unbundling previous bundling efforts. Since this issue were not be addressed via edits at CPT, it was placed back on the Relativity Assessment Workgroup agenda to review. In April 2022, the Relativity Assessment Workgroup discussed the complexity of this issue and determined that coding clarification is still necessary. The Workgroup recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family. In September 2022, CPT indicated the specialty societies should develop a CCA by the May 2024 CPT meeting. The specialty societies had a conference call with the Panel members in April 2023 to review the revised coding structure. The Panel suggested some edits and indicated that specialty societies did not have to have literature for all the “current codes” just the new codes. Next the specialty societies developed the guidelines, but could not do that until mid-Sept 2023 because the app was shut down. In March 2024, the CCA was entered in the smart app and will be submitted for the June 2024 deadline for review by the Panel at the September 2024 meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
38571	**Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy**	CMS Fastest Growing / 010-Day Global Post-Operative Visits / Site of Service Anomaly - 2023 / Codes Reported Together 75% or More-Part6	September 2023	AUA	May 2024

Background: In April 2023, the RAW identified codes 38571 and 55866 as typically reported together 75% or more based on 2021 Medicare claims data. In September 2023, the RUC recommended that 38571 and 55866 be referred to CPT to develop a code bundling solution. (May 2024).

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
55700	**Biopsy, prostate; needle or punch, single or multiple, any approach**	CMS High Expenditure Procedural Codes2 / Codes Reported Together 75% or More-Part5	September 2022	ACR, AUA	May 2024

Background: In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. 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 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 55700 and 76872. In September 2022, the Workgroup referred this issue to CPT for revision of code descriptors and/or introductory language to clarify when to and when not to report CPT code 76872 (ultrasound, transrectal) as a diagnostic procedure when performed at the same time as CPT code 55700 (prostate biopsy).

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
55866	**Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed**	New Technology / CMS Fastest Growing / CMS Request - Final Rule for 2014 / Codes Reported Together 75% or More-Part6	September 2023	AUA	May 2024

Background: In April 2023, the RAW identified codes 38571 and 55866 as typically reported together 75% or more based on 2021 Medicare claims data. In September 2023, the RUC recommended that 38571 and 55866 be referred to CPT to develop a code bundling solution. (May 2024).

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
70496	**Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing**	High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / High Volume Growth5 / Codes Reported Together 75% or More-Part5	September 2022	ACR, ASNR	May 2024

Background: In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. 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 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 70496 and 70498. In September 2022, the Workgroup recommended to refer this 70496 and 70498 to the CPT Editorial Panel to create a code bundling solution for CPT 2025. At the September 2023 CPT meeting, this issue was withdrawn as the Panel determiend that the scope was too large and went beyond the RUC request. The specialty societies should revise and resubmit a CCA for February 2024.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
70498	**Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing**	High Volume Growth1 / CMS Fastest Growing / High Volume Growth5 / Codes Reported Together 75% or More-Part5	September 2022	ACR, ASNR	May 2024

Background: In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. 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 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 70496 and 70498. In September 2022, the Workgroup recommended to refer this 70496 and 70498 to the CPT Editorial Panel to create a code bundling solution for CPT 2025. At the September 2023 CPT meeting, this issue was withdrawn as the Panel determiend that the scope was too large and went beyond the RUC request. The specialty societies should revise and resubmit a CCA for February 2024.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
70544	**Magnetic resonance angiography, head; without contrast material(s)**	CMS High Expenditure Procedural Codes2 / Codes Reported Together 75% or More-Part5	April 2024	ACR, ASNR, SIR	Feb 2025

Background: In April 2022, the Relativity Assessment Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. 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 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 70547 and 70544. In September 2022, the Workgroup recommended review in 2 years (2021-2022 data) after practice patterns in the inpatient and outpatient setting go back to how it was prior to the pandemic. (Note: 2019 reported together data was 66%). In April 2024, the RAW noted that the rate these services are reported together continues to increase (2020=77%, 2021=79% and 2022=81%). The specialty societies recommended, and the Workgroup agreed that 70547 and 70544 be referred to the CPT Editorial Panel (Feb 2025) to create a code bundling solution.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
70547	**Magnetic resonance angiography, neck; without contrast material(s)**	CMS High Expenditure Procedural Codes2 / Codes Reported Together 75% or More-Part5	April 2024	ACR, ASNR, SIR	Feb 2025

Background: In April 2022, the Relativity Assessment Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. 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 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 70547 and 70544. In September 2022, the Workgroup recommended review in 2 years (2021-2022 data) after practice patterns in the inpatient and outpatient setting go back to how it was prior to the pandemic. (Note: 2019 reported together data was 66%). In April 2024, the RAW noted that the rate these services are reported together continues to increase (2020=77%, 2021=79% and 2022=81%). The specialty societies recommended, and the Workgroup agreed that 70547 and 70544 be referred to the CPT Editorial Panel (Feb 2025) to create a code bundling solution.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
76872	**Ultrasound, transrectal;**	CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part5	September 2022	ACOG, ACR, AUA	May 2024

Background: In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. 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 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 55700 and 76872. In September 2022, the Workgroup referred this issue to CPT for revision of code descriptors and/or introductory language to clarify when to and when not to report CPT code 76872 (ultrasound, transrectal) as a diagnostic procedure when performed at the same time as CPT code 55700 (prostate biopsy).

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
77014	**Computed tomography guidance for placement of radiation therapy fields**	CMS Request - Practice Expense Review / CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3	September 2023	ASTRO, ACR	Sep 2024

Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than $200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
77385	**Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple**	Services with Stand-Alone PE Procedure Time	September 2023	ACRO, ASTRO	Sep 2024

Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than $200 million over the next five years while improving quality through increasing accreditation at sites providing these services.

The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
77386	**Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex**	Services with Stand-Alone PE Procedure Time	September 2023	ACRO, ASTRO	Sep 2024

Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than $200 million over the next five years while improving quality through increasing accreditation at sites providing these services.

The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
77387	**Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed**	Services with Stand-Alone PE Procedure Time	September 2023	ACRO, ASTRO	Sep 2024

Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than $200 million over the next five years while improving quality through increasing accreditation at sites providing these services.

The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

77402	Radiation treatment delivery, >=1 MeV; simple	Screen	RUC Meeting	Specialty Society:	CPT Meeting
		Services with Stand-Alone PE Procedure Time	September 2023	ACRO, ASTRO	Sep 2024

Background: At the April 2013 RUC meeting, the specialty indicated that as clinical practice has evolved, several issues have arisen which require CPT clarification. The specialty intends to address a number of interrelated issues and revise the entire treatment delivery family. The RUC recommends CPT codes 77402-77417 were referred to the CPT Editorial Panel for review and address at the October 2013 and February 2014 meetings. In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than $200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

77407	Radiation treatment delivery, >=1 MeV; intermediate	Screen	RUC Meeting	Specialty Society:	CPT Meeting
		Services with Stand-Alone PE Procedure Time	September 2023	ACRO, ASTRO	Sep 2024

Background: At the April 2013 RUC meeting, the specialty indicated that as clinical practice has evolved, several issues have arisen which require CPT clarification. The specialty intends to address a number of interrelated issues and revise the entire treatment delivery family. The RUC recommended CPT codes 77402-77417 be referred to the CPT Editorial Panel for review. The CPT Editorial Panel reviewed these services at the October 2013 CPT meeting. In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than $200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

77412	Radiation treatment delivery, >=1 MeV; complex	Screen	RUC Meeting	Specialty Society:	CPT Meeting
		Services with Stand-Alone PE Procedure Time	September 2023	ACRO, ASTRO	Sep 2024

Background: At the April 2013 RUC meeting, the specialty indicated that as clinical practice has evolved, several issues have arisen which require CPT clarification. The specialty intends to address a number of interrelated issues and revise the entire treatment delivery family. The RUC recommends CPT codes 77402-77417 be referred to the CPT Editorial Panel for review. The CPT Editorial Panel reviewed these services at the October 2013 meeting. In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than $200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

90901	Biofeedback training by any modality	Screen	RUC Meeting	Specialty Society:	CPT Meeting
		High Volume Growth9	April 2024	ACOG, APTA, AUA	Sep 2024

Background: In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 90901 via the high volume growth screen with 2021 Medicare utilization of 10,000 or more than increased by at least 100% from 2016 through 2021. In September 2023, the Workgroup reviewed the action plan for CPT code 90901 and agreed with the specialty societies that 90901, along with the other services in this code family (90912 and 90913) be surveyed for the April 2024 RUC meeting. The specialty society also requested changing the global period from 010-day to a 000-day global period to account for variability in the site of service based on the patient presentation and specialty societies performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the code family through the CPT process before surveying. The specialty societies noted that the current code descriptor for CPT code 90901 is not well understood based on their review of past RUC rationales for valuation, claims data, and the vignettes used for review in 1995 and 1996 by the RUC and HCPAC. In the 1995 RUC rationale, the vignette described 45–60-minute sessions (and brief 30-minute sessions) and included information about psychiatrists and psychologists, though it is unclear who was surveyed. However, the 1996 RUC rationale of the HCPAC review is based on a different vignette, considered a CMD five-year-review comment, and was surveyed by physical therapists, which led to a reduction of the work RVU from 0.89 to 0.41 based on comparison to a time-based therapy code, CPT code 97110. The specialty societies note that although 90901 is not time-based, the comparison for the current value was to a 15-minute time-based code despite the current intra-service time being 45 minutes. In their letter to request a referral to CPT for this code family, the specialty societies proposed revising the code descriptor for CPT code 90901 to be consistent with other physical therapy time-based and modality codes, as well as similar to other biofeedback training codes. Additionally, code descriptor clarification may resolve the continued confusion about the intent and correct coding for 90901. The RUC recommends that CPT codes 90901, 90902 and 90903 be referred to the September 2024 CPT Editorial Panel meeting for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
90912	**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**	Negative IWPUT	April 2024	ACOG, APTA, AUA	Sep 2024; Feb 2019-EC

Background: In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 90901 via the high volume growth screen with 2021 Medicare utilization of 10,000 or more than increased by at least 100% from 2016 through 2021. In September 2023, the Workgroup reviewed the action plan for CPT code 90901 and agreed with the specialty societies that 90901, along with the other services in this code family (90912 and 90913) be surveyed for the April 2024 RUC meeting. The specialty society also requested changing the global period from 010-day to a 000-day global period to account for variability in the site of service based on the patient presentation and specialty societies performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the code family through the CPT process before surveying. The specialty societies noted that the current code descriptor for CPT code 90901 is not well understood based on their review of past RUC rationales for valuation, claims data, and the vignettes used for review in 1995 and 1996 by the RUC and HCPAC. In the 1995 RUC rationale, the vignette described 45–60-minute sessions (and brief 30-minute sessions) and included information about psychiatrists and psychologists, though it is unclear who was surveyed. However, the 1996 RUC rationale of the HCPAC review is based on a different vignette, considered a CMD five-year-review comment, and was surveyed by physical therapists, which led to a reduction of the work RVU from 0.89 to 0.41 based on comparison to a time-based therapy code, CPT code 97110. The specialty societies note that although 90901 is not time-based, the comparison for the current value was to a 15-minute time-based code despite the current intra-service time being 45 minutes. In their letter to request a referral to CPT for this code family, the specialty societies proposed revising the code descriptor for CPT code 90901 to be consistent with other physical therapy time-based and modality codes, as well as similar to other biofeedback training codes. Additionally, code descriptor clarification may resolve the continued confusion about the intent and correct coding for 90901. The RUC recommends that CPT codes 90901, 90902 and 90903 be referred to the September 2024 CPT Editorial Panel meeting for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
90913	**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)**	Negative IWPUT	April 2024	ACOG, APTA, AUA	Sep 2024; Feb 2019-EC

Background: In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 90901 via the high volume growth screen with 2021 Medicare utilization of 10,000 or more than increased by at least 100% from 2016 through 2021. In September 2023, the Workgroup reviewed the action plan for CPT code 90901 and agreed with the specialty societies that 90901, along with the other services in this code family (90912 and 90913) be surveyed for the April 2024 RUC meeting. The specialty society also requested changing the global period from 010-day to a 000-day global period to account for variability in the site of service based on the patient presentation and specialty societies performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the code family through the CPT process before surveying. The specialty societies noted that the current code descriptor for CPT code 90901 is not well understood based on their review of past RUC rationales for valuation, claims data, and the vignettes used for review in 1995 and 1996 by the RUC and HCPAC. In the 1995 RUC rationale, the vignette described 45–60-minute sessions (and brief 30-minute sessions) and included information about psychiatrists and psychologists, though it is unclear who was surveyed. However, the 1996 RUC rationale of the HCPAC review is based on a different vignette, considered a CMD five-year-review comment, and was surveyed by physical therapists, which led to a reduction of the work RVU from 0.89 to 0.41 based on comparison to a time-based therapy code, CPT code 97110. The specialty societies note that although 90901 is not time-based, the comparison for the current value was to a 15-minute time-based code despite the current intra-service time being 45 minutes. In their letter to request a referral to CPT for this code family, the specialty societies proposed revising the code descriptor for CPT code 90901 to be consistent with other physical therapy time-based and modality codes, as well as similar to other biofeedback training codes. Additionally, code descriptor clarification may resolve the continued confusion about the intent and correct coding for 90901. The RUC recommends that CPT codes 90901, 90902 and 90903 be referred to the September 2024 CPT Editorial Panel meeting for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
91120	**Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)**	Codes Reported Together 75% or More-Part6	September 2023	ACG, AGA, ASGE	May 2024

Background: In April 2023, the RAW identified codes 91120 and 91122 as reported together 75% or more based on 2021 Medicare claims data. The RUC noted that these services are reported together 95% of the time and a code bundling solution should be developed. Refer to CPT May 2024 to bundle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
91122	**Anorectal manometry**	Codes Reported Together 75% or More-Part6	September 2023	ACG, AGA, ASGE	May 2024

Background: In April 2023, the RAW identified codes 91120 and 91122 as reported together 75% or more based on 2021 Medicare claims data. The RUC noted that these services are reported together 95% of the time and a code bundling solution should be developed. Refer to CPT May 2024 to bundle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
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**	Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 / Different Performing Specialty from Survey3 / Codes Reported Together 75% or More-Part7	September 2023	AAFP, AAN, AANEM, ACNS, ACP	Sep 2024

Background: For code pair 95921/95922, the Relativity Assessment Workgroup acknowledged that the rationale for increased utilization remains unclear. Thus, the dominant specialties for these two codes (Family Medicine and Internal Medicine) were requested to provide the following information regarding 95921 and 95922: What are the clinically appropriate scenarios for reporting each service? What is the description of service? What are the clinically appropriate scenarios when these servic AAFP and ACP indicated that they do not have an explanation for the increased utilization as their physicians indicated that they do not typically perform these services. In 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. In April 2011, the RUC recommended this code be referred 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, which was addressed at the February 2012 (Tab 17) CPT 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. The RAW would review the specialty mix again in 3 years of those reporting the services (Sept 2023). In September 2023, the specialty societies indicated that the article included correct coding for autonomic testing services when a tilt table was used, clarity on terminology used in the code descriptor language of the code set, and clinical examples for each code. The intent of the article was to reduce the occurrence of any miscoding that may be contributing to the total utilization and understand if the shift in dominant specialties was now typical. The Workgroup examined these services and indicated that the decrease in utilization in 2020 may not be attributable to the CPT article but to due to the COVID-19 pandemic. The RUC noted that these services are typically reported with one another and the code family should be referred to CPT to be restructured.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
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**	High Volume Growth1 / CMS Fastest Growing / Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1	September 2023	AAFP, AAN, AANEM, ACNS, ACP	Sep 2024

Background: For code pair 95921/95922, the Relativity Assessment Workgroup acknowledged that the rationale for increased utilization remains unclear. Thus, the dominant specialties for these two codes (Family Medicine and Internal Medicine) were requested to provide the following information regarding 95921 and 95922: What are the clinically appropriate scenarios for reporting each service? What is the description of service? What are the clinically appropriate scenarios when these servic AAFP and ACP indicated that they do not have an explanation for the increased utilization as their physicians indicated that they do not typically perform these services. In 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. In April 2011, the RUC recommended this code be referred 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, which was addressed at the February 2012 (Tab 17) CPT 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. The RAW would review the specialty mix again in 3 years of those reporting the services (Sept 2023). In September 2023, the specialty societies indicated that the article included correct coding for autonomic testing services when a tilt table was used, clarity on terminology used in the code descriptor language of the code set, and clinical examples for each code. The intent of the article was to reduce the occurrence of any miscoding that may be contributing to the total utilization and understand if the shift in dominant specialties was now typical. The Workgroup examined these services and indicated that the decrease in utilization in 2020 may not be attributable to the CPT article but to due to the COVID-19 pandemic. The RUC noted that these services are typically reported with one another and the code family should be referred to CPT to be restructured.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
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**	Codes Reported Together 75% or More-Part1 / High Volume Growth6 / Codes Reported Together 75% or More-Part7	September 2023	AAFP, AAN, AANEM, ACNS, ACP	Sep 2024

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. The RAW would review the specialty mix again in 3 years of those reporting the services (Sept 2023). In September 2023, the specialty societies indicated that the article included correct coding for autonomic testing services when a tilt table was used, clarity on terminology used in the code descriptor language of the code set, and clinical examples for each code. The intent of the article was to reduce the occurrence of any miscoding that may be contributing to the total utilization and understand if the shift in dominant specialties was now typical. The Workgroup examined these services and indicated that the decrease in utilization in 2020 may not be attributable to the CPT article but to due to the COVID-19 pandemic. The Workgroup noted that these services are typically reported with one another and the code family should be referred to CPT to be restructured.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
95924	**Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt**	Codes Reported Together 75% or More-Part1	September 2023	AAFP, AAN, AANEM, ACNS, ACP	Sep 2024

Background: CPT Feb 2012 the CPT Editorial Panel established two new codes with instructional guidelines to report autonomic function testing. In April 2012, 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. The RAW would review the specialty mix again in 3 years of those reporting the services (Sept 2023). In September 2023, the specialty societies indicated that the article included correct coding for autonomic testing services when a tilt table was used, clarity on terminology used in the code descriptor language of the code set, and clinical examples for each code. The intent of the article was to reduce the occurrence of any miscoding that may be contributing to the total utilization and understand if the shift in dominant specialties was now typical. The Workgroup examined these services and indicated that the decrease in utilization in 2020 may not be attributable to the CPT article but to due to the COVID-19 pandemic. The Workgroup noted that these services are typically reported with one another and the code family should be referred to CPT to be restructured.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
99183	**Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session**	CMS-Other - Utilization over 250,000	January 2024	AAFP, UHMS	Sep 2024

Background: In January 2023, the RUC noted that CMS created G0277 in 2015 to describe the direct practice expense inputs associated with CPT code 99183. In the Final Rule for 2015, CMS commented that CPT code 99183 is used for both professional attendance and supervision and the actual treatment delivery. Stakeholders pointed out that although CMS included the PE inputs for treatment delivery in CPT code 99183, the descriptor describes only attendance and supervision. CMS noted that under the Outpatient Prospective Payment System (OPPS), the treatment is reported using separate treatment code C1300 Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval. Therefore, CMS created code G0277 to report the treatment delivery and to maintain consistency with the OPPS coding. CMS used a timed 30-minute code, which can be used across settings. To value G0277, CMS used the RUC recommended direct PE inputs for 99183 and adjusted them to align with the 30-minute treatment interval. The RUC recommends that CPT code 99183 be referred to CPT by the June 2023 deadline for the September 2023 CPT meeting, for revision to be time-based as well as modified to appropriately describe the treatment delivery, attendance and supervision. Then, subsequently, allow for the deletion of G0277. In September 2023, the specialties indicated they did not intend to submit a CPT code change application (CCA). Therefore, this issue was placed on the January 2024 Relativity Assessment Workgroup agenda to address. In January 2024, the specialty societies indicated that they believe the current separate coding of the G code and the CPT code are clear and work appropriately. The Workgroup indicated that one clear and consistent coding structure should exist and the specialty society should submit a CPT code change application. The specialties should revise 99183 to be time-based well as modified to appropriately describe the treatment delivery, attendance and supervision or develop a coding change creating a practice expense only code to capture the service appropriately and eliminate the need for G0277.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
G0277	**Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval**	High Volume Growth8	January 2024	AAFP, UHMS	Sep 2024

Background: In January 2023, the RUC noted that CMS created G0277 in 2015 to describe the direct practice expense inputs associated with CPT code 99183. In the Final Rule for 2015, CMS commented that CPT code 99183 is used for both professional attendance and supervision and the actual treatment delivery. Stakeholders pointed out that although CMS included the PE inputs for treatment delivery in CPT code 99183, the descriptor describes only attendance and supervision. CMS noted that under the Outpatient Prospective Payment System (OPPS), the treatment is reported using separate treatment code C1300 Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval. Therefore, CMS created code G0277 to report the treatment delivery and to maintain consistency with the OPPS coding. CMS used a timed 30-minute code, which can be used across settings. To value G0277, CMS used the RUC recommended direct PE inputs for 99183 and adjusted them to align with the 30-minute treatment interval. The RUC recommends that CPT code 99183 be referred to CPT by the June 2023 deadline for the September 2023 CPT meeting, for revision to be time-based as well as modified to appropriately describe the treatment delivery, attendance and supervision. Then, subsequently, allow for the deletion of G0277. In September 2023, the specialties indicated they did not intend to submit a CPT code change application (CCA). Therefore, this issue was placed on the January 2024 Relativity Assessment Workgroup agenda to address. In January 2024, the specialty societies indicated that they believe the current separate coding of the G code and the CPT code are clear and work appropriately. The Workgroup indicated that one clear and consistent coding structure should exist and the specialty society should submit a CPT code change application. The specialties should revise 99183 to be time-based well as modified to appropriately describe the treatment delivery, attendance and supervision or develop a coding change creating a practice expense only code to capture the service appropriately and eliminate the need for G0277.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
G0396	**Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes**	CMS-Other - Utilization over 30,000	January 2018	AAFP, ASA, ASAM	Time Uncertain

Background: In October 2017, the RAW requested that AMA staff compile a list of CMS/Other codes with Medicare utilization of 30,000 or more. This list resulted in 34 services and the RAW requested action plans to be reviewed at the January 2018 meeting. In January 2018, the RUC recommended to maintain the physician work and refer to CPT to editorially remove "screening" from 99408 and 99409 to “assessment” to mirror G0396. At the February 2018 CPT meeting, the Panel postponed until time uncertain this request to revise codes 99408-99409 to identify assessment of alcohol and/or substance abuse. As a rationale for postponement, the Panel said that the service described in this application did not meet the General Criteria for Category I because the proposed service is not unique or well defined, and does not describe a service that is clearly identified and distinguished from existing services already described in CPT by other codes. The Panel’s additional rationale for postponement of this item was to allow the relevant specialty societies an opportunity to submit a new code change application to address the differences between assessment and screening services.

G6001	Ultrasonic guidance for placement of radiation therapy fields	Screen	RUC Meeting	Specialty Society:	CPT Meeting
		CMS-Other - Utilization over 20,000 Part2	September 2023	AADA, ASTRO	Sep 2024

Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than $200 million over the next five years while improving quality through increasing accreditation at sites providing these services.

The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	Screen	RUC Meeting	Specialty Society:	CPT Meeting
		CMS-Other - Utilization over 20,000 Part2	September 2023	ACRO, ASTRO	Sep 2024

Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than $200 million over the next five years while improving quality through increasing accreditation at sites providing these services.

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		Screen	RUC Meeting	Specialty Society:	CPT Meeting
G6003	**Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev**	CMS-Other - Utilization over 20,000 Part2	September 2023	ACRO, ASTRO	Sep 2024

Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than $200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
G6004	**Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev**	CMS-Other - Utilization over 20,000 Part2	September 2023	ACRO, ASTRO	Sep 2024

Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than $200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
G6005	**Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev**	CMS-Other - Utilization over 20,000 Part2	September 2023	ACRO, ASTRO	Sep 2024

Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than $200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
G6006	**Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater**	CMS-Other - Utilization over 20,000 Part2	September 2023	ACRO, ASTRO	Sep 2024

Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than $200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
G6007	**Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev**	CMS-Other - Utilization over 20,000 Part2	September 2023	ACRO, ASTRO	Sep 2024

Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than $200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
G6008	**Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev**	CMS-Other - Utilization over 20,000 Part2	September 2023	ACRO, ASTRO	Sep 2024

Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than $200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
G6009	**Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 mev**	CMS-Other - Utilization over 20,000 Part2	September 2023	ACRO, ASTRO	Sep 2024

Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than $200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
G6010	**Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater**	CMS-Other - Utilization over 20,000 Part2	September 2023	ACRO, ASTRO	Sep 2024

Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than $200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
G6011	**Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev**	CMS-Other - Utilization over 20,000 Part2	September 2023	ACRO, ASTRO	Sep 2024

Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than $200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
G6012	**Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev**	CMS-Other - Utilization over 20,000 Part2	September 2023	ACRO, ASTRO	Sep 2024

Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than $200 million over the next five years while improving quality through increasing accreditation at sites providing these services.

The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
G6013	**Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev**	CMS-Other - Utilization over 20,000 Part2	September 2023	ACRO, ASTRO	Sep 2024

Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than $200 million over the next five years while improving quality through increasing accreditation at sites providing these services.

The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
G6014	**Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater**	CMS-Other - Utilization over 20,000 Part1	October 2019	ACRO, ASTRO	Sep 2024

Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than $200 million over the next five years while improving quality through increasing accreditation at sites providing these services.

The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
G6015	**Intensity modulated treatment delivery, single or multiple fields/arcs,via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session**	CMS-Other - Utilization over 20,000 Part2	September 2023	ACRO, ASTRO	Sep 2024

Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than $200 million over the next five years while improving quality through increasing accreditation at sites providing these services.

The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
G6016	**Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session**	CMS-Other - Utilization over 20,000 Part2	September 2023	ACRO, ASTRO	Sep 2024

Background: In October 2020, the RUC identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review in two years (Sept 2023) after the CMS issued Radiation Oncology Advance Payment Model is initiated including these codes. The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the Workgroup reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 CMS Innovation Center delayed the RO Model. ASTRO began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). The proposed approach is site-neutral and expected to save more than $200 million over the next five years while improving quality through increasing accreditation at sites providing these services. The radiation oncology community remains committed to working with CMS and Congress to implement payment reform in the form of an episode-based payment program. In the interest of rate setting and payment stability, maintaining the core components are critical. As such, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns. The Workgroup recommends that the radiation treatment delivery services (G6001-G6016, 77402, 77407, 77412, 77385, 77386, 77387 and 77014) be referred to CPT for revision.

RUC Recommendations to Develop CPT Assistant Articles - Outstanding Issues

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
0509T	**Electroretinography (ERG) with interpretation and report, pattern (PERG)**	Work Neutrality 2019	January 2024	Refer to CPT Assistant	AAO, AOA (optometry), ASRS	

Background: In October 2020, the RUC identified one code family, Electroretinography (CPT codes 92273, 92274 and 0509T) that were reviewed in April 2017, October 2017 and January 2018 and have increased more than 10% in work RVUs from what was projected. In 2015, CPT code 92275 Electroretinography with interpretation and report was identified via the CMS High Expenditure screen. In January 2016, the specialty society noted that they became aware of inappropriate use of CPT code 92275 for a less intensive version of this test for diagnosis and indications that are not clinically proven and for which less expensive and less intensive tests already exist. The utilization of CPT code 92275 was appropriately low until 2013 when it suddenly increased by 300%. CPT changes were necessary to ensure that the service for which 92275 was intended was clearly described as well as an accurate vignette and work descriptor were developed. The RUC recommended CPT code 92275 be referred to the CPT Editorial Panel. In September 2017, the CPT Editorial Panel replaced electroretinography code 92275 with two new codes to describe electroretinography full field and multi focal. A category III code was retained for pattern electroretinography. In January 2018, the RUC reviewed these services and recommended lower work RVUs for the two new codes than code 92275 that was deleted. CMS also assigned a work RVU to code 0509T. However, in reviewing the utilization assumptions and 2019e Medicare utilization, there was a 38% increase in work RVUs. Since both the source volume from deleted code 92275 and the new volume for the three new codes all have assigned RVUs and are Medicare status A, it is a like comparison between previous reporting and current reporting (unlike when category III codes are not assigned an RVU). The Workgroup requests that the specialty societies submit an action plan for January 2021 to address this issue.In January 2021, the RUC recommended that codes 92273, 92274 and 0509T be reviewed in 3 years (January 2024) to review utilization. Despite no work neutrality issues, the Workgroup still had concerns about the volume growth and the unexpected distribution among the three new codes. In January 2024, the Workgroup reviewed the action plan in which the specialty societies note that the increased claims volume is explained by expansion of the use of ffERG (CPT 92273) in disorders other than retinal dystrophies, along with a decrease in 0509T claims. Only 4% of 2021 claims for CPT 92273 were associated with diagnoses consistent with retinal dystrophies, while 31% were associated with a diagnosis of macular degeneration, 20% with optic nerve disorders, 13% with glaucoma, and 13% with diabetes. Although ffERG changes have been described in patients with these disorders, the test is not widely considered to be clinically useful in their management. Published data suggest it is still in development or used as a research tool for the study of macular degeneration, diabetic retinopathy, and glaucoma. Additionally, only two Medicare Administrator Contractors (MACs) cover electroretinography (ERG), but it depends on the diagnosis and what is being treated. Lastly, use of pattern ERG (0509T) for diagnosis and management of glaucoma has some support in the literature, but it has not been widely adopted considering the prevalence of the disease. Likewise, Medicare utilization continues to decrease. The Workgroup discussed how best to address this issue, noting that an immediate resurvey would not address the incorrect reporting of these services. The Relativity Assessment Workgroup recommends referral to CPT Assistant to create an article to address proper reporting of CPT 92273, 92274, and 0509T, accompanied by AAO and AOA educational outreach to providers. In addition, the specialty societies encourage the MACs to develop LCDs and LCAs for these services. The RAW will review after publication of the CPT Assistant article.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
27369	**Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography**	Harvard Valued - Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High Expenditure Procedural Codes2 / Different Performing Specialty from Survey4	April 2024	Refer to CPT Assistant. 0.96	AAOS, AAPA, ACS, ANA, SIR	

Background: In June 2017, the CPT Editorial deleted of injection of contrast for knee arthrography code 27370 with new code to report injection procedure for knee arthrography or enhanced CT/MRI knee arthrography. In April 2022, the Workgroup identified code 27369 with 2020 Medicare utilization over 10,000 where a service was performed by one specialty but is now performed by a different specialty. The Workgroup requested an action plans for September 2022. In September 2022, the Workgroup recommended that this service be reviewed in 2 years to allow education on miscoding take effect. In April 2024, the specialty societies recommended removing 27369 from the Different Performing Specialty from Survey screen because a few orthopaedic surgeons are driving the utilization of this service. However, the Workgroup noted that nurse practitioners are the top performers of this service and other providers may also be misreporting 27369 instead of 20610 Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance or 20611 Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting. The Workgroup recommends that the nurse practitioners and physician assistants work with AAOS, ACR and SIR to develop a CPT Assistant article on how to correctly report CPT code 27369, especially when to report 27369 versus 20610 and 20611.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
51728	**Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique**	Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part5	September 2022	Refer to CPT Assistant. 2.11	AUA, ACOG	

Background: Deleted 51772 and 51795 and added three new codes to combine the services. Revised at the February 2009 CPT Meeting. In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. 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 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 51728/51741 and 51728/51784. In September 2022, the Workgroup recommended that this issue be referred to CPT Assistant to educate providers about the coding and use of complex uroflowmetry. Some providers may believe that 51741 is part of the “pressure-flow” study of 51728 or 51729, but it is not. CPT code 51741 should only be reported if done separately from urodynamic studies, on a separate machine and only in certain circumstances or when indicated. Refer to CPT Assistant (51728/51784) to educate how EMG studies should only be used in certain circumstances.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
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**	Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part5	September 2022	Refer to CPT Assistant. 2.51	AUA, ACOG	

Background: Deleted 51772 and 51795 and added three new codes to combine the services. Revised at the February 2009 CPT Meeting. In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. 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 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 51728/51741 and 51728/51784. In September 2022, the Workgroup recommended that this issue be referred to CPT Assistant to educate providers about the coding and use of complex uroflowmetry. Some providers may believe that 51741 is part of the “pressure-flow” study of 51728 or 51729, but it is not. CPT code 51741 should only be reported if done separately from urodynamic studies, on a separate machine and only in certain circumstances or when indicated. Additionally, to refer to CPT Assistant (51728/51784) to educate how EMG studies should only be used in certain circumstances.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
51741	**Complex uroflowmetry (eg, calibrated electronic equipment)**	Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part5	September 2022	Refer to CPT Assistant. 0.17	AUA	

Background: April 2010, the RUC recommended that the PE Subcommittee reivew the direct practice expense inputs for these service at the October 2010 meeting as the technology has changed. Oct 2010 reviewed PE. In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. 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 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 51728/51741. In September 2022, the Workgroup recommended that this issue be referred to CPT Assistant to educate providers about the coding and use of complex uroflowmetry. Some providers may believe that 51741 is part of the “pressure-flow” study of 51728 or 51729, but it is not. CPT code 51741 should only be reported if done separately from urodynamic studies, on a separate machine and only in specific circumstances.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
51784	**Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique**	Codes Reported Together 75% or More-Part2 / CMS High Expenditure Procedural Codes2 / CPT Assistant Analysis 2018 / Codes Reported Together 75% or More-Part5	September 2022	Refer to CPT Assistant. 0.75.	AUA	

Background: April 2010, the RUC recommended that the PE Subcommittee reivew the direct practice expense inputs for these service at the October 2010 meeting as the technology has changed. Oct 2010 reviewed PE. In April 2022, the Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. 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 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 51728/51741. In September 2022, the Workgroup recommended that this issue be referred to CPT Assistant to educate providers about the coding and use of complex uroflowmetry. Some providers may believe that 51741 is part of the “pressure-flow” study of 51728 or 51729, but it is not. CPT code 51741 should only be reported if done separately from urodynamic studies, on a separate machine and only in specific circumstances.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
92273	**Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)**	CMS High Expenditure Procedural Codes2 / Work Neutrality 2019	January 2024	Refer to CPT Assistant. 0.80	AAO, AOA (optometry), ASRS	

Background: In October 2020, the RUC identified one code family, Electroretinography (CPT codes 92273, 92274 and 0509T) that were reviewed in April 2017, October 2017 and January 2018 and have increased more than 10% in work RVUs from what was projected. In 2015, CPT code 92275 Electroretinography with interpretation and report was identified via the CMS High Expenditure screen. In January 2016, the specialty society noted that they became aware of inappropriate use of CPT code 92275 for a less intensive version of this test for diagnosis and indications that are not clinically proven and for which less expensive and less intensive tests already exist. The utilization of CPT code 92275 was appropriately low until 2013 when it suddenly increased by 300%. CPT changes were necessary to ensure that the service for which 92275 was intended was clearly described as well as an accurate vignette and work descriptor were developed. The RUC recommended CPT code 92275 be referred to the CPT Editorial Panel. In September 2017, the CPT Editorial Panel replaced electroretinography code 92275 with two new codes to describe electroretinography full field and multi focal. A category III code was retained for pattern electroretinography. In January 2018, the RUC reviewed these services and recommended lower work RVUs for the two new codes than code 92275 that was deleted. CMS also assigned a work RVU to code 0509T. However, in reviewing the utilization assumptions and 2019e Medicare utilization, there was a 38% increase in work RVUs. Since both the source volume from deleted code 92275 and the new volume for the three new codes all have assigned RVUs and are Medicare status A, it is a like comparison between previous reporting and current reporting (unlike when category III codes are not assigned an RVU). The Workgroup requests that the specialty societies submit an action plan for January 2021 to address this issue. In January 2021, the RUC recommended that codes 92273, 92274 and 0509T be reviewed in 3 years (January 2024) to review utilization. Despite no work neutrality issues, the Workgroup still had concerns about the volume growth and the unexpected distribution among the three new codes. In January 2024, the Workgroup reviewed the action plan in which the specialty societies note that the increased claims volume is explained by expansion of the use of ffERG (CPT 92273) in disorders other than retinal dystrophies, along with a decrease in 0509T claims. Only 4% of 2021 claims for CPT 92273 were associated with diagnoses consistent with retinal dystrophies, while 31% were associated with a diagnosis of macular degeneration, 20% with optic nerve disorders, 13% with glaucoma, and 13% with diabetes. Although ffERG changes have been described in patients with these disorders, the test is not widely considered to be clinically useful in their management. Published data suggest it is still in development or used as a research tool for the study of macular degeneration, diabetic retinopathy, and glaucoma. Additionally, only two Medicare Administrator Contractors (MACs) cover electroretinography (ERG), but it depends on the diagnosis and what is being treated. Lastly, use of pattern ERG (0509T) for diagnosis and management of glaucoma has some support in the literature, but it has not been widely adopted considering the prevalence of the disease. Likewise, Medicare utilization continues to decrease. The Workgroup discussed how best to address this issue, noting that an immediate resurvey would not address the incorrect reporting of these services. The Relativity Assessment Workgroup recommends referral to CPT Assistant to create an article to address proper reporting of CPT 92273, 92274, and 0509T, accompanied by AAO and AOA educational outreach to providers. In addition, the specialty societies encourage the MACs to develop LCDs and LCAs for these services. The RAW will review after publication of the CPT Assistant article.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
92274	**Electroretinography (ERG), with interpretation and report; multifocal (mfERG)**	CMS High Expenditure Procedural Codes2 / Work Neutrality 2019	January 2024	Refer to CPT Assistant. 0.72	AAO, AOA (optometry), ASRS	

Background: In October 2020, the RUC identified one code family, Electroretinography (CPT codes 92273, 92274 and 0509T) that were reviewed in April 2017, October 2017 and January 2018 and have increased more than 10% in work RVUs from what was projected. In 2015, CPT code 92275 Electroretinography with interpretation and report was identified via the CMS High Expenditure screen. In January 2016, the specialty society noted that they became aware of inappropriate use of CPT code 92275 for a less intensive version of this test for diagnosis and indications that are not clinically proven and for which less expensive and less intensive tests already exist. The utilization of CPT code 92275 was appropriately low until 2013 when it suddenly increased by 300%. CPT changes were necessary to ensure that the service for which 92275 was intended was clearly described as well as an accurate vignette and work descriptor were developed. The RUC recommended CPT code 92275 be referred to the CPT Editorial Panel. In September 2017, the CPT Editorial Panel replaced electroretinography code 92275 with two new codes to describe electroretinography full field and multi focal. A category III code was retained for pattern electroretinography. In January 2018, the RUC reviewed these services and recommended lower work RVUs for the two new codes than code 92275 that was deleted. CMS also assigned a work RVU to code 0509T. However, in reviewing the utilization assumptions and 2019e Medicare utilization, there was a 38% increase in work RVUs. Since both the source volume from deleted code 92275 and the new volume for the three new codes all have assigned RVUs and are Medicare status A, it is a like comparison between previous reporting and current reporting (unlike when category III codes are not assigned an RVU). The Workgroup requests that the specialty societies submit an action plan for January 2021 to address this issue. In January 2021, the RUC recommended that codes 92273, 92274 and 0509T be reviewed in 3 years (January 2024) to review utilization. Despite no work neutrality issues, the Workgroup still had concerns about the volume growth and the unexpected distribution among the three new codes. In January 2024, the Workgroup reviewed the action plan in which the specialty societies note that the increased claims volume is explained by expansion of the use of ffERG (CPT 92273) in disorders other than retinal dystrophies, along with a decrease in 0509T claims. Only 4% of 2021 claims for CPT 92273 were associated with diagnoses consistent with retinal dystrophies, while 31% were associated with a diagnosis of macular degeneration, 20% with optic nerve disorders, 13% with glaucoma, and 13% with diabetes. Although ffERG changes have been described in patients with these disorders, the test is not widely considered to be clinically useful in their management. Published data suggest it is still in development or used as a research tool for the study of macular degeneration, diabetic retinopathy, and glaucoma. Additionally, only two Medicare Administrator Contractors (MACs) cover electroretinography (ERG), but it depends on the diagnosis and what is being treated. Lastly, use of pattern ERG (0509T) for diagnosis and management of glaucoma has some support in the literature, but it has not been widely adopted considering the prevalence of the disease. Likewise, Medicare utilization continues to decrease. The Workgroup discussed how best to address this issue, noting that an immediate resurvey would not address the incorrect reporting of these services. The Relativity Assessment Workgroup recommends referral to CPT Assistant to create an article to address proper reporting of CPT 92273, 92274, and 0509T, accompanied by AAO and AOA educational outreach to providers. In addition, the specialty societies encourage the MACs to develop LCDs and LCAs for these services. The RAW will review after publication of the CPT Assistant article.

Physician Time from RUC Meeting:
April 2024 (CPT 2026)

CPT Code	Pre-Service Time Package	Pre-Service Evaluation	Pre-Service Positioning	Pre-Service Scrub Dress & Wait	Intra-Service	Post-Service Time Package	Immediate Post Service	99211	99212	99213	99214	99215	99231	99232	99233	99238	99239	99291	99292	Total Time
33340	4-FAC Difficult Patient/Difficult Procedure	47	3	15	70	9B General Anes or Complex Regional Blk/Cmplx Proc	30													165
61624	4-FAC Difficult Patient/Difficult Procedure	40	8	15	150	9B General Anes or Complex Regional Blk/Cmplx Proc	33													246
61626	4-FAC Difficult Patient/Difficult Procedure	40	8	15	120	9B General Anes or Complex Regional Blk/Cmplx Proc	30													213
75894	XXX Global Code	20			60	XXX Global Code	20													100
75898	XXX Global Code	15			45	XXX Global Code	17													77
92284	XXX Global Code	1			7	XXX Global Code	1													9
92920	2-FAC Diff Pat/Straightfor Proc(no sedation/anes)	35	3	10	48	8B IV Sedation/Complex Procedure	27													123
92924	2-FAC Diff Pat/Straightfor Proc(no sedation/anes)	35	3	10	60	8B IV Sedation/Complex Procedure	30													138
92928	2-FAC Diff Pat/Straightfor Proc(no sedation/anes)	35	3	10	60	8B IV Sedation/Complex Procedure	28													136
92933	2-FAC Diff Pat/Straightfor Proc(no sedation/anes)	35	3	10	75	8B IV Sedation/Complex Procedure	30													153
92937	2-FAC Diff Pat/Straightfor Proc(no sedation/anes)	35	3	10	65	8B IV Sedation/Complex Procedure	30													143
92941	2-FAC Diff Pat/Straightfor Proc(no sedation/anes)	22	3	10	65	8B IV Sedation/Complex Procedure	30													130
92943	2-FAC Diff Pat/Straightfor Proc(no sedation/anes)	35	3	10	120	8B IV Sedation/Complex Procedure	30													198
92972	ZZZ Global Code				30	ZZZ Global Code														30
92973	ZZZ Global Code				20	ZZZ Global Code														20
93571	ZZZ Global Code				20	ZZZ Global Code														20
93572	ZZZ Global Code				16	ZZZ Global Code														16
96380	XXX Global Code				8	XXX Global Code														8
96381	XXX Global Code				3	XXX Global Code														3
92288	XXX Global Code	1			3	XXX Global Code	1													5
92930	2-FAC Diff Pat/Straightfor Proc(no sedation/anes)	35	3	10	75	8B IV Sedation/Complex Procedure	29													152
92945	2-FAC Diff Pat/Straightfor Proc(no sedation/anes)	35	3	10	130	8B IV Sedation/Complex Procedure	30													208

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

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**
Total Post-Service Time	**18**	**21**	**25**	**28**	**30**	**33**
Details:						
Application of Dressing[1]	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

1 This represents a simple dressing

CPT	RUC Recommended PLI Crosswalk
33340	33340
61624	61624
61626	61626
75894	37197
75898	37197
92284	92284
92920	92920
92924	92924
92928	92928
92933	92933
92937	92933
92941	92941
92943	92943
92972	92972
92973	92973
93571	93571
93572	93572
96380	90460
96381	90471
92288	92284
92930	92928
92945	92943

CPT Code	RBCS_ID (exluding 6th digit major/minor procedure indicator)	RBCS_Cat	RBCS_Cat_Desc	RBCS_Cat_Subcat	RBCS_SubCat_Desc	RBCS_FamNumb	RBCS_Family_Desc
33340	PPC2	P	Procedure	PC	Cardiovascular	2	Percutaneous Transcatheterization
36514	PPH0	P	Procedure	PH	Hematology	0	No RBCS Family
36516	PPH0	P	Procedure	PH	Hematology	0	No RBCS Family
61624	PPV48	P	Procedure	PV	Vascular	48	Vascular Embolization
61626	PPV48	P	Procedure	PV	Vascular	48	Vascular Embolization
75894	IIX0	I	Imaging	IX	Imaging - Miscellaneous	0	No RBCS Family
75898	IIX0	I	Imaging	IX	Imaging - Miscellaneous	0	No RBCS Family
92284	TTX0	T	Test	TX	Test - Miscellaneous	0	No RBCS Family
92920	PPC31	P	Procedure	PC	Cardiovascular	31	Percutaneous Coronary Artery Angioplasty and Stenting
92924	PPC31	P	Procedure	PC	Cardiovascular	31	Percutaneous Coronary Artery Angioplasty and Stenting
92928	PPC31	P	Procedure	PC	Cardiovascular	31	Percutaneous Coronary Artery Angioplasty and Stenting
92933	PPC31	P	Procedure	PC	Cardiovascular	31	Percutaneous Coronary Artery Angioplasty and Stenting
92937	PPC31	P	Procedure	PC	Cardiovascular	31	Percutaneous Coronary Artery Angioplasty and Stenting
92941	PPC31	P	Procedure	PC	Cardiovascular	31	Percutaneous Coronary Artery Angioplasty and Stenting
92943	PPC31	P	Procedure	PC	Cardiovascular	31	Percutaneous Coronary Artery Angioplasty and Stenting
92972	PPC31	P	Procedure	PC	Cardiovascular	31	Percutaneous Coronary Artery Angioplasty and Stenting
92973	PPC31	P	Procedure	PC	Cardiovascular	31	Percutaneous Coronary Artery Angioplasty and Stenting
93571	PPC31	P	Procedure	PC	Cardiovascular	31	Percutaneous Coronary Artery Angioplasty and Stenting
93572	PPC31	P	Procedure	PC	Cardiovascular	31	Percutaneous Coronary Artery Angioplasty and Stenting
96380	RRI4	R	Treatment	RI	Injections and infusions (nononcologic)	4	Injection - Monoclonal Antibodies
96381	RRI4	R	Treatment	RI	Injections and infusions (nononcologic)	4	Injection - Monoclonal Antibodies
92288	TTX0	T	Test	TX	Test - Miscellaneous	0	No RBCS Family
92930	PPC31	P	Procedure	PC	Cardiovascular	31	Percutaneous Coronary Artery Angioplasty and Stenting
92945	PPC31	P	Procedure	PC	Cardiovascular	31	Percutaneous Coronary Artery Angioplasty and Stenting
92628	OOC0	O	Other	OC	Vision, Hearing & Speech Services	0	No RBCS Family
92629	OOC0	O	Other	OC	Vision, Hearing & Speech Services	0	No RBCS Family
92631	OOC0	O	Other	OC	Vision, Hearing & Speech Services	0	No RBCS Family
92632	OOC0	O	Other	OC	Vision, Hearing & Speech Services	0	No RBCS Family
92634	OOC0	O	Other	OC	Vision, Hearing & Speech Services	0	No RBCS Family
92635	OOC0	O	Other	OC	Vision, Hearing & Speech Services	0	No RBCS Family
92636	OOC0	O	Other	OC	Vision, Hearing & Speech Services	0	No RBCS Family
92637	OOC0	O	Other	OC	Vision, Hearing & Speech Services	0	No RBCS Family
92638	OOC0	O	Other	OC	Vision, Hearing & Speech Services	0	No RBCS Family
92639	OOC0	O	Other	OC	Vision, Hearing & Speech Services	0	No RBCS Family
92641	OOC0	O	Other	OC	Vision, Hearing & Speech Services	0	No RBCS Family
92642	OOC0	O	Other	OC	Vision, Hearing & Speech Services	0	No RBCS Family

CPT Source	Deleted	Source 2022 Utilization	New/ Revised Code	New/Revised Code Utilization (reference 2022)	Percent	Source RVU	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs
61624		10,270	61624	10,270	1.000	20.12	20.00	04 Endovascular Therapy with Imaging	205,400	206,632
61626		1,347	61626	1,347	1.000	16.60	15.31	04 Endovascular Therapy with Imaging	20,623	22,360
75894		10,938	75894	1,345	0.123	1.31	2.25	04 Endovascular Therapy with Imaging	3,027	1,762
75894		10,938	savings (bundled)	9,593	0.877	1.31	0.00	04 Endovascular Therapy with Imaging	0	12,566
75898		14,757	75898	2,582	0.175	1.65	1.85	04 Endovascular Therapy with Imaging	4,778	4,261
75898		14,757	savings (bundled)	12,175	0.825	1.65	0.00	04 Endovascular Therapy with Imaging	0	20,088
92284		39,431	92284	35,488	0.900	0.00	0.32	05 Dark Adaptation Diagnostic and Screening Service	11,356	0
92284		39,431	92288	3,943	0.100	0.00	0.17	05 Dark Adaptation Diagnostic and Screening Service	670	0
92920		19,059	92920	19,059	1.000	9.85	8.35	06 Coronary Therapeutic Services and Procedures	159,143	187,731
92921	D	0	Savings	0	1.000	0.00	0.00	06 Coronary Therapeutic Services and Procedures	0	0
92924		1,613	92924	1,613	1.000	11.74	10.13	06 Coronary Therapeutic Services and Procedures	16,340	18,937
92925	D	0	Savings	0	1.000	0.00	0.00	06 Coronary Therapeutic Services and Procedures	0	0
92928		192,605	92928	140,602	0.730	10.96	10.00	06 Coronary Therapeutic Services and Procedures	1,406,017	1,540,994
92928		192,605	92930	52,003	0.270	10.96	12.00	06 Coronary Therapeutic Services and Procedures	624,040	569,957
92929	D	0	Savings	0	1.000	0.00	0.00	06 Coronary Therapeutic Services and Procedures	0	0
92933		14,719	92933	14,719	1.000	12.29	11.94	06 Coronary Therapeutic Services and Procedures	175,745	180,897
92934	D	0	Savings	0	1.000	0.00	0.00	06 Coronary Therapeutic Services and Procedures	0	0
92937		12,338	92937	12,338	1.000	10.95	11.30	06 Coronary Therapeutic Services and Procedures	139,419	135,101
92938	D	0	Savings	0	1.000	0.00	0.00	06 Coronary Therapeutic Services and Procedures	0	0
92941		30,763	92941	30,763	1.000	12.31	12.72	06 Coronary Therapeutic Services and Procedures	391,305	378,693
92943		7,473	92943	5,605	0.750	12.31	13.69	06 Coronary Therapeutic Services and Procedures	76,729	68,994
92943		7,473	92945	1,868	0.250	12.31	15.00	06 Coronary Therapeutic Services and Procedures	28,024	22,998
92944	D	0	Savings	0	1.000	0.00	0.00	06 Coronary Therapeutic Services and Procedures	0	0
92972		0	92972	0	1.000	2.97	2.97	06 Coronary Therapeutic Services and Procedures	0	0
92973		2,130	92973	2,130	1.000	3.28	1.75	06 Coronary Therapeutic Services and Procedures	3,728	6,986
93571		62,078	93571	62,078	1.000	1.38	1.80	06 Coronary Therapeutic Services and Procedures	111,740	85,668
93572		11,878	93572	11,878	1.000	1.00	1.44	06 Coronary Therapeutic Services and Procedures	17,104	11,878
92975	D	42	93799	42	1.000	6.99	0.00	06 Coronary Therapeutic Services and Procedures	0	294
92977	D	3	93799	3	1.000	0.00	0.00	06 Coronary Therapeutic Services and Procedures	0	0
93799		775	93799	775	1.000	0.00	0.00	06 Coronary Therapeutic Services and Procedures	0	0
33340		39,210	33340	39,210	1.000	14.00	10.25	08 Closure Left Atrial Appendage with Endocardial Im	401,903	548,940
92590	D	0	92628	0	1.000	0.00	0.00	14 Hearing Device Services	0	0
92591	D	0	92629	0	1.000	0.00	0.00	14 Hearing Device Services	0	0
92590	D	0	92631	0	1.000	0.00	0.00	14 Hearing Device Services	0	0
92591	D	0	92632	0	1.000	0.00	0.00	14 Hearing Device Services	0	0
92592	D	0	92634	0	1.000	0.00	0.00	14 Hearing Device Services	0	0
92593	D	0	92635	0	1.000	0.00	0.00	14 Hearing Device Services	0	0
92592	D	0	92636	0	1.000	0.00	0.00	14 Hearing Device Services	0	0
92593	D	0	92637	0	1.000	0.00	0.00	14 Hearing Device Services	0	0
92494	D	0	92638	0	1.000	0.00	0.00	14 Hearing Device Services	0	0
92594	D	0	92639	0	1.000	0.00	0.00	14 Hearing Device Services	0	0
92595	D	0	92641	0	1.000	0.00	0.00	14 Hearing Device Services	0	0

CPT Source	Deleted	Source 2022 Utilization	New/ Revised Code	New/Revised Code Utilization (reference 2022)	Percent	Source RVU	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs
92594	D	0	92642	0	1.000	0.00	0.00	14 Hearing Device Services	0	0
15819	D	3	Savings	3	1.000	10.65	0.00	CPT 2025 Code Set Maintenance (Low Volume CPT Codes Deleted for CPT 2025)	0	32
21632	D	0	Savings	0	1.000	19.68	0.00	CPT 2025 Code Set Maintenance (Low Volume CPT Codes Deleted for CPT 2025)	0	0
33471	D	0	Savings	0	1.000	22.96	0.00	CPT 2025 Code Set Maintenance (Low Volume CPT Codes Deleted for CPT 2025)	0	0
33737	D	0	Savings	0	1.000	22.47	0.00	CPT 2025 Code Set Maintenance (Low Volume CPT Codes Deleted for CPT 2025)	0	0
33813	D	0	Savings	0	1.000	21.36	0.00	CPT 2025 Code Set Maintenance (Low Volume CPT Codes Deleted for CPT 2025)	0	0
47802	D	0	Savings	0	1.000	24.93	0.00	CPT 2025 Code Set Maintenance (Low Volume CPT Codes Deleted for CPT 2025)	0	0
50135	D	5	Savings	5	1.000	20.59	0.00	CPT 2025 Code Set Maintenance (Low Volume CPT Codes Deleted for CPT 2025)	0	103
51030	D	2	Savings	2	1.000	7.81	0.00	CPT 2025 Code Set Maintenance (Low Volume CPT Codes Deleted for CPT 2025)	0	16
54438	D	0	Savings	0	1.000	24.50	0.00	CPT 2025 Code Set Maintenance (Low Volume CPT Codes Deleted for CPT 2025)	0	0
86327	D	6	Savings	6	1.000	0.42	0.00	CPT 2025 Code Set Maintenance (Low Volume CPT Codes Deleted for CPT 2025)	0	3
86490	D	0	Savings	0	1.000	0.00	0.00	CPT 2025 Code Set Maintenance (Low Volume CPT Codes Deleted for CPT 2025)	0	0
88388	D	2	Savings	2	1.000	0.45	0.00	CPT 2025 Code Set Maintenance (Low Volume CPT Codes Deleted for CPT 2025)	0	1
96003	D	1	Savings	1	1.000	0.37	0.00	CPT 2025 Code Set Maintenance (Low Volume CPT Codes Deleted for CPT 2025)	0	0

CPT Source	Deleted	Source 2022 Utilization	New/ Revised Code	New/Revised Code Utilization (reference 2022)	Percent	Source RVU	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs
93656	E	67,640	93656	67,640	1.000	17.00	17.00	May 2024 CPT Meeting: Ablation of Atrial Fibrillation (CPT 2025)	1,149,880	1,149,880
27278	E	0	27278	0	1.000	7.86	7.86	May 2024 CPT Meeting: CPT Assistant Editorial Board Report (Tab EC-E) CPT 2025	0	0
27279	E	7,567	27279	7,567	1.000	12.13	12.13	May 2024 CPT Meeting: CPT Assistant Editorial Board Report (Tab EC-E) CPT 2025	91,788	91,788
									5,038,758	5,267,559

Total Source RVUs	5,267,559
Total New/Revised RVUs	5,038,758
RVU Difference	228,802
CF	33.2875
CF Redistribution	**7,616,241**

New Technology/New Services List

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0001A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; first dose	Dec 2020	Pfizer-SARS-CoV-2-IA		CPT 2020	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0002A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; second dose	Dec 2020	Pfizer-SARS-CoV-2-IA		CPT 2020	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0003A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; third dose	Aug 2021	Pfizer-SARS-CoV-2-IA		CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0004A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; booster dose	Oct 2021	Pfizer-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0011A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 100 mcg/0.5 ml dosage; first dose	Dec 2020	Moderna-SARS-CoV-2-IA		CPT 2020	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0012A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 100 mcg/0.5 ml dosage; second dose	Dec 2020	Moderna-SARS-CoV-2-IA		CPT 2020	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0013A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 100 mcg/0.5 ml dosage; third dose	Aug 2021	Moderna-SARS-CoV-2-IA		CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0021A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, dna, spike protein, chimpanzee adenovirus oxford 1 (chadox1) vector, preservative free, 5x1010 viral particles/0.5 ml dosage; first dose	Jan 2021	AstraZeneca-SARS-CoV-2-IA	34	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0022A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, dna, spike protein, chimpanzee adenovirus oxford 1 (chadox1) vector, preservative free, 5x1010 viral particles/0.5 ml dosage; second dose	Jan 2021	AstraZeneca-SARS-CoV-2-IA	34	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0031A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, dna, spike protein, adenovirus type 26 (ad26) vector, preservative free, 5x1010 viral particles/0.5 ml dosage; single dose	Jan 2021	Janssen-SARS-CoV-2-IA	34	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0041A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 ml dosage; first dose	Apr 2021	Novavax-SARS-CoV-2-IA	27	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0042A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 ml dosage; second dose	Apr 2021	Novavax-SARS-CoV-2-IA	27	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0044A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage; booster dose	Dec 2022	Novavax, Moderna Pfizer COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0051A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, tris-sucrose formulation; first dose	Oct 2021	Pfizer Tris-Sucrose-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0052A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, tris-sucrose formulation; second dose	Oct 2021	Pfizer Tris-Sucrose-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0053A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, tris-sucrose formulation; third dose	Oct 2021	Pfizer Tris-Sucrose-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0054A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, tris-sucrose formulation; booster dose	Oct 2021	Pfizer Tris-Sucrose-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0064A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 50 mcg/0.25 ml dosage, booster dose	Oct 2021	Moderna Booster-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0071A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 10 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; first dose	Oct 2021	Pfizer Tris-Sucrose-Age5-11-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0072A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 10 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; second dose	Oct 2021	Pfizer Tris-Sucrose-Age5-11-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0073A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 10 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; third dose	Feb 2022	Pfizer (5-11) and (6 mos-5 yrs) COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0074A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 10 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; booster dose	Jun 2022	Pfizer-BioNTech Tris-Sucrose Age 5-11, Booster	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0081A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 3 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; first dose	Feb 2022	Pfizer (5-11) and (6 mos-5 yrs) COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0082A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 3 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; second dose	Feb 2022	Pfizer (5-11) and (6 mos-5 yrs) COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0083A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 3 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; third dose	July 2022	Pfizer and Moderna Pediatric COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0091A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; first dose, when administered to individuals 6 through 11 years	July 2022	Pfizer and Moderna Pediatric COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0092A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; second dose, when administered to individuals 6 through 11 years	July 2022	Pfizer and Moderna Pediatric COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0093A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; third dose, when administered to individuals 6 through 11 years	July 2022	Pfizer and Moderna Pediatric COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0094A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 50 mcg/0.5 ml dosage, booster dose	Mar 2022	Moderna Booster-SARS-CoV-2-IA- Full Dose	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0104A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 ml dosage, adjuvant as03 emulsion, booster dose	Jun 2022	Sanofi-GSK, Booster	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0111A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 25 mcg/0.25 ml dosage; first dose	Jun 2022	Moderna Age 6 months-5 years	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0112A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 25 mcg/0.25 ml dosage; second dose	Jun 2022	Moderna Age 6 months-5 years	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0113A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; third dose	July 2022	Pfizer and Moderna Pediatric COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0124A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, booster dose	Sep 2022	Pfizer and Moderna Bivalent Boosters	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0134A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, booster dose	Sep 2022	Pfizer and Moderna Bivalent Boosters	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0144A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRN-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, booster dose	Sep 2022	Pfizer and Moderna Bivalent Boosters	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0154A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, booster dose	Sep 2022	Pfizer and Moderna Bivalent Boosters	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0164A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, booster dose	Dec 2022	Novavax, Moderna Pfizer COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0173A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, third dose	Dec 2022	Novavax, Moderna Pfizer COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
10011	Fine needle aspiration biopsy, including mr guidance; first lesion	Jan 2018	Fine Needle Aspiration	04	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑
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.	☑
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15XX1		Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15XX1-15XX8 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15XX2		Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15XX1-15XX8 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15XX3		Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15XX1-15XX8 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15XX4		Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15XX1-15XX8 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15XX5		Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15XX1-15XX8 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15XX6		Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15XX1-15XX8 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15XX7		Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15XX1-15XX8 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15XX8		Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15XX1-15XX8 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	☑
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	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	Jan 2019	Trigger Point Dry Needling	41	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
20561	Needle insertion(s) without injection(s); 3 or more muscles	Jan 2019	Trigger Point Dry Needling	41	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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	☑
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	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that the technology was well established when these codes were created and the utilization is lower than was expected.	☑
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	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that the technology was well established when these codes were created and the utilization is lower than was expected.	☑
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	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that the technology was well established when these codes were created and the utilization is lower than was expected.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that the technology was well established when these codes were created and the utilization is lower than was expected.	☑
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	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that the technology was well established when these codes were created and the utilization is lower than was expected.	☑
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	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that the technology was well established when these codes were created and the utilization is lower than was expected.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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	☑
20986	Code Deleted CPT 2009	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	☑
20987	Code Deleted CPT 2009	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	☑
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	Jan 2023	Vertebral Body Tethering	05	CPT 2024	April 2028		☐
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	Jan 2023	Vertebral Body Tethering	05	CPT 2024	April 2028		☐
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	Jan 2023	Vertebral Body Tethering	05	CPT 2024	April 2028		☐
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy 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 osteophytectomy 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.	☑
22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)	Apr 2022	Total Disc Arthroplasty	04	CPT 2024	April 2028		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	☑
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	☑
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	☑
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	☑
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
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	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
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		Survey April 2021. Maintained.	☑
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		Survey April 2021. Maintained.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
27278	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device	Jan 2023	Dorsal Sacroiliac Joint Arthrodesis	04	CPT 2024	April 2028		☐
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	☑
27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	Sep 2014	Sacroiliac Joint Fusion	06	CPT 2016	October 2019	Remove form list, was only identified with 27279 and that code has been resurveyed April 2018.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
29584	Application of multi-layer compression system; upper arm, forearm, hand, and fingers	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	January 2022	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 (2022). In January 2022, the Workgroup reviewed CPT code 29584 and agreed with the specialty society that the volume of this service is low and continues to decrease. The Workgroup recommends that CPT code 29584 be maintained and removed from the CPT Assistant Analysis screen and New Technology list.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve	Jan 2023	Posterior Nasal Nerve Ablation	07	CPT 2024	April 2028		☐
31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve	Jan 2023	Posterior Nasal Nerve Ablation	07	CPT 2024	April 2028		☐
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.	☑
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).	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑
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.	☑
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	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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	☑
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	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	☑
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	☑
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	☑
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	☑
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	☑
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	☑
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	☑
33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	Oct 2020	Exclusion of Left Atrial Appendage	05	CPT 2022	April 2026		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33268	Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (list separately in addition to code for primary procedure)	Oct 2020	Exclusion of Left Atrial Appendage	05	CPT 2022	April 2026		☐
33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	Oct 2020	Exclusion of Left Atrial Appendage	05	CPT 2022	April 2026		☐
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	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33271	Insertion of subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33272	Removal of subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐
33278	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s)	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33279	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐
33280	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33281	Repositioning of phrenic nerve stimulator transvenous lead(s)	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	Apr 2017	Cardiac Event Recorder Procedures	07	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33286	Removal, subcutaneous cardiac rhythm monitor	Apr 2017	Cardiac Event Recorder Procedures	07	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33287	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐
33288	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s)	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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	April 2024	Review in two years (April 2023); new FDA indication recently released, suggesting this service is still changing. The RAW reviewed in April 2023 and indicated the specialties should survey in April 2024, to allow for the technology to stabilize a bit more prior to survey.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33361	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; percutaneous femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2025	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. In April 2024, the Workgroup indicated to Review an update from the specialty societies in 1 year (April 2025). The specialty societies indicated a couple changes: 1) The patient population has changed and is/will be performed on not just the sickest patients but will be available to more candidates and these services may be used to treat aortic regurgitation. 2) The services are changing and co-surgery may not necessarily be necessary in the future. The specialties may pursue a request for CMS to removal of the National Coverage Determination (NCD) regarding co-surgeons for these services. 3) Coding changes may be necessary to keep the highest performed	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							service 33361 for the percutaneous femoral artery approach and delete some of the very low utilized codes and create one code for all other approaches.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33362	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2025	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. In April 2024, the Workgroup indicated to Review an update from the specialty societies in 1 year (April 2025). The specialty societies indicated a couple changes: 1) The patient population has changed and is/will be performed on not just the sickest patients but will be available to more candidates and these services may be used to treat aortic regurgitation. 2) The services are changing and co-surgery may not necessarily be necessary in the future. The specialties may pursue a request for CMS to removal of the National Coverage Determination (NCD) regarding co-surgeons for these services. 3) Coding changes may be necessary to keep the highest performed	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							service 33361 for the percutaneous femoral artery approach and delete some of the very low utilized codes and create one code for all other approaches.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33363	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open axillary artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2025	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. In April 2024, the Workgroup indicated to Review an update from the specialty societies in 1 year (April 2025). The specialty societies indicated a couple changes: 1) The patient population has changed and is/will be performed on not just the sickest patients but will be available to more candidates and these services may be used to treat aortic regurgitation. 2) The services are changing and co-surgery may not necessarily be necessary in the future. The specialties may pursue a request for CMS to removal of the National Coverage Determination (NCD) regarding co-surgeons for these services. 3) Coding changes may be necessary to keep the highest performed	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							service 33361 for the percutaneous femoral artery approach and delete some of the very low utilized codes and create one code for all other approaches.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33364	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open iliac artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2025	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. In April 2024, the Workgroup indicated to Review an update from the specialty societies in 1 year (April 2025). The specialty societies indicated a couple changes: 1) The patient population has changed and is/will be performed on not just the sickest patients but will be available to more candidates and these services may be used to treat aortic regurgitation. 2) The services are changing and co-surgery may not necessarily be necessary in the future. The specialties may pursue a request for CMS to removal of the National Coverage Determination (NCD) regarding co-surgeons for these services. 3) Coding changes may be necessary to keep the highest performed	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							service 33361 for the percutaneous femoral artery approach and delete some of the very low utilized codes and create one code for all other approaches.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	April 2025	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. In April 2024, the Workgroup indicated to Review an update from the specialty societies in 1 year (April 2025). The specialty societies indicated a couple changes: 1) The patient population has changed and is/will be performed on not just the sickest patients but will be available to more candidates and these services may be used to treat aortic regurgitation. 2) The services are changing and co-surgery may not necessarily be necessary in the future. The specialties may pursue a request for CMS to removal of the National Coverage Determination (NCD) regarding co-surgeons for these services. 3) Coding changes may be necessary to keep the highest performed	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							service 33361 for the percutaneous femoral artery approach and delete some of the very low utilized codes and create one code for all other approaches.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33366	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transapical exposure (eg, left thoracotomy)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2025	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. In April 2024, the Workgroup indicated to Review an update from the specialty societies in 1 year (April 2025). The specialty societies indicated a couple changes: 1) The patient population has changed and is/will be performed on not just the sickest patients but will be available to more candidates and these services may be used to treat aortic regurgitation. 2) The services are changing and co-surgery may not necessarily be necessary in the future. The specialties may pursue a request for CMS to removal of the National Coverage Determination (NCD) regarding co-surgeons for these services. 3) Coding changes may be necessary to keep the highest performed	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							service 33361 for the percutaneous femoral artery approach and delete some of the very low utilized codes and create one code for all other approaches.	
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
33370	Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including arterial access, catheterization, imaging, and radiological supervision and interpretation, percutaneous (list separately in addition to code for primary procedure)	Jan 2021	Percutaneous Cerebral Embolic Protection	07	CPT 2022	April 2026		☐
33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (konno procedure)	Jan 2018	Aortoventriculoplasty with Pulmonary Autograft	05	CPT 2019	April 2023	In the NPRM for 2019 CMS requested that codes 33412 and 33413 should be reviewed when the new code is reviewed for new technology. Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	April 2023	In the NPRM for 2019 CMS requested that codes 33412 and 33413 should be reviewed when the new code is reviewed for new technology. Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, the Workgroup noted that these services are still evolving and should be reviewed in 3 years (April 2025).	☐
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	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, the Workgroup noted that these services are still evolving and should be reviewed in 3 years (April 2025).	☐
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	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	April 2023	Review in 3 years (April 2023); pediatric procedure with some CMS utilization. Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33509	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, endoscopic	Jan 2021	Harvest of Upper Extremity Artery, Endoscopic and Open	09	CPT 2022	April 2026		☐
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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	☑
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)	Oct 2018	Aortic Graft Procedures	06	CPT 2020	April 2025	The whole family of services should be reviewed in 3 years when reviewing the utilization data. (CPT codes 33858, 33859, 33863 and 33864).	☐
33900	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, unilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		☐
33901	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		☐
33902	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, unilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		☐
33903	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33904	Percutaneous pulmonary artery revascularization by stent placement, each additional vessel or separate lesion, normal or abnormal connections (list separately in addition to code for primary procedure)	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		☐
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Jan 2017	Artifical Heart System Procedure	09	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33928	Removal and replacement of total replacement heart system (artificial heart)	Jan 2017	Artifical Heart System Procedure	09	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (list separately in addition to code for primary procedure)	Jan 2017	Artifical Heart System Procedure	09	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	Oct 2019	Percutaneous Ventricular Assist Device Insertion	05	CPT 2021	April 2025		☐
33997	Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion	Oct 2019	Percutaneous Ventricular Assist Device Insertion	05	CPT 2021	April 2025		☐
34806	Code Deleted CPT 2008	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
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	April 2025	In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	☐
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	April 2025	In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	April 2025	Review in January 2022 with the other codes in this family identified via the 2022 new technology/new services screen (36475-36479). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	☐
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	April 2025	Review in January 2022 with the other codes in this family identified via the 2022 new technology/new services screen (36475-36479). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	☐
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	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	☐
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	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	☐
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	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	☐
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	April 2025	In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	April 2025	In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	☐
36836	Percutaneous arteriovenous fistula creation, upper extremity, single access of both the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation	Jan 2022	Percutaneous Arteriovenous Fistula Creation	06	CPT 2023	April 2027		☐
36837	Percutaneous arteriovenous fistula creation, upper extremity, separate access sites of the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation	Jan 2022	Percutaneous Arteriovenous Fistula Creation	06	CPT 2023	April 2027		☐
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
38220	Diagnostic bone marrow; aspiration(s)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
38221	Diagnostic bone marrow; biopsy(ies)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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.	☑
3X018		Sep 2023	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	05	CPT 2025	April 2029		☐
3X019		Sep 2023	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	05	CPT 2025	April 2029		☐
3X020		Sep 2023	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	05	CPT 2025	April 2029		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
3X021		Sep 2023	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	05	CPT 2025	April 2029		☐
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.	☑
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.	☑
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-Pancreatoscopy	13	CPT 2009	September 2012	Specialty to survey Feb 2013 with family of services	☑
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	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	April 2024	Review in 3 years (April 2024). The initial RUC survey was insufficient in number of respondents and RUC recommended re-surveying when volume is sufficient. Even though the typical patient is below Medicare age, society believes volumes remain low. Utilization of the removal code 43285 is higher than expected suggesting the services may be reported inappropriately. In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
43285	Removal of esophageal sphincter augmentation device	Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	April 2024	Review in 3 years (April 2024). The initial RUC survey was insufficient in number of respondents and RUC recommended re-surveying when volume is sufficient. Even though the typical patient is below Medicare age, society believes volumes remain low. Utilization of the removal code 43285 is higher than expected suggesting the services may be reported inappropriately. In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	Apr 2021	Endoscopic Bariatric Device Procedures	08	CPT 2023	April 2027		☐
43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	Apr 2021	Endoscopic Bariatric Device Procedures	08	CPT 2023	April 2027		☐
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [poem])	Oct 2020	Per-Oral Endoscopic Myotomy (POEM)	07	CPT 2022	April 2026		☐
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	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	☑
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.	☑
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	☑
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	☑
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 Octobre 2018, the RUC recommended to remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	April 2022	In October 2018, RUC recommended to review again after 3 more years of data and to determine what specialties are performing this service (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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	April 2022	In October 2018, RUC recommended to review again after 3 more years of data and to determine what specialties are performing this service (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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.	☑
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	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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	☑
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑
52284	Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed	Jan 2023	Cystourethroscopy with Urethral Therapeutic Drug Delivery	08	CPT 2024	April 2028		☐
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	☑
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	☑
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	Jan 2018	Transurethral Destruction of Prostate Tissue	13	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑
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.	☑
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	April 2022	In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (hifu), including ultrasound guidance	Oct 2019	Transrectal High Intesity Focused US Prostate Ablation	06	CPT 2021	April 2025		☐
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	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
57465	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (list separately in addition to code for primary procedure)	Jan 2020	Computer-Aided Mapping of Cervix Uteri	14	CPT 2021	April 2025		☐
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
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	☑
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
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	☑
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	☑
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	☑
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	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	☑
58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	Jan 2023	Transcervical RF Ablation of Uterine Fibroids	09	CPT 2024	April 2028		☐
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	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
5X006		Sep 2023	MRI-Monitored Transurethral Ultrasound Ablation of Prostate	07	CPT 2025	April 2029		☐
5X007		Sep 2023	MRI-Monitored Transurethral Ultrasound Ablation of Prostate	07	CPT 2025	April 2029		☐
5X008		Sep 2023	MRI-Monitored Transurethral Ultrasound Ablation of Prostate	07	CPT 2025	April 2029		☐
5XX05		Jan 2024	Bladder Neck and Prostate Procedures	05	CPT 2025	April 2029	CPT codes 5XX05 and 5XX06 will be placed on the New Technology list to be reviewed in three years to ensure correct valuation, patient population, and utilization assumptions.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
5XX06		Jan 2024	Bladder Neck and Prostate Procedures	05	CPT 2025	April 2029	CPT codes 5XX05 and 5XX06 will be placed on the New Technology list to be reviewed in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
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.	☑
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.	☑
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.	☑
61736	Laser interstitial thermal therapy (litt) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	Jan 2021	Intracranial Laser Interstitial Thermal Therapy (LITT)	12	CPT 2022	April 2026		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
61737	Laser interstitial thermal therapy (litt) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	Jan 2021	Intracranial Laser Interstitial Thermal Therapy (LITT)	12	CPT 2022	April 2026		☐
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)	Apr 2022	Skull Mounted Cranial Neurostimulator	05	CPT 2024	April 2028	When review in 2028, ensure correct valuation, patient population and utilization assumptions. At the April 2022 RUC meeting, the RUC recommendation for CPT code 619X1 was based on the understanding that the current typical patient does not have a surgically naïve scalp and has previously undergone multiple intracranial procedures prior to the insertion of the skull-mounted neurostimulator.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)	Apr 2022	Skull Mounted Cranial Neurostimulator	05	CPT 2024	April 2028	When review in 2028, ensure correct valuation, patient population and utilization assumptions. At the April 2022 RUC meeting, the RUC recommendation for CPT code 619X1 was based on the understanding that the current typical patient does not have a surgically naïve scalp and has previously undergone multiple intracranial procedures prior to the insertion of the skull-mounted neurostimulator.	☐
61892	Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed	Apr 2022	Skull Mounted Cranial Neurostimulator	05	CPT 2024	April 2028	When review in 2028, ensure correct valuation, patient population and utilization assumptions. At the April 2022 RUC meeting, the RUC recommendation for CPT code 619X1 was based on the understanding that the current typical patient does not have a surgically naïve scalp and has previously undergone multiple intracranial procedures prior to the insertion of the skull-mounted neurostimulator.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
62328	Spinal puncture, lumbar, diagnostic; with fluoroscopic or ct guidance	Jan 2019	Lumbar Puncture	09	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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	☑
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	☑
64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	Jan 2019	Genicular Injection and RFA	10	CPT 2020	April 2026	In April 2024, the specialty socieites indicated and the Workgroup agreed to Review again in 2 years (April 2026).	☐
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	April 2026	In April 2024, the specialty socieites indicated and the Workgroup agreed to Review again in 2 years (April 2026).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	April 2026	In April 2024, the specialty socieites indicated and the Workgroup agreed to Review again in 2 years (April 2026).	☐
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.	☑
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.	☑
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.	☑
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	Sep 2022	Spinal Neurostimulator	04	CPT 2024	April 2028	Also to be reviewed because it was contractor priced and the response rate was below 30.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure)	Sep 2022	Spinal Neurostimulator	04	CPT 2024	April 2028	Also to be reviewed because it was contractor priced and the response rate was below 30.	☐
64598	Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator	Sep 2022	Spinal Neurostimulator	04	CPT 2024	April 2028	Also to be reviewed because it was contractor priced and the response rate was below 30.	☐
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	Jan 2019	Genicular Injection and RFA	10	CPT 2020	April 2026	In April 2024, the specialty socieites indicated and the Workgroup agreed to Review again in 2 years (April 2026).	☐
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	April 2026	In April 2024, the specialty socieites indicated and the Workgroup agreed to Review again in 2 years (April 2026).	☐
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	Jan 2021	Destruction of Intraosseous Basivertebral Nerve	14	CPT 2022	April 2026		☐
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (list separately in addition to code for primary procedure)	Jan 2021	Destruction of Intraosseous Basivertebral Nerve	14	CPT 2022	April 2026		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
64640	Destruction by neurolytic agent; other peripheral nerve or branch	Jan 2019	Genicular Injection and RFA	10	CPT 2020	April 2026	In April 2024, the specialty socieites indicated and the Workgroup agreed to Review again in 2 years (April 2026).	☐
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.	☑
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.	☑
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.	☑
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.	☑
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	Oct 2011	Relativity Assessment Workgroup	51	CPT 2011	September 2014	Survey for April 2015.	☑
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.	☑
66174	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	October 2019	Jan 2020 - Referred to CPT	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
66175	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	October 2019	Jan 2020 - Referred to CPT	☑
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 techology diffusion that impacts work or practice expense.	☑
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025		☐
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	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025		☐
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	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025		☐
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	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
66989	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 insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025		☐
66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
67516	Suprachoroidal space injection of pharmacologic agent (separate procedure)	Jan 2023	Suprachoroidal Injection	10	CPT 2024	April 2028	There is currently only one FDA-approved medication for this procedure, triamcinolone acetonide, and it is approved for only one indication: macular edema associated with uveitis. The relevant HCPCS code is J-3299. Medicare claims volume for this indication is expected to be low. However, if other drugs for more common indications obtain FDA approval, claims volume may grow substantially. Thus, CPT code 6X000 will be placed on the New Technology list and will be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions. The RUC recommended that if there are new drugs that have an associated J-code that these also be considered by the Relativity Assessment Workgroup as part of the New Technology screen.	☐
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	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
68841	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each	Jan 2021	Lacrimal Canaliculus Drug Eluting Implant Insertion	17	CPT 2022	April 2026		☐
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	Jan 2020	Dilation of Eustachian Tube	15	CPT 2021	April 2025		☐
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	Jan 2020	Dilation of Eustachian Tube	15	CPT 2021	April 2025		☐
6X004		Apr 2023	Iris Procedures	04	CPT 2025	April 2029		☐
6XX00		Jan 2024	Guided High Intensity Focused Ultrasound	06	CPT 2025	April 2029	CPT code 6XX00 will be placed on the New Technology list to be reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
6XX01		Jan 2024	Percutaneous Radiofrequency Ablation of Thyroid	07	CPT 2025	April 2029	CPT codes 6XX01 and 6XX02 will be placed on the New Technology list to be reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
6XX02		Jan 2024	Percutaneous Radiofrequency Ablation of Thyroid	07	CPT 2025	April 2029	CPT codes 6XX01 and 6XX02 will be placed on the New Technology list to be reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	☑
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	☑
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Oct 2019	Screening CT of Thorax	07	CPT 2021	April 2025		☐
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.	☑
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.	☑
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.	☑
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.	☑
75558	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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 left ventricular [lv] cardiac function, right ventricular [rv] structure and function and evaluation of vascular 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.	☑
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.	☑
75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional	Jan 2023	Fractional Flow Reserve with CT	11	CPT 2024	April 2028		☐
76391	Magnetic resonance (eg, vibration) elastography	Jan 2018	Magnetic Resonance Elastography	16	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76881	Ultrasound, complete joint (ie, joint space and peri-articular soft-tissue structures), real-time with image documentation	Apr 2010	Neuromuscular Ultrasound	11	CPT 2023	April 2027	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 after additional utilization data is available. However, in October 2021, the CPT Editorial Panel approved the addition of code 76883 for reporting real-time, complete neuromuscular ultrasound of nerves and accompanying	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							structures throughout their anatomic course, per extremity and the revision of 76882 to add focal evaluation. CPT code 76881 is included as part of this family, therefore, review by the RAW was no longer necessary. CPT codes 76881 and 76882 were identified as part of the neuromuscular ultrasound code family with CPT code 76883 and surveyed for the January 2022 RUC meeting. The RUC requested that 76883 be added to the new technology list and 76881 and 76882 be added for review at that time.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76882	Ultrasound, limited, joint or focal evaluation of 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	Neuromuscular Ultrasound	11	CPT 2023	April 2027	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 after additional utilization data is available. However, in October 2021, the CPT Editorial Panel approved the addition of code 76883 for reporting real-time, complete neuromuscular ultrasound of nerves and accompanying	☐

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							structures throughout their anatomic course, per extremity and the revision of 76882 to add focal evaluation. CPT code 76881 is included as part of this family, therefore, review by the RAW was no longer necessary. CPT codes 76881 and 76882 were identified as part of the neuromuscular ultrasound code family with CPT code 76883 and surveyed for the January 2022 RUC meeting. The RUC requested that 76883 be added to the new technology list and 76881 and 76882 be added for review at that time.	
76883	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity	Jan 2022	Neuromuscular Ultrasound	11	CPT 2023	April 2027		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	Jan 2018	Contrast-Enhanced Ultrasound	15	CPT 2019	April 2023	Refer to CPT Assistant to educate members about the removal of the bubble contrast agent (SD332) from direct practice expense, effective January 1, 2023. The supply item should be reported separately as a HCPCS Level II supply code such as Q9950. Remove from new technology/new services list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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	April 2023	Refer to CPT Assistant to educate members about the removal of the bubble contrast agent (SD332) from direct practice expense, effective January 1, 2023. The supply item should be reported separately as a HCPCS Level II supply code such as Q9950. Remove from new technology/new services list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76981	Ultrasound, elastography; parenchyma (eg, organ)	Jan 2018	Ultrasound Elastography	14	CPT 2019	September 2023	Surveyed for September 2023 meeting.	☑
76982	Ultrasound, elastography; first target lesion	Jan 2018	Ultrasound Elastography	14	CPT 2019	September 2023	Surveyed for September 2023 meeting.	☑
76983	Ultrasound, elastography; each additional target lesion (list separately in addition to code for primary procedure)	Jan 2018	Ultrasound Elastography	14	CPT 2019	September 2023	Surveyed for September 2023 meeting.	☑
76984	Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic	Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		☐
76987	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; including placement and manipulation of transducer, image acquisition, interpretation and report	Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		☐
76988	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; placement, manipulation of transducer, and image acquisition only	Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		☐
76989	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; interpretation and report only	Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		☐
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	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
77061	Diagnostic digital breast tomosynthesis; unilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	April 2025	In October 2018, the RUC recommended that CMS delete G0279 amd ise codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2022). In April 2022, recommended to request again that CMS delete G0279 since it may be reported with 77061 or 77062 and RAW review again after 3 years of claims data (April 2025).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77062	Diagnostic digital breast tomosynthesis; bilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	April 2025	In October 2018, the RUC recommended that CMS delete G0279 amd ise codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2022). In April 2022, recommended to request again that CMS delete G0279 since it may be reported with 77061 or 77062 and RAW review again after 3 years of claims data (April 2025).	☐
77063	Screening digital breast tomosynthesis, bilateral (list separately in addition to code for primary procedure)	Apr 2014	Breast Tomosynthesis	19	CPT 2015	April 2025	In October 2018, the RUC recommended that CMS delete G0279 amd ise codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2022). In April 2022, recommended to request again that CMS delete G0279 since it may be reported with 77061 or 77062 and RAW review again after 3 years of claims data (April 2025).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77089	Trabecular bone score (tbs), structural condition of the bone microarchitecture; using dual x-ray absorptiometry (dxa) or other imaging data on gray-scale variogram, calculation, with interpretation and report on fracture-risk	Jan 2021	Trabecular Bone Score (TBS)	19	CPT 2022	April 2026		☐
77090	Trabecular bone score (tbs), structural condition of the bone microarchitecture; technical preparation and transmission of data for analysis to be performed elsewhere	Jan 2021	Trabecular Bone Score (TBS)	19	CPT 2022	April 2026		☐
77091	Trabecular bone score (tbs), structural condition of the bone microarchitecture; technical calculation only	Jan 2021	Trabecular Bone Score (TBS)	19	CPT 2022	April 2026		☐
77092	Trabecular bone score (tbs), structural condition of the bone microarchitecture; interpretation and report on fracture-risk only by other qualified health care professional	Jan 2021	Trabecular Bone Score (TBS)	19	CPT 2022	April 2026		☐
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	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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	☑
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	☑
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).	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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 F	Stereotactic Body Radiation Therapy	B & 3	CPT 2007	September 2010/	Survey (work) and PE review (Feb 2011). Practice expense review (Feb 2011).	☑
77520	Proton treatment delivery; simple, without compensation	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025		☐
77522	Proton treatment delivery; simple, with compensation	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025		☐
77523	Proton treatment delivery; intermediate	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025		☐
77525	Proton treatment delivery; complex	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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 parathyroid scintigraphy as an	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							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 postponed and reviewed in 2 years	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							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.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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 parathyroid scintigraphy as an	☑

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							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 postponed and reviewed in 2 years	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							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.	☑
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.	☑
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	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑
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	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑
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	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑
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	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑
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	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑
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	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑
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.	☑
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) or acquisition, single day imaging	Jan 2019	SPECT-CT Procedures	14	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	Jan 2019	SPECT-CT Procedures	14	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	Jan 2019	SPECT-CT Procedures	14	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78835	Radiopharmaceutical quantification measurement(s) single area (list separately in addition to code for primary procedure)	Jan 2019	SPECT-CT Procedures	14	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
7XX00		Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 7XX00, 7XX01, 7XX02, 7XX03, 7XX04 and 7XX05 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
7XX01		Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 7XX00, 7XX01, 7XX02, 7XX03, 7XX04 and 7XX05 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
7XX02		Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 7XX00, 7XX01, 7XX02, 7XX03, 7XX04 and 7XX05 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
7XX03		Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 7XX00, 7XX01, 7XX02, 7XX03, 7XX04 and 7XX05 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
7XX04		Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 7XX00, 7XX01, 7XX02, 7XX03, 7XX04 and 7XX05 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
7XX05		Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 7XX00, 7XX01, 7XX02, 7XX03, 7XX04 and 7XX05 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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 (protocadherin-related 15) (eg, usher syndrome type 1f), r245x variant serpine1 (serpine peptidase	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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	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							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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) 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/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	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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	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/pdgfra (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 galc (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 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 81278) 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							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	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 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,							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	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, r816w, r854q)							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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) mefv (mediterranean fever) (eg, familial mediterranean fever), common variants (eg, e148q, p369s, f479l, m680i, i692del, m694v, m694i, k695r, v726a, a744s, r761h) 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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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 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	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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	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 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) 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 [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							

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	(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-tooth), full gene sequence emd (emerin) (eg, emery-dreifuss	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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	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] dehydrogenase 2) (eg, mineralocorticoid excess syndrome), full gene sequence hspb1 (heat shock 27kda protein 1) (eg, charcot-marie-tooth disease),							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	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-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							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	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 (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							

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	[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 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 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							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	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 chrnb2 (cholinergic receptor, nicotinic, beta 2 [neuronal]) (eg, nocturnal frontal lobe epilepsy), full gene sequence cox10 (cox10 homolog, cytochrome c oxidase assembly protein) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence cox15 (cox15 homolog, cytochrome c	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.	☑

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	oxidase assembly protein) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence cpox (coproporphyrinogen oxidase) (eg, hereditary coproporphyria), 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 cytogenomic [genome-wide] analysis for constitutional chromosomal abnormalities, see 81228, 81229, 81349) (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 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-							

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	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, mucopolysacchridosis, type ii), full gene 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							

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	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 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							

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	(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 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							

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	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 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 [s. cerevisiae]) (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							

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	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 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							

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	(troponin i, type 3 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence 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							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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), full gene sequence bscl2 (berardinelli-seip congenital lipodystrophy 2 [seipin]) (eg, berardinelli-seip congenital lipodystrophy), full	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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	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 gene sequence dsg2 (desmoglein 2) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 10), full gene sequence dsp (desmoplakin) (eg, arrhythmogenic right							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	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 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							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	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 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							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	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-methylcrotonyl-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 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							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	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 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-							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	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 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							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	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 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							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	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							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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 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	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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	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 [nephrin]) (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]) (eg, cohen syndrome), duplication/deletion analysis wdr62 (wd repeat domain 62) (eg, primary autosomal recessive microcephaly), full gene sequence							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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) (eg, malignant hyperthermia), full gene sequence ryr2 (ryanodine receptor 2 [cardiac]) (eg, catecholaminergic polymorphic ventricular tachycardia,	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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	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 techology diffusion that impacts work or practice expense.	☑
88380	Microdissection (ie, sample preparation of microscopically identified target); laser capture	Feb 2007	Manual Microdisection	12	CPT 2008	September 2011	Survey for January 2014 (added 88380 as part of the family).	☑
88381	Microdissection (ie, sample preparation of microscopically identified target); manual	Feb 2007	Manual Microdisection	12	CPT 2008	September 2013	Survey for January 2014 (added 88380 as part of the family).	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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. Code Deleted	☑
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. Code Deleted	☑
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. Code Deleted	☑
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.	☑
90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose	Sept 2023	SARS-CoV-2-Immunization Administration	18	CPT 2023	April 2028		☐
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	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
90771	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	Sept 2024	Remain on the screens in which they were identified (Contractor Priced High Volume and New Technology/New Services) and the Workgroup will review again in 3 years (April 2024). When these codes are moved from contractor priced to the assignment to RVUs the issues around the direct to indirect practice expense ratio specific to codes 90867-90869 should be addressed. In April 2024, the Workgroup recommended to review in September 2024 with an update from the specialty society. The specialties indicated that there are changes in protocol for these services and coding changes are necessary. These codes are also contractor priced. The Workgroup questioned what specific coding changes would be included in a CCA. The specialty society will return at the next meeting to elaborate on the coding changes necessary. The specialty societies should also consider	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							any Category III codes that are related to these services when drafting their CCA.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
90868	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; subsequent delivery and management, per session	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	Sept 2024	Remain on the screens in which they were identified (Contractor Priced High Volume and New Technology/New Services) and the Workgroup will review again in 3 years (April 2024). When these codes are moved from contractor priced to the assignment to RVUs the issues around the direct to indirect practice expense ratio specific to codes 90867-90869 should be addressed. In April 2024, the Workgroup recommended to review in September 2024 with an update from the specialty society. The specialties indicated that there are changes in protocol for these services and coding changes are necessary. These codes are also contractor priced. The Workgroup questioned what specific coding changes would be included in a CCA. The specialty society will return at the next meeting to elaborate on the coding changes necessary. The specialty societies should also consider	☐

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							any Category III codes that are related to these services when drafting their CCA.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	Sept 2024	Remain on the screens in which they were identified (Contractor Priced High Volume and New Technology/New Services) and the Workgroup will review again in 3 years (April 2024). When these codes are moved from contractor priced to the assignment to RVUs the issues around the direct to indirect practice expense ratio specific to codes 90867-90869 should be addressed. In April 2024, the Workgroup recommended to review in September 2024 with an update from the specialty society. The specialties indicated that there are changes in protocol for these services and coding changes are necessary. These codes are also contractor priced. The Workgroup questioned what specific coding changes would be included in a CCA. The specialty society will return at the next meeting to elaborate on the coding changes necessary. The specialty societies should also consider	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							any Category III codes that are related to these services when drafting their CCA.	
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.	☑
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	Jan 2021	Colon Capsule Endoscopy	21	CPT 2022	April 2026		☐
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.	☑
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	April 2015	Liver Elastography	19	CPT 2016		Surveyed for January 2020. Decreased.	☑
92065	Orthoptic training; performed by a physician or other qualified health care professional	Apr 2021	Orthoptic Training	10	CPT 2023	April 2027		☐
92066	Orthoptic training; under supervision of a physician or other qualified health care professional	Apr 2021	Orthoptic Training	10	CPT 2023	April 2027		☐
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	Apr 2010	Anterior Segment Imaging	22	CPT 2011		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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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.	☑
92227	Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral	Oct 2019	Remote Retinal Imaging	09	CPT 2021	April 2025		☐
92228	Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral	Oct 2019	Remote Retinal Imaging	09	CPT 2011	April 2025	Was reviewed in Sept 2014, Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☐
92229	Imaging of retina for detection or monitoring of disease; point-of-care autonomous analysis and report, unilateral or bilateral	Oct 2019	Remote Retinal Imaging	09	CPT 2021	April 2025		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
92284	Diagnostic dark adaptation examination with interpretation and report	Apr 2024	Dark Adaptation Diagnostic Screening and Services	05	CPT 2026	April 2030	This service was revised for CPT 2023 and reviewed at the April 2021 RUC meeting when it was first placed on the new technology list. It was reviewed at the RAW in September 2023 and was referred to CPT and CPT Assistant. The RUC reviewed the typical technology used to perform this service when it was re-evaluated, acknowledging that the device included in proposed direct practice costs recently was very recently replaced with a newer technology. This service was reviewed at the April 2024 meeting along with 922X1 and placed back on the new technology list for review after 3 years of data.	☐
922X1		Apr 2024	Dark Adaptation Diagnostic Screening and Services	05	CPT 2026	April 2030		☐
92517	Vestibular evoked myogenic potential (vemp) testing, with interpretation and report; cervical (cvemp)	Apr 2019	Vestibular Evoked Myogenic Potential (VEMP) Testing	07	CPT 2021	April 2025		☐
92518	Vestibular evoked myogenic potential (vemp) testing, with interpretation and report; ocular (ovemp)	Apr 2019	Vestibular Evoked Myogenic Potential (VEMP) Testing	07	CPT 2021	April 2025		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
92519	Vestibular evoked myogenic potential (vemp) testing, with interpretation and report; cervical (cvemp) and ocular (ovemp)	Apr 2019	Vestibular Evoked Myogenic Potential (VEMP) Testing	07	CPT 2021	April 2025		☐
92972	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)	Apr 2024	Coronary Therapeutic Services and Procedures	06	CPT 2026	April 2030		☐
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	April 2022	Review in 2 years (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
93150	Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93151	Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐
93152	Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93153	Interrogation without programming of implanted phrenic nerve stimulator system	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐
93241	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		☐
93242	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		☐
93243	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		☐
93244	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		☐
93245	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93246	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		☐
93247	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		☐
93248	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		☐
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	April 2022	Review in 2 years (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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 estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
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 estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
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 estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
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 estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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 estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
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 estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
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 estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
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 estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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 estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
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 estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
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 estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
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 estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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 estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
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 estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
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 estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
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 estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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 estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
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 estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	Jan 2023	Remote Interrogation Device Evaluation - Cardiovascular (PE Only)	20	CPT 2020	April 2027	This service was first flagged at the April 2008 meeting, Tab 23 Cardiac Device Monitoring, for CPT 2009 and reviewed at the RAW in September 2012. An Ad Hoc Workgroup was developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutralilty. In October 2018, 93297 and 93298 were reviewed and placed on the new technology/new services list for April 2024. CMS did not accept the practice expense for these services and instead created G2066 to report the practice expense associated with these services. In January 2023, the RUC affirmed the work RVUs and recommended direct PE inputs for 93297, 93298 and G2066. These services were placed back on the new technology/new services list to assess the work and PE in 3 years (April 2027).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	Jan 2023	Remote Interrogation Device Evaluation - Cardiovascular (PE Only)	20	CPT 2020	April 2027	This service was first flagged at the April 2008 meeting, Tab 23 Cardiac Device Monitoring, for CPT 2009 and reviewed at the RAW in September 2012. An Ad Hoc Workgroup was developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutralilty. In October 2018, 93297 and 93298 were reviewed and placed on the new technology/new services list for April 2024. CMS did not accept the practice expense for these services and instead created G2066 to report the practice expense associated with these services. In January 2023, the RUC affirmed the work RVUs and recommended direct PE inputs for 93297, 93298 and G2066. These services were placed back on the new technology/new services list to assess the work and PE in 3 years (April 2027).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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 estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93319	3d echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (list separately in addition to code for echocardiographic imaging)	Oct 2020	3D Imaging of Cardiac Structures	09	CPT 2022	April 2026		☐
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.	☑
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.	☑
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93569	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, unilateral (list separately in addition to code for primary procedure)	Oct 2021	Pulmonary Angiography	08	CPT 2023	April 2027		☐
93573	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, bilateral (list separately in addition to code for primary procedure)	Oct 2021	Pulmonary Angiography	08	CPT 2023	April 2027		☐
93574	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary venous angiography of each distinct pulmonary vein during cardiac catheterization (list separately in addition to code for primary procedure)	Oct 2021	Pulmonary Angiography	08	CPT 2023	April 2027		☐
93575	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary angiography of major aortopulmonary collateral arteries (mapcas) arising off the aorta or its systemic branches, during cardiac catheterization for congenital heart defects, each distinct vessel (list separately in addition to code for primary procedure)	Oct 2021	Pulmonary Angiography	08	CPT 2023	April 2027		☐
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 techology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93584	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; anomalous or persistent superior vena cava when it exists as a second contralateral superior vena cava, with native drainage to heart (List separately in addition to code for primary procedure)	Jan 2023	Venography Services	14	CPT 2024	April 2026	In January 2023, the RUC recommended that these codes be placed on the New Technology list and will be re-reviewed on the same timeline as the family of codes 93593-93598 from October 2020 to ensure correct valuation and utilization assumptions (April 2026).	☐
93585	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; azygos/hemiazygos venous system (List separately in addition to code for primary procedure)	Jan 2023	Venography Services	14	CPT 2024	April 2026	In January 2023, the RUC recommended that these codes be placed on the New Technology list and will be re-reviewed on the same timeline as the family of codes 93593-93598 from October 2020 to ensure correct valuation and utilization assumptions (April 2026).	☐
93586	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; coronary sinus (List separately in addition to code for primary procedure)	Jan 2023	Venography Services	14	CPT 2024	April 2026	In January 2023, the RUC recommended that these codes be placed on the New Technology list and will be re-reviewed on the same timeline as the family of codes 93593-93598 from October 2020 to ensure correct valuation and utilization assumptions (April 2026).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93587	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating at or above the heart (eg, from innominate vein) (List separately in addition to code for primary procedure)	Jan 2023	Venography Services	14	CPT 2024	April 2026	In January 2023, the RUC recommended that these codes be placed on the New Technology list and will be re-reviewed on the same timeline as the family of codes 93593-93598 from October 2020 to ensure correct valuation and utilization assumptions (April 2026).	☐
93588	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating below the heart (eg, from the inferior vena cava) (List separately in addition to code for primary procedure)	Jan 2023	Venography Services	14	CPT 2024	April 2026	In January 2023, the RUC recommended that these codes be placed on the New Technology list and will be re-reviewed on the same timeline as the family of codes 93593-93598 from October 2020 to ensure correct valuation and utilization assumptions (April 2026).	☐
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
93593	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		☐
93594	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		☐
93595	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		☐
93596	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		☐
93597	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		☐
93598	Cardiac output measurement(s), thermodilution or other indicator dilution method, performed during cardiac catheterization for the evaluation of congenital heart defects (list separately in addition to code for primary procedure)	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
93982	Code Deleted	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
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.	☑
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.	☑
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.	☑
94625	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)	Jan 2021	Outpatient Pulmonary Rehabilitation Services	23	CPT 2022	April 2026		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
94626	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)	Jan 2021	Outpatient Pulmonary Rehabilitation Services	23	CPT 2022	April 2026		☐
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	April 2027	Review in 3 years (April 2027).	☐
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	April 2027	Review in 3 years (April 2027).	☐
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	April 2027	Review in 3 years (April 2027).	☐
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	April 2027	Review in 3 years (April 2027).	☐
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	April 2027	Review in 3 years (April 2027).	☐
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	April 2027	Review in 3 years (April 2027).	☐
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	April 2027	Review in 3 years (April 2027).	☐
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	April 2027	Review in 3 years (April 2027).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	April 2027	Review in 3 years (April 2027).	☐
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	April 2027	Review in 3 years (April 2027).	☐
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	April 2027	Review in 3 years (April 2027).	☐
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	April 2027	Review in 3 years (April 2027).	☐
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	April 2027	Review in 3 years (April 2027).	☐
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	April 2027	Review in 3 years (April 2027).	☐
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	April 2027	Review in 3 years (April 2027).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	April 2027	Review in 3 years (April 2027).	☐
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	April 2027	Review in 3 years (April 2027).	☐
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	April 2027	Review in 3 years (April 2027).	☐
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	April 2027	Review in 3 years (April 2027).	☐
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	April 2027	Review in 3 years (April 2027).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	April 2027	Review in 3 years (April 2027).	☐
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	April 2027	Review in 3 years (April 2027).	☐
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	April 2027	Review in 3 years (April 2027).	☐
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.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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	☑
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.	☑
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	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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.	☑
95919	Quantitative pupillometry with physician or other qualified health care professional interpretation and report, unilateral or bilateral	Oct 2021	Quantitative Pupillometry Services	09	CPT 2023	April 2027		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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.	☑
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.	☑
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	☑
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	☑
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	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	☑
96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional	Apr 2024	Respiratory Syncytial Virus (RSV) Monoclonal Antibody Administration	07	CPT 2026	April 2030	CPT codes 96380 and 96381 were be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions. The RUC noted at that time, the Relativity Assessment Workgroup may want to examine the typical patient, since the specialty societies and RUC believe the typical patient receiving the RSV monoclonal antibody to be much younger than 6 months old.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection	Apr 2024	Respiratory Syncytial Virus (RSV) Monoclonal Antibody Administration	07	CPT 2026	April 2030	CPT codes 96380 and 96381 were be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions. The RUC noted at that time, the Relativity Assessment Workgroup may want to examine the typical patient, since the specialty societies and RUC believe the typical patient receiving the RSV monoclonal antibody to be much younger than 6 months old.	☐
96547	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; first 60 minutes (List separately in addition to code for primary procedure)	Sep 2023	Hyperthermic Intraperitoneal Chemotherapy (HIPEC)	10	CPT 2024	April 2029		☐
96548	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; each additional 30 minutes (List separately in addition to code for primary procedure)	Sep 2023	Hyperthermic Intraperitoneal Chemotherapy (HIPEC)	10	CPT 2024	April 2029		☐
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	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	April 2024	Review in 3 years (April 2024). In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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	April 2024	Review in 3 years (April 2024). In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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	April 2024	Review in 3 years (April 2024). In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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	April 2024	Review in 3 years (April 2024). In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	April 2024	Review in 3 years (April 2024). In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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	April 2024	Review in 3 years (April 2024). In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
97037	Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and non-ablative) for post-operative pain reduction	Sep 2022	Post Operative Low-Level Laser Therapy	06	CPT 2024	April 2028	The RUC recommends that CPT code 9X022 be placed on the New Technology list to review when utilization is available, identifying who is performing the service.	☐
97550	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes	Sep 2022	Caregiver Training Services	14	CPT 2024	April 2028		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
97551	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; each additional 15 minutes (List separately in addition to code for primary service)	Sep 2022	Caregiver Training Services	14	CPT 2024	April 2028		☐
97552	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers	Sep 2022	Caregiver Training Services	14	CPT 2024	April 2028		☐
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	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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.	☑
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	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	☑
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	☑
98970	Qualified nonphysician health care professional online digital assessment and management, 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	April 2025	Review again in 1 year (April 2025). The Workgroup noted that only two years of data was available for codes 98970-97972 and the Workgroup should review when an additional year of data is available.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
98971	Qualified nonphysician health care professional online digital assessment and management, 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	April 2025	Review again in 1 year (April 2025). The Workgroup noted that only two years of data was available for codes 98970-97972 and the Workgroup should review when an additional year of data is available.	☐
98972	Qualified nonphysician health care professional online digital assessment and management, 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	April 2025	Review again in 1 year (April 2025). The Workgroup noted that only two years of data was available for codes 98970-97972 and the Workgroup should review when an additional year of data is available.	☐
98975	Remote therapeutic monitoring (eg, therapy adherence, therapy response); initial set-up and patient education on use of equipment	Jan 2021	Remote Therapeutic Monitoring	24	CPT 2022	April 2027	Delayed review one year to be reviewed with 989X6 from Jan 2022 meeting, tab 12	☐
98976	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days	Jan 2021	Remote Therapeutic Monitoring	24	CPT 2022	April 2027	Delayed review one year to be reviewed with 989X6 from Jan 2022 meeting, tab 12	☐
98977	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days	Jan 2021	Remote Therapeutic Monitoring	24	CPT 2022	April 2027	Delayed review one year to be reviewed with 989X6 from Jan 2022 meeting, tab 12	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
98978	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor cognitive behavioral therapy, each 30 days	Jan 2022	Cognitive Behavioral Therapy Monitoring	12	CPT 2023	April 2027		☐
98980	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes	Jan 2021	Remote Therapeutic Monitoring	24	CPT 2022	April 2027	Delayed review one year to be reviewed with 989X6 from Jan 2022 meeting, tab 12	☐
98981	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (list separately in addition to code for primary procedure)	Jan 2021	Remote Therapeutic Monitoring	24	CPT 2022	April 2027	Delayed review one year to be reviewed with 989X6 from Jan 2022 meeting, tab 12	☐
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. when using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		☐
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. when using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		☐
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. when using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. when using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		☐
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	Apr 2019	Office Visits	09	CPT 2021	April 2025		☐
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. when using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		☐
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. when using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		☐
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. when using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		☐
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. when using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99363	Code Deleted	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
99364	Code Deleted	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
99417	Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (list separately in addition to the code of the outpatient evaluation and management service)	Apr 2019	Office Visits	09	CPT 2021	April 2025		☐
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	April 2025	Review again in 1 year (April 2025). The Workgroup noted that only two years of data was available for codes 98970-97972 and the Workgroup should review when an additional year of data is available.	☐
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	April 2025	Review again in 1 year (April 2025). The Workgroup noted that only two years of data was available for codes 98970-97972 and the Workgroup should review when an additional year of data is available.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	April 2025	Review again in 1 year (April 2025). The Workgroup noted that only two years of data was available for codes 98970-97972 and the Workgroup should review when an additional year of data is available.	☐
99424	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99425	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes provided personally by a physician or other qualified health care professional, per calendar month (list separately in addition to code for primary procedure)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026		☐
99426	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99427	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; 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)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026		☐
99437	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 that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 30 minutes by a physician or other qualified health care professional, per calendar month (list separately in addition to code for primary procedure)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99439	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 that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 20 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)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	☐
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	☑
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	☑
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	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99446	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, 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	☑
99447	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, 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	☑
99448	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, 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	☑
99449	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, 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	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99451	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, 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	April 2025	Review in 2 years (April 2025).	☐
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	April 2025	Review in 2 years (April 2025).	☐
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	Sept 2024	Review September 2024 with an update from the specialty societies. CCA has been submitted for May 2024 to review RPM/RTM codes (which may require survey of these codes). Refer to CPT on correct coding of this family of services.	☐
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	Sept 2024	Review September 2024 with an update from the specialty societies. CCA has been submitted for May 2024 to review RPM/RTM codes (which may require survey of these codes). Refer to CPT on correct coding of this family of services.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	Sept 2024	Review September 2024 with an update from the specialty societies. CCA has been submitted for May 2024 to review RPM/RTM codes (which may require survey of these codes). Refer to CPT on correct coding of this family of services.	☐
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	Sept 2024	Review September 2024 with an update from the specialty societies. CCA has been submitted for May 2024 to review RPM/RTM codes (which may require survey of these codes). Refer to CPT on correct coding of this family of services.	☐
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	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	September 2022	Surveyed for September 2022 and recommended an increase.	☑
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 that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; first 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2013	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	☐
99488	Code Deleted	Oct 2012	Complex Chronic Care Coordination Services	09	CPT 2013	October 2017	Code Deleted	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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 that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; 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)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2013	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	☐
99490	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 that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2015	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	☐
99491	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 that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	April 2023	In January 2020, the RUC identified Psychiatric Collaborative Care Management Services 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 recommended 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. However, due to the incorrect reporting of these services by one specific provider, the referral for a CPT Assistant article was removed. This family is on the new technology/new services screen and is scheduled for review at the April 2023	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							Relativity Assessment Workgroup meeting.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	April 2023	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. However, due to the incorrect reporting of these services by one specific provider, the referral for a CPT Assistant article was removed. This family is on the new technology/new services screen and is	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							scheduled for review at the April 2023 Relativity Assessment Workgroup meeting.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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	April 2023	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. However, due to the incorrect reporting of these services by one specific provider, the referral for a CPT Assistant article was removed. This family is on the new technology/new services screen and is	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							scheduled for review at the April 2023 Relativity Assessment Workgroup meeting.	
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 at least moderate level of medical decision making 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	☑
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 high level of medical decision making 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	☑
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	April 2022	Review in 2 years (October 2019). In Oct 2019, indicated to review in another 2 years (January 2022).	☑
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	April 2022	Review in 2 years (October 2019). In Oct 2019, indicated to review in another 2 years (January 2022).	☑
9X059		Apr 2023	Optical Coherence Tomography	05	CPT 2025	April 2029		☐
9X059		Sep 2023	Optical Coherence Tomography (OCT)	08	CPT 2025	April 2029		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
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		☑

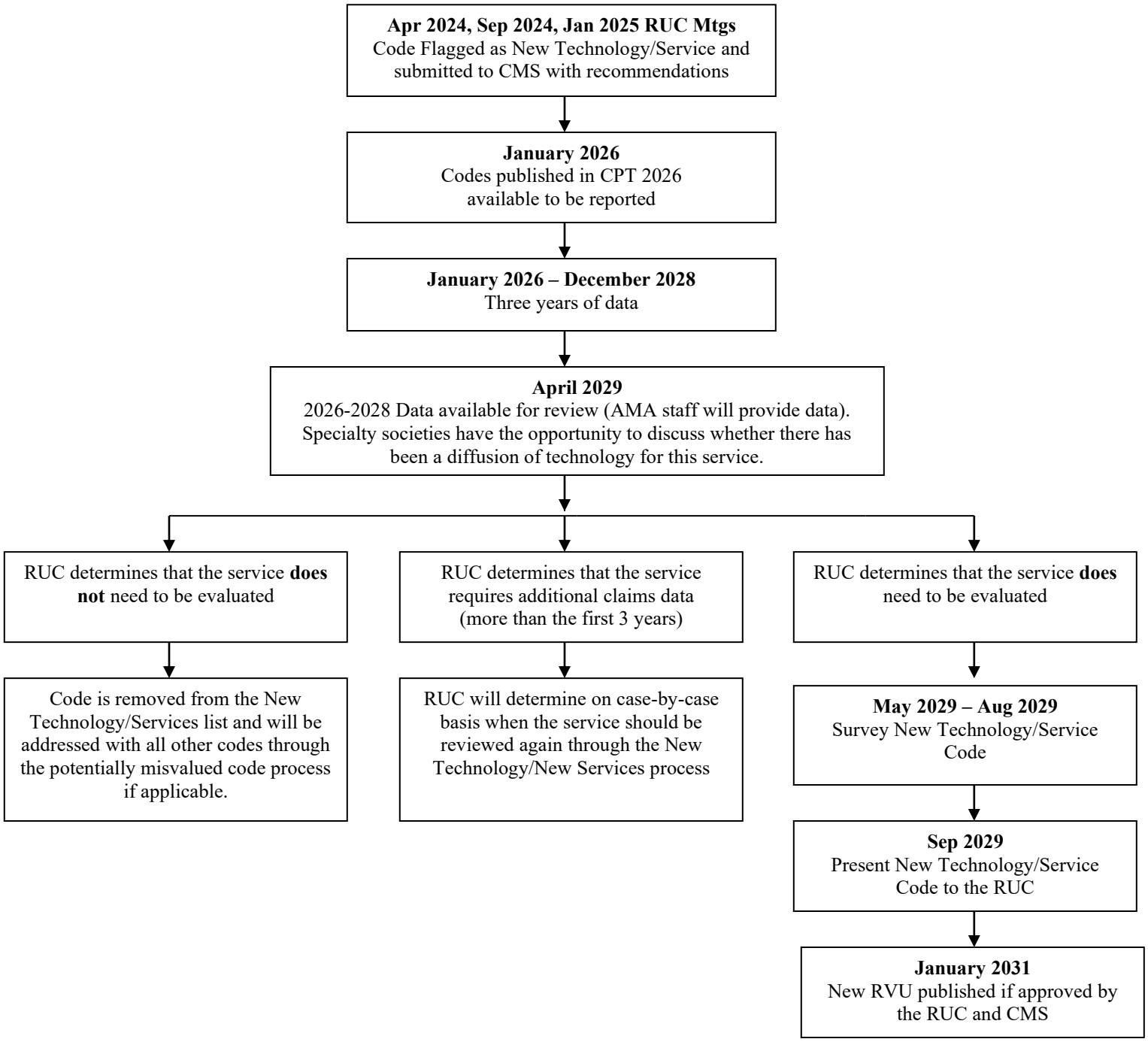
CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
G2066	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Jan 2023	Remote Interrogation Device Evaluation - Cardiovascular (PE Only)	20		April 2027	Codes 93297 and 93298 were first flagged at the April 2008 meeting, Tab 23 Cardiac Device Monitoring, for CPT 2009 and reviewed at the RAW in September 2012. An Ad Hoc Workgroup was developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutralilty. In October 2018, 93297 and 93298 were reviewed and placed on the new technology/new services list for April 2024. CMS did not accept the practice expense for these services and instead created G2066 to report the practice expense associated with these services. In January 2023, the RUC affirmed the work RVUs and recommended direct PE inputs for 93297, 93298 and G2066. These services were placed back on the new technology/new services list to assess the work and PE in 3 years (April 2027).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete

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



Revised January 2024

Specialty Societies Acronym List **May 2024**

Society	Acronym
AMDA-The Society for Post-Acute and Long-Term Care Medicine	AMDA
American Academy of Allergy, Asthma & Immunology	AAAAI
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 Pediatrics	AAP
American Academy of Physical Medicine and Rehabilitation	AAPMR
American Academy of Sleep Medicine	AASM
American Association for Thoracic Surgery	AATS
American Association of Clinical Endocrinologists	AACE
American Association of Clinical Urologist, Inc.	AACU
American Association of Neurological Surgeons	AANS
American Association of Neuromuscular & Electrodiagnostic Medicine	AANEM
American Burn Association	ABA
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

Society	Acronym
American College of Surgeons	ACS
American Dental Association	ADA
American Gastroenterological Association	AGA
American Geriatrics Society	AGS
American Medical Group Association	AMGA
American Medical Woman's Association	AMWA
American Orthopaedic Foot and Ankle Society	AOFAS
American Osteopathic Association	AOA
American Pediatric Surgical Association	APSA
American Psychiatric Association	APA(psychiatry)
American Rhinologic Society	ARS
American Roentgen Ray Society	ARRS
American Society for Clinical Pathology	ASCP
American Society for Dermatologic Surgery	ASDS
American Society for Gastrointestinal Endoscopy	ASGE
American Society for Metabolic and Bariatric Surgery	ASMBS
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 Regional Anesthesia and Pain Medicine	ASRA
American Society of Retina Specialists	ASRS
American Society of Transplant Surgeons	ASTS

Society	Acronym
American Thoracic Society	ATS
American Urological Association	AUA
American Vein and Lymphatic Society	AVLS
Association of University Radiologists	AUR
College of American Pathologists	CAP
Congress of Neurological Surgeons	CNS
Endocrine Society	ES
Heart Rhythm Society	HRS
Infectious Diseases Society of America	IDSA
International Pain and Spine Intervention Society	IPSIS
International Society for the Advancement of Spine Surgery	ISASS
National Association of Medical Examiners	NAME
North American Neuromodulation Society	NANS
North American Spine Society	NASS
Outpatient Endovascular and Interventional Society	OEIS
Radiological Society of North America	RSNA
Renal Physicians Association	RPA
Society for Cardiovascular Magnetic Resonance	SCMR
Society for Investigative Dermatology	SID
Society for Vascular Surgery	SVS
Society of American Gastrointestinal and Endoscopic Surgeons	SAGES
Society of Cardiovascular Computed Tomography	SCCT
Society of Critical Care Medicine	SCCM
Society of Hospital Medicine	SHM
Society of Interventional Radiology	SIR
Society of Laparoscopic & Robotic Surgeons	SLS
Society of Nuclear Medicine and Molecular Imaging	SNMMI
Society of Thoracic Surgeons	STS
The Society for Cardiovascular Angiography and Interventions	SCAI
Undersea and Hyperbaric Medical Society	UHMS

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Codes Reported Together 75% or More / CPT Assistant Analysis

April 2024

Endovascular Therapy with Imaging – Tab 04

In April 2022, the Relativity Assessment Workgroup (RAW) identified services performed by the same physician on the same date of service 75% of the time or more. 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 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The RAW requested action plans to determine if specific code bundling solutions should occur for 61624/75894 and 61624/75898. In September 2022, the RUC referred this issue to CPT for a code bundling solution. CPT code 61626 was added to the proposal for bundling. In February 2024, the CPT Editorial Panel revised codes 61624 and 61626 to include all associated radiological supervision and interpretation (RS&I), intra-procedural guidance and road-mapping, and imaging necessary to document completion of the procedure, in addition to instructional parentheticals regarding diagnostic radiology vascular procedures. The code family was surveyed for the April 2024 RUC meeting.

Compelling Evidence
The RUC reviewed and concurred that there is compelling evidence to support a change in physician work for CPT codes 61624 and 61626 based on evidence that (1) incorrect assumptions were made in the previous valuation of the service and (2) physician work has increased due to changes in technique, knowledge/technology, and patient population. CPT codes 61624 and 61626 were created for CPT 1992 and the original physician work value was established by the Centers for Medicare & Medicaid Services (CMS), formerly Health Care Financing Administration (HCFA), and may have been a gap fill for a code for which Harvard did not provide a value, thus flawed methodology was used in the previous valuation.

The RUC discussed compelling evidence about changes in technology and patient population for codes 61624 and 61626. Changes to the devices used for these procedures removes the lower intensity time components of the procedure by providing near-instantaneous deployment of individual coils. This is in contrast to first-generation detachable coils used 20+ years ago that required waiting for the successful detachment, typically several minutes per coil, and increasing time as the case progressed due to the increased dispersion of the electric current in the increasingly dense coil mass. Current technology has resulted in a more intense procedure due to eliminating low intensity time intervals, resulting in less time, but time that is all intense. New technology allows for increasingly complex procedures that would have required an open procedure or no procedure for patients unable to undergo an open procedure and has allowed a higher level of acuity since the codes were established in 1992 for patients undergoing endovascular aneurysm treatment.

The RUC also discussed changes to patients undergoing intracranial aneurysms who are treated in one of two ways: surgical treatments such as microsurgical clipping with or without bypass techniques, and endovascular methods such as coiling, balloon- or stent-assisted coiling, or intravascular flow diversion and intravascular flow disruption. In 1997, about 20% of intracranial aneurysms underwent endovascular embolization and the remainder of aneurysms underwent open surgical clipping due to the challenges involved in performing the service using the endovascular approach. Over the last decade, this proportion has been distinctly reversed with over 75% of intracranial aneurysms undergoing

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endovascular embolization with many more complex pathologies within reach of this treatment modality (i.e., more complex and intense procedure). Treatment techniques and management guidelines for intracranial aneurysms have been continually developing, and this rapid development has altered treatment decision-making for physicians. The physician must consider several crucial factors including age, past medical history, and comorbidities to determine the patient's ability to tolerate a specific treatment. For example, a young patient with a ruptured intracranial aneurysm may be a good candidate for open surgery with better prospects of a long-term durable result and with lower rates of rebleeding. In contrast, an elderly patient with comorbidities, a ruptured intracranial aneurysm and a diffusely swollen and friable brain, endovascular coil embolization may be favored over open surgery. As surgical indications, techniques, and technology have advanced, more intense and complex endovascular treatments are being performed to save and extend the lives of patients not previously considered candidates for treatment.

In addition, the RUC reviewed and concurred that there is compelling evidence to support a change in physician work for CPT codes 75894 and 75898 based on evidence that (1) incorrect assumptions were made in the previous valuation of the service and (2) physician work has increased due to changes in patient population and dominant specialty. The RUC noted that CPT code 75894 has never been RUC surveyed, thus the current times are CMS/Other and not valid for comparison. Previously, there was no vignette developed for this service, thus it could be contended that the current values do not appropriately reflect the use of this code. CPT code 75898 was included when CPT codes 37211-37214 were reviewed at the April 2012 RUC meeting, however, code 75898 was not surveyed at that time and the RUC recommended contractor pricing for this service (and 75896). *The CMS/Other time source makes it impossible to compare the current numbers to the times and values derived from the survey results.*

Medicare claims data from 2022 indicates that CPT code 75894 was reported 87.7% of the time with CPT code 61624 and 75898 was reported 82.5% with 61624. At the February 2024 CPT meeting, code changes made to codes 61624 and 61626 resulted in the RS&I services (75894 and 75898) now being bundled with codes 61624 and 61626. This bundling will result in a different patient population, one expected to be predominantly serviced by interventional radiology, not neurosurgery.

The RUC concurred that there is compelling evidence that the physician work for these services has changed due to flawed methodology in the initial valuation and due to changes in technique, knowledge/technology, and patient population.

61624 ***Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), including all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention, percutaneous, any method; central nervous system (intracranial, spinal cord)***
The RUC reviewed the survey results from 93 physicians and determined that the survey 25th percentile work RVU of 20.00 appropriately accounts for the physician work involved in this service and falls below the current total value for 61624 and bundled codes 75894 and 75898. The RUC recommends the following physician time components: 40 minutes pre-service evaluation, 8 minutes pre-service positioning, 15 minutes pre-service scrub/dress/wait time, 150 minutes intra-service time, 33 minutes immediate post-service time, and 246 minutes total time.

The RUC agreed with the selection of pre-service time package 4-FAC *Difficult Patient/Difficult Procedure.* The RUC determined that 40 minutes (standard package 4 time) correctly accounted for pre-service evaluation and that 8 minutes (5 minutes more than package 4 time) accounted for

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the additional supervision of positioning of the patient, imaging equipment, and anesthesia lines to allow physician access to the operative area. The RUC reduced the survey immediate post-service time to match the standard package 9B time of 33 minutes. The RUC clarified that the typical patient is typically treated within 12-72 hours of presenting to the emergency department.

To justify a work RVU of 20.00, the RUC compared the surveyed code to the top key reference service code 33477 *Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed* (work RVU = 25.00, 180 minutes intra-service time and 276 minutes total time) and noted that the surveyed code has less intra-service and total time and is therefore appropriately valued lower than the reference service. The RUC also compared CPT code 61624 to the second key reference service code 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)* (work RVU = 15.00, 100 minutes intra-service time and 241 minutes total time) and noted that the surveyed code has more intra-service and total time and is therefore appropriately valued higher than the reference service. The RUC further noted that the reference codes have different patient acuity than the surveyed code.

The RUC acknowledged the dearth of potential reference codes that are major surgical procedures with the 000-day global period that include a similar amount of physician work, so the pool of potential reference codes was severely limited. For additional support, the RUC compared CPT code 61624 to MPC code 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* (work RVU = 13.75, 90 minutes intra-service time and 166 minutes total time). The RUC noted that although the MPC code requires significantly less intra-service and total time, the intensity (IWPUT) was similar for both codes that represent embolization procedures. The RUC concluded that CPT code 61624 should be valued at the 25th percentile work RVU as supported by the survey. **The RUC recommends a work RVU of 20.00 for CPT code 61624.**

61626 ***Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), including all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention, percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)***
The RUC reviewed the survey results from 122 physicians and determined that the survey 25th percentile work RVU of 15.31 appropriately accounts for the physician work involved in this service and falls below the current value of the code. The RUC recommends the following physician time components: 40 minutes pre-service evaluation, 8 minutes pre-service positioning, 15 minutes pre-service scrub/dress/wait time, 120 minutes intra-service time, and 30 minutes immediate post-service time, 213 minutes total time.

The RUC noted that pre-time package 4-FAC *Difficult Patient/Difficult Procedure* was selected with the following modifications:

- Evaluation time: Standard package time of 40 minutes.
- Positioning time: Standard package time of 3 minutes for supine positioning plus an additional 5 minutes (total = 8 minutes) to account for positioning the patient, imaging equipment, and anesthesia lines to allow physician access to the operative area.
- Scrub, dress, wait time: Reduced by 5 minutes (total time = 15 minutes) to be consistent with the survey median.

Also, immediate post-service time package 9B was reduced by 3 minutes (total time = 30 minutes) to be consistent with the survey median.

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To justify a work RVU of 15.31, the RUC compared the surveyed code to the top key reference service MPC code 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* (work RVU = 13.75, 90 minutes intra-service time and 166 minutes total time) and noted that the surveyed code has more intra-service and total time and is therefore appropriately valued higher than the reference service. The RUC also compared CPT code 61626 to the second key reference service code 33477 *Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed* (work RVU = 25.00, 180 minutes intra-service time and 276 minutes total time) and noted that the surveyed code has less intra-service and total time and is therefore appropriately valued lower than the reference service.

For additional support, the RUC compared CPT code 61626 to MPC code 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* (work RVU = 13.75, 90 minutes intra-service time and 166 minutes total time) and noted again that the comparator code requires significantly less intra-service and total time and is appropriately valued lower than the surveyed code. The RUC reiterated that many other MPC codes have a 000-day global assignment, but none that are clinically similar to the physician work required of 61626.

Finally, the RUC noted that the surveyed code is appropriately bracketed by comparator codes 33901 *Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral* (work RVU = 14.50, 120 minutes intra-service time and 236 minutes total time) and 33903 *Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral* (work RVU = 16.50, 120 minutes intra-service time and 241 minutes total time). The RUC concluded that CPT code 61626 should be valued at the 25th percentile work RVU as supported by the survey. **The RUC recommends a work RVU of 15.31 for CPT code 61626.**

75894 *Transcatheter therapy, embolization, any method, radiological supervision and interpretation*
The RUC reviewed the survey results from 37 radiologists and determined that the survey 25th percentile work RVU of 2.25 appropriately accounts for the physician work involved in this service. The RUC recommends the following physician time components as supported by the survey: 20 minutes pre-service evaluation time, 60 minutes intra-service time, and 20 minutes immediate post-service time, 100 minutes total time. The RUC acknowledged the anticipated low utilization of the surveyed code and recognized the atypical workflow where the surgeon is performing the procedure and the radiologist is performing the RS&I concurrently, but separately, outside of the procedure room.

To justify a work RVU of 2.25, the RUC compared the surveyed code to the top key reference service code 74175 *Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing* (work RVU = 1.82, 25 minutes intra-service time and 35 minutes total time) and noted that the surveyed code requires significantly more intra-service and total time and is therefore appropriately valued higher than the reference service. The surveyed code was selected as more intense/complex overall than the key reference service code 74175 by 95% of survey respondents. The RUC also compared the surveyed code to the second key reference service code 72191 *Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing* (work RVU = 1.81, 25 minutes intra-service time and 35 minutes total time) and noted again that the surveyed code has significantly more intra-service and total time and is therefore appropriately valued higher than the key reference service.

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For additional support, the RUC noted that the surveyed code is appropriately bracketed by MPC codes 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* (work RVU = 1.86, 60 minutes intra-service time and 70 minutes total time) and 36455 *Exchange transfusion, blood; other than newborn* (work RVU = 2.43, 60 minutes intra-service time and 120 minutes total time). The RUC concluded that CPT code 75894 should be valued at the 25th percentile work RVU as supported by the survey. **The RUC recommends a work RVU of 2.25 for CPT code 75894.**

75898 ***Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis***
The RUC reviewed the survey results from 37 radiologists and determined that the survey 25th percentile work RVU of 1.85 appropriately accounts for the physician work involved in this service. The RUC recommends the following physician time components as supported by the survey: 15 minutes pre-service evaluation time, 45 minutes intra-service time, and 17 minutes immediate post-service time, 77 minutes total time. The RUC acknowledged the anticipated low utilization of the surveyed code.

To justify a work RVU of 1.85, the RUC compared the surveyed code to both the key reference service codes 74175 *Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing* (work RVU = 1.82, 25 minutes intra-service time and 35 minutes total time) and 72191 *Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing* (work RVU = 1.81, 25 minutes intra-service time and 35 minutes total time) and noted that the surveyed code requires more intra-service and total time and is therefore appropriately valued slightly higher than the reference services.

For additional support, the RUC noted that the surveyed code is appropriately bracketed by MPC codes 94011 *Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age* (work RVU = 1.75, 30 minutes intra-service and 70 minutes total time) and 99239 *Hospital inpatient or observation discharge day management; more than 30 minutes on the date of the encounter* (work RVU = 2.15, 45 minutes intra-service time and 64 minutes total time). The RUC concluded that CPT code 75898 should be valued at the 25th percentile work RVU as supported by the survey. **The RUC recommends a work RVU of 1.85 for CPT code 75898.**

Practice Expense
The Practice Expense (PE) Subcommittee concurred with the specialty societies that there is compelling evidence to support an increase over the aggregate current cost for clinical activities, supplies and equipment. Specifically, based upon evidence that there has been a change in specialties, with a consequent change in the clinical staff types, and a change in technology which now allows for the service to be performed in a non-facility setting. Also, an error in the previous valuation applies because codes 75894 and 75898 were previously contractor-priced and therefore never had direct PE inputs. CPT codes 75894 and 75898 recommend the use of L041A *Vascular Interventional Technologist* rather than L041B *Radiologic Technologist* as it is expected the utilization will transition to radiology services, specifically interventional radiology, thereby supporting clinical staff support from a vascular interventional technologist, rather than the radiologic technologist as defined within the reference codes.

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The PE Subcommittee discussed the request for non-facility inputs for CPT code 61626 and noted that the typical patient for the non-facility setting is described in a separate vignette in the PE SOR. Per 2022 claims data, 61624 and 61626 are performed in the facility setting almost 100% of the time, yet the Subcommittee agreed to allocate direct inputs in the non-facility setting for the minority number of anticipated patients, noting that the typical patient is similar to the facility-setting but with less severity. CPT code 61626 recommends use of L041A *Vascular Interventional Technologist* and L037D *RN/LPN/MTA* blend. The Subcommittee made a single amendment to the inputs for 61626 to remove ED032 *printer, laser, paper*.

The PE Subcommittee questioned the existing high-cost supply input, SF058 *LC Beads (2mL vial)*, as recommended with a quantity of two. It was noted that the number of beads is based on stasis of blood flow and even though the patient is not as urgent as in the facility, the tissue level embolization is essentially the same procedure and is a particle embolization which uses beads, not coils. **The RUC continues to call on CMS to separately identify and pay for high-cost disposable supplies using appropriate HCPCS codes.**

For CPT codes 61624 and 61626, the PE Subcommittee accepted the 3 minutes for CA001 *Complete pre-service diagnostic and referral forms* but removed the 3 minutes for CA003 *Schedule space and equipment in facility light, exam*, noting that one 3-minute phone call would be accounted for in the pre-service period. It was acknowledged that this standard 3-minute phone call in the pre-service period would occur as part of the post-service work required for an emergency procedure in the facility setting where work that would typically occur in the pre-service period gets shunted to the post-service period because of the emergent nature of the procedure. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

Do Not Use to Validate for Physician Work
The RUC recommends that CPT codes 75894 and 75898 should be flagged as **Do Not Use to Validate for Physician Work** due to the uncertainty regarding the vignette and who would perform the service and in what circumstances. The survey vignette was not found to be typical for 75898 (46%) and the percentage of survey respondents who found the vignette to be typical for 75894 was also low (54%).

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Surgery
Cardiovascular System
Heart and Pericardium
Vascular Embolization and Occlusion

Codes 37241-37244 are used to describe vascular embolization and occlusion procedures, excluding the central nervous system and the head and neck, which are reported using 61624, 61626, and 61710, ~~and 75894,~~ and excluding the ablation/sclerotherapy procedures for venous insufficiency/telangiectasia of the extremities/skin, which are reported using 36468, 36470, and 36471. Embolization and occlusion procedures are performed for a wide variety of clinical indications and in a range of vascular territories. Arteries, veins, and lymphatics may all be the target of embolization.

The embolization codes….

Nervous System
Skull, Meninges, and Brain
Endovascular Therapy

61623 *Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion*

(If selective catheterization and angiography of arteries other than artery to be occluded is performed, use appropriate catheterization and radiologic supervision and interpretation codes)

(If complete diagnostic angiography of the artery to be occluded is performed immediately prior to temporary occlusion, use appropriate radiologic supervision and interpretation codes only)

Codes 61624, 61626 describe permanent transcatheter vascular occlusion or embolization procedures, excluding non-central nervous system and non-head or neck embolization, which is reported using 37241, 37242, 37243, 37244. Codes 61624, 61626 include all associated radiological supervision and interpretation, intra-procedural guidance and road-mapping, and imaging necessary to document completion of the procedure. These codes do not always include diagnostic angiography and all necessary catheter placement(s). Code(s) for catheter placement(s) may be separately reported using selective catheter placement code(s), if used consistent with guidelines. Code(s) for diagnostic angiography may also be separately reported, when performed according to guidelines for diagnostic angiography during endovascular

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procedures, using the appropriate diagnostic angiography codes. Report these services with an appropriate modifier (eg, modifier 59). See the guidelines on the reporting of diagnostic angiography preceding 75600 in the Vascular Procedures, Aorta and Arteries subsection.

Code 61624 is used to report endovascular embolization or occlusion procedures performed in the intracranial or spinal cord central nervous system. Examples include embolization for tumor destruction, to achieve hemostasis, to occlude an intracranial aneurysm or vascular malformation. Code 61626 is used to report vascular embolization or occlusion performed in the extracranial non central nervous system branches of the head or neck. Examples include embolization for epistaxis and arterial trauma to the neck.

Code 61624 is used to report embolization of an aneurysm, pseudoaneurysm, or vascular extravasation and includes all intra-aneurysmal or endoluminal devices (eg, balloons, stents, guide catheters etc). Therefore, when embolization is the primary surgical goal, 61624 is reported and not the intracranial stent code. However, if a stent is deployed as the sole management of an aneurysm, pseudoaneurysm or vascular extravasation, the stent deployment code (61635) should be reported and not the embolization code.

Only one embolization code should be reported for each surgical field (ie, the area immediately surrounding and directly involved in a treatment/procedure). Embolization procedures performed at a single setting and including multiple surgical fields (eg, a patient with multiple trauma and both intracranial and extracranial bleeding) may be reported with multiple embolization codes with the appropriate modifier (eg, modifier 59).

▲61624	A1	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), including all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention, percutaneous, any method; central nervous system (intracranial, spinal cord) (For non-central nervous system ~~and~~, non-head or neck embolization, see 37241, 37242, 37243, 37244) (For open approach, see 61705, 61708, 61710) ~~(For radiological supervision and interpretation, use 75894)~~	000	20.00
▲61626	A2	non-central nervous system, head or neck (extracranial, brachiocephalic branch) (Do not report 61624, 61626, in conjunction with 75894, 75898) (For non-central nervous system ~~and~~, non-head or neck embolization, see 37241, 37242, 37243, 37244)	000	15.31

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		(For open approach, see 61705, 61710) ~~(For radiological supervision and interpretation, use 75894)~~		
Surgery for Aneurysm, Arteriovenous Malformation, or Vascular Disease *61705* *Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery* (For percutaneous transcatheter approach, see 61624, 61626) *61708* *by intracranial electrothrombosis* *(For ligation or gradual occlusion of internal/common carotid artery, see 37605, 37606)* (For percutaneous transcatheter approach, use 61624) *61710* *by intra-arterial embolization, injection procedure, or balloon catheter* (For percutaneous transcatheter approach, see 61624, 61626) **Radiology** **Diagnostic Radiology (Diagnostic Imaging)** **Vascular Procedures** **Transcatheter Procedures**				
(f)75894	A3	Transcatheter therapy, embolization, any method, radiological supervision and interpretation (Do not report 75894 in conjunction with 36475, 36476, 36478, 36479, 36836, 36837, 37241, 37242, 37243, 37244, 61624, 61626)	XXX	2.25
(f)75898	A4	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis (Do not report 75898 in conjunction with 36836, 36837, 37211, 37212, 37213, 37214, 37241, 37242, 37243, 37244, 61624, 61626, 61645, 61650, 61651) (For thrombolysis infusion management other than coronary, see 37211-37214, 61645)	XXX	1.85

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		(For non-thrombolysis infusion management other than coronary, see 61650, 61651)		

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:61624 Tracking Number A1 Original Specialty Recommended RVU: **25.00**
Presented Recommended RVU: **25.00**
Global Period: 000 Current Work RVU: **20.12** RUC Recommended RVU: **20.00**

CPT Descriptor: Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), including all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention, percutaneous, any method; central nervous system (intracranial, spinal cord)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old female who smokes and has hypertension presents to the emergency department with significant headache. She is unable to follow commands (Hunt and Hess grade 3). A computed tomography (CT) scan and CT angiogram demonstrated a diffuse modified Fisher 3 subarachnoid hemorrhage, hydrocephalus, and an anterior communicating artery aneurysm. She undergoes transcatheter intracranial arterial embolization.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 100% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 1% , Overnight stay-less than 24 hours 19% , Overnight stay-more than 24 hours 80%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: Review pre-operative work-up, with particular attention to imaging for treatment planning. Select and order the appropriate antibiotic(s) and intraoperative anticoagulation and confirm timing and administration, if required. Verification is made that all necessary surgical instruments, supplies, and specialized devices are available. Supporting base catheter, embolization microcatheter, and microwire combinations compatible in inner- and outer diameter as well as working lengths are selected and assembled on the sterile table. In comparison to and in addition to diagnostic arteriography, Tri-Axial systems are typically required to support embolization in the target vessel. Appropriately sized coils, balloons for possible temporary control and assist and microcatheter with pre-shaped tips most likely to succeed are selected. The physician ensures that all technical personnel have been familiarized with the technique and are fully familiar with all required devices. Don radiation protection Position (or supervise proper positioning of) patient. A surgical "time out" is performed with the treatment team.

Description of Intra-Service Work: Using fluoroscopic guidance and roadmapping technique, the embolization system, including parent vessel protection devices and a microcatheter are, advanced over a steerable guide wire to the aneurysm neck with great care aiming to avoid spasm, perforation, or dissection of the typically tortuous parent vessels on the way to the aneurysm. To that end, manual shaping of the microguidewire and the microcatheter tip over shaping mandrels is performed. The embolization microcatheter is advanced to and into the aneurysm dome with particular emphasis on avoiding causing a repeat rupture of the aneurysm by advancing the microcatheter too far. In certain anatomies with wide-neck aneurysms one or even two balloons are used temporarily to protect the parent and branching vessels from coil protrusion and serve as a back stop for intraprocedural rupture situations. Coils are sized according to the size of the aneurysm and prepared, and then serially loaded into the catheter system aiming to form a basket of coils that is then filled towards the inside. Coils are carefully delivered to the end of the catheter using the coil-marker indicators on the microcatheter and deployed by using the coil-specific detachment mechanism. The microcatheter and coils may need to be retracted and redeployed to achieve a tight coil pack and to avoid nontarget embolization. Intermittent control arteriograms

are performed to assess progress toward aneurysm stasis and lack of coil herniation into the parent vessel and need for additional coil deployment. When used, the balloons deployed to assist are temporarily deflated for this purpose. Completion angiography is performed, demonstrating the exclusion of the aneurysm from the arterial circulation and concurrent patency of the parent and branching vessels. When embolization is complete, the catheter system is removed in a sequential fashion.

Description of Post-Service Work: The patient is transferred to the recovery room and postoperative recovery care is discussed with nursing staff. The procedure and outcome are discussed with the family in the waiting area. A brief procedure note is written. A procedure report is dictated that includes the documentation of imaging and treatments. A complete neurological examination is repeated as soon as the patent has emerged from the effects of the anesthesia. The arterial access sites and distal pulses are assessed for hematoma formation and patency and desired limb perfusion. A postoperative progress note is written in the recovery room. The patient is discharged from the recovery room to ICU. Orders for continued monitoring are written and discussed with the nursing staff. Later the same day, a complete neurological examination is repeated and interval notes with an emphasis on neurological and vascular access site monitoring are charted. Patient and family questions are answered. Progress notes are written and discussed with the patient, family and nursing staff.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2024
Presenter(s):	Henry Woo MD; Clemens Schirmer MD; Andrew Moriarity MD; Jacob Ormsby MD; Minhajuddin Khaja MD
Specialty Society(ies):	AANS, CNS, ACR, ASNR, SIR
CPT Code:	61624
Sample Size: 5868	**Resp N:** 93
Description of Sample:	350 AANS/CNS 1832 ACR 726 ASNR 2960 SIR

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	9.00	**30.00**	50.00	250.00
Survey RVW:	12.00	20.00	**25.00**	30.00	60.00
Pre-Service Evaluation Time:			**90.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	15.00	120.00	**150.00**	180.00	360.00

Immediate Post Service-Time:	**45.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**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)

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)

4-FAC Difficult Patient/Difficult Procedure

CPT Code: 61624	**Recommended Physician Work RVU: 20.00**		
	Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:	**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:	**8.00**	**3.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:	**15.00**	**20.00**	**-5.00**
Intra-Service Time:	**150.00**		

Please, pick the post-service 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)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**33.00**	**33.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

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:

Key CPT Code	Global	Work RVU	Time Source
33477	000	25.00	**RUC Time**

CPT Descriptor Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
61645	000	15.00	**RUC Time**

CPT Descriptor 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)

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37244	000	13.75	**RUC Time**	13,397

CPT Descriptor 1 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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	000	0.00	**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

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: 44 **% of respondents:** 47.3 **%**

Number of respondents who choose 2nd Key Reference Code: 15 **% of respondents:** 16.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 61624	Top Key Reference CPT Code: 33477	2nd Key Reference CPT Code: **61645**
Median Pre-Service Time	63.00	63.00	58.00
Median Intra-Service Time	150.00	180.00	100.00
Median Immediate Post-service Time	33.00	33.00	83.00
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
Median Total Time	**246.00**	**276.00**	**241.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	2%	20%	78%

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	0%	5%	95%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	5%	95%
Physical effort required	0%	27%	73%

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%	2%	98%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	7%	0%	40%	53%

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	7%	7%	86%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	7%	0%	93%
Physical effort required	7%	33%	60%

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	7%	0%	93%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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.

Compelling Evidence

- ***Evidence that incorrect assumptions were made in the previous valuation of the service, as documented, such as flawed crosswalk assumptions in a previous evaluation***

Code 61624 has never been surveyed (Harvard or RUC) even though the RUC database indicates the physician time is "RUC":

1. The code was new in CPT 1992 - after Harvard finished it's work - so CMS had to "gap fill" the work RVU and develop a time estimate. Per the 1992 Final Rule, code 61624 indicates: "*Physician work value established by HCFA. It may have been a refinement of a Harvard value, or a gap fill for a code for which Harvard did not provide a value. These include codes reviewed by carrier medical directors."*

2. The CY1992 PFS indicated a ZZZ global for 61624.

3. The CY 1993 PFS changed the global to 000, but no text was included about the change in global. This likely occurred as a result of re-review by CMDs in response to comments.

4. Current RUC database indicates 61624 was reviewed by the RUC in April 2002, but this is not correct. A CPT revision to the code to add the term "permanent" was deemed editorial and no survey was conducted.

5. The RUC database physician time tab indicates time is "RUC," but this is not correct. In February 2007, as part of review of time and visits for the new PE RVU calculation methodology, the total time assigned by CMS for 61624 was divided into time components by SIR, accepted by the RUC Practice Expense Subcommittee, and submitted to CMS. ***Please see information attached at the end of this SOR that was submitted to CMS in 2007***.

6. The RUC database note "DO NOT USE TO VALIDATE FOR PHYSICIAN WORK" was added because the physician time was allocated from the total time assigned by HCFA (CMS) and not surveyed.

- ***Change in patient population and technology***

The treatment of intracranial aneurysm (IA) has undergone very significant paradigm shifts in the recent decades. The introduction of any new device is inevitably accompanied by evolution of the technique. Treatment techniques and management guidelines for IAs have been continually developing and this rapid development has altered treatment decision-making for clinicians. IAs are treated in one of two ways: surgical treatments such as microsurgical clipping with or without bypass techniques, and endovascular methods such as coiling, balloon- or stent-assisted coiling, or intravascular flow diversion and intravascular flow disruption. When making a decision of which treatment, several factors are crucial to consider. Age, past medical history, and comorbidities to help determine the patient's ability to tolerate a specific treatment. A young patient with a ruptured IA may be a good candidate for open surgery with better prospects of a long-term durable result and with lower rates of rebleeding. In contrast, in an elderly patient with comorbidities with a ruptured IA and a diffusely swollen and friable brain, endovascular coil embolization may be favored over open surgery.[1]

As surgical indications, techniques, and technology have advanced, more intense and complex endovascular treatments are being performed to save and extend the lives of patients not previously considered candidates for treatment. In 1997 about 20% of intracranial aneurysms underwent endovascular embolization and the remainder of aneurysms underwent open surgical clipping due to the challenges involved to perform the service using the endovascular approach. This proportion has been distinctly reversed with over 75% of intracranial aneurysms undergoing endovascular embolization over the last decade with many more complex pathologies within reach of this treatment modality (i.e., more complex and intense procedure).

In addition improvement in detachment technology of the devices removes the lower intensity time components of the procedure by providing near-instantaneous deployment of individual coils. This removed components of time for first-generation GDC electrolytically detachable coils were used that required waiting for the successful detachment, typically several minutes per coil and increasing as the case progressed due to the increased dispersion of the electric current in the increasingly dense coil mass. The technology change resulted in a more intense contemporary procedure due to eliminating these low intensity time intervals breaks. This has resulted in less time, but time that is all intense (ie, less lower intensity time for detachment). The new technology also allows for increasingly complex procedures that would have required an open procedure or no procedure for patients unable to undergo an open procedure. These

[1] Lee, K.S., Zhang, J.J.Y., Nguyen, V. *et al.* The evolution of intracranial aneurysm treatment techniques and future directions. *Neurosurg Rev* **45**, 1–25 (2022)

changes provide compelling evidence that technology has changed the intensity of work and has allowed a higher level of acuity of patients undergoing endovascular intracranial aneurysm treatment since code 61624 was established as new in 1992.

Background

An AMA CPT/RUC workgroup screen of services performed together 75% or more identified code pairs 61624/75894 and 61624/75898. Both code pairs were referred to CPT for a code bundling solution. Code 61626 was added to the proposal for bundling.

At the February 2024 CPT meeting, the Panel accepted the request to revise codes 61624 and 61626 to bundle all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention.

Recommendation - 61624

We recommend the survey median work RVU of 25.00.

Pre-time

Package 4 is selected with the following modifications:

Evaluation time: Standard package time of 40 minutes plus an additional 20 minutes (total = 60 minutes) to account for: (1) extensive imaging review for treatment planning, including obtaining measurements to assist with device selection; (2) significant time to verify all necessary specialized devices are available (eg, supporting base catheter, embolization microcatheter, and microwire combinations compatible in inner- and outer diameter as well as working lengths, appropriately sized coils, balloons for possible temporary control and assist, and microcatheter with pre-shaped tips most likely to succeed) and that these devices are assembled on the sterile table; and (3) extensive discussion with the patient/family about the possible intraoperative procedures that may be necessary and the expected postoperative recovery to obtain consent. These activities are not part of the typical preservice evaluation prior to a major procedure.

Positioning time: Standard package time of 3 minutes for supine positioning plus an additional 12 minutes (total = 15 minutes) to account for positioning the patient, imaging equipment, and anesthesia lines to allow physician access to the operative area.

Scrub, dress, wait time: Subtract 5 minutes (total time = 15 minutes) to be consistent with survey median.

Immediate Post-time

The postoperative time includes the time to discuss postoperative recovery care with nursing staff, discussion of the procedure and outcome with the family in the waiting area; writing a brief procedure note; dictating a procedure report that includes the documentation of imaging and treatments; performing a complete neurological examination as soon as the patent has emerged from the effects of the anesthesia; assessing the arterial access sites and distal pulses; writing orders for discharge from recovery to ICU and orders for continued monitoring ICU; later same day complete neurological examination in ICU and review and charting of interval notes with an emphasis on neurological and vascular access site monitoring; and answering patient, family and nursing staff questions. Forty-five minutes is a conservative estimate of physician postoperative time on the day of the procedure.

Key Reference Service Comparison (33477)

The relative intensity of key reference code 33477 is somewhat less than survey code 61624. The work involved in 33477 is a complex multistep procedure, but is substantially different in its nature and intraoperative intensity since it involves the sequential exchange and deployment of multiple balloons and stent-like devices to replace the pulmonary valve over a secure and stable guidewire. In contrast, during the coil embolization of an intracranial aneurysm, the progressive deployment of coils obscures the visibility of the coil currently being pushed. It increases the risk of perforation and intraprocedural rupture as well as microcatheter kick-out and resultant herniation of the coil into the parent vessel with thrombus formation and risk of stroke. The most dangerous coil to place is usually the last one. The intensity of 61624 is not only very high at the beginning and the end of the procedure, but also significantly high at every step.

MPC Code Comparison (37244)

There are many MPC codes that have a 0-day global assignment, but none that approach the work required of 61624. This makes finding appropriate MPC codes with similar total work difficult. MPC code 37244 requires significantly less total time and intra-time and appropriately has a significantly lower RVW. However, the relative intensity (IWPUT) of 37244 is comparable to 61624.

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	EVAL	POSIT	SDW	INTRA	POST
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	13.75	0.135	166	23	3	5	90	45
61624	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), including all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention, percutaneous, any method; central nervous system (intracranial, spinal cord)	25.00	0.148	285	60	15	15	150	45

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 61624 and sometimes 75894 and 75898

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty neurosurgery How often? Sometimes

Specialty radiology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? n/a
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
10,270 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2022 Medicare Part B utilization

Specialty neurosurgery Frequency 5250 Percentage 51.11 %

Specialty radiology Frequency 5000 Percentage 48.68 %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? Yes

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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:
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 61624

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/Specialty Society RVS Update Committee
Practice Expense Subcommittee
Thursday, February 1, 2007

Doctors Katherine Bradley, PhD, RN, (Chair), Joel Brill, MD, Thomas Felger, MD , Douglas M. Leahy, MD, John Gage, MD, Meghan Gerety, MD, William J. Mangold, Jr. MD, Charles Mick, MD, Bill Moran, MD, David Regan, MD, and Robert Zwolak, MD met and discussed the following four issues:

Physician Time Component Allocations
At the request of a specialty society, AMA staff compiled list of codes where there are no time components, only total time. On October 27, 2006 AMA staff emailed the list of codes to RUC participants and requested specialties to review the listing and submit time components to AMA staff. Three specialties submitted time components; the American Academy of Dermatology Association (AAD), the American College of Cardiology (ACC), and the Society for Interventional Radiology (SIR). After discussion of each of the submissions, the subcommittee agreed with all of the specialty physician time components and recommends them to the RUC for approval. These recommendations are attached behind this report.

In addition, since this issue of specialties providing missing physician time components has been an standing agenda item for this subcommittee since at least 2002, the subcommittee **recommends that by the April 2007 agenda book publication date, for codes with total time only, if no specialty recommends physician time components, the total time for the code will be recommended by the RUC as having zero physician time.** AMA staff will send a final listing of codes where physician time components are needed to all RUC participants soon after this meeting.

Submitted From SIR and sent to CMS		**Eval**	**Posit**	**SDW**	**Intra**	**Post**	**Total Rec time**	**Total Existing Time**
CPT Code								
61624	**Transcatheter occlusion/embo CNS**	**60**	**15**	**20**	**232**	**35**	**362**	**362**
61626	**Transcatheter occlusion/embo non-CNS, head or neck**	**60**	**15**	**20**	**173**	**35**	**303**	**303**

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:61626 Tracking Number A2 Original Specialty Recommended RVU: **20.00**
Presented Recommended RVU: **15.31**
Global Period: 000 Current Work RVU: **16.60** RUC Recommended RVU: **15.31**

CPT Descriptor: Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), including all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention, percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male presents to the emergency department with recurrent epistaxis. His medical history includes hypertension, atrial fibrillation requiring anticoagulation, and multiple episodes of epistaxis refractory to medical therapy and frequent packing. He undergoes transcatheter embolization of the maxillary artery.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 98% , In the ASC 1%, In the office 2%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 7% , Overnight stay-less than 24 hours 28% , Overnight stay-more than 24 hours 66%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 99%

Description of Pre-Service Work: A targeted H&P is performed obtaining relevant clinical information, including indications, physical examination findings, and important laboratory findings. Careful review of previously acquired imaging studies including multiplanar reformatted images is performed to assess access vessel, variants of anatomy, potential or future postsurgical changes, vessel diameter, and target vessel to be embolized. The proposed procedure is discussed with the patient and/or family. Informed consent is obtained. The examination, procedural plans, and consent are documented in the medical record. Diagnostic images are reviewed to determine appropriate catheter selection, placement, and embolization. Verification is made that all necessary surgical instruments, supplies, and specialized devices are available. Supporting base catheter, embolization catheter, and wire combinations are selected and assembled on the sterile table. In comparison to and in addition to diagnostic arteriography, tri-axial systems are typically required to support embolization in the target vessel. The physician ensures that all technical personnel have been familiarized with the technique and are fully familiar with all required devices. Don radiation protection. Position (or supervise proper positioning of) patient. A surgical "time out" is performed with the treatment team.

Description of Intra-Service Work: A microcatheter and microwire are advanced into the bleeding vessel(s) under roadmapping and fluoroscopic control. Embolic material (particles and/or coils) is delivered onto the sterile field and prepared in a suspension of contrast and saline. Embolization is performed using a combination of embolic particles and/or coils. Embolization is performed using small aliquots of embolic material mixed with contrast. Aliquots are slowly delivered to the target tumor tissue under fluoroscopic guidance until adequate flow arrest in the targeted vessel is achieved. Intermittent control angiograms are performed to assess progress in promoting arterial occlusion and to judge whether there is ongoing hemorrhage and collateral supply. Additional bleeding branches are targeted and embolized using embolic particles and coils, with intermittent control arteriography to assess progress. Completion angiography is performed demonstrating occlusion of the offending vessel(s). When embolization is complete, the catheter system is removed.

Description of Post-Service Work: The patient is transferred to the recovery room and postoperative recovery care is discussed with nursing staff. The procedure and outcome are discussed with the family in the waiting area. A brief procedure note is written. A procedure report is dictated that includes the documentation of imaging and treatments. A complete neurological examination is repeated as soon as the patent has emerged from the effects of the anesthesia. Signs of nontarget embolization are evaluated. A postoperative progress note is written in the recovery room. The patient is discharged from the recovery room to ICU or moderate care. Orders for continued monitoring are written and discussed with the nursing staff.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2024
Presenter(s):	Henry Woo MD; Clemens Schirmer MD; Andrew Moriarity MD; Jacob Ormsby MD; Minhajuddin Khaja MD; Curtis Anderson MD
Specialty Society(ies):	AANS, CNS, ACR, ASNR, SIR, OEIS
CPT Code:	61626
Sample Size: 6071	**Resp N:** 122
Description of Sample:	350 AANS/CNS 1832 ACR 726 ASNR 2960 SIR 203 OEIS

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**10.00**	24.00	100.00
Survey RVW:	8.00	15.31	**20.00**	25.00	50.00
Pre-Service Evaluation Time:			**70.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	15.00	90.00	**120.00**	130.00	360.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**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)

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)

4-FAC Difficult Patient/Difficult Procedure

CPT Code: 61626	**Recommended Physician Work RVU: 15.31**		
	Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:	**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:	**8.00**	**3.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:	**15.00**	**20.00**	**-5.00**
Intra-Service Time:	**120.00**		

Please, pick the post-service 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)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

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:

Key CPT Code	Global	Work RVU	Time Source
37244	000	13.75	**RUC Time**

CPT Descriptor 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

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33477	000	25.00	**RUC Time**

CPT Descriptor Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37244	000	13.75	**RUC Time**	13,397

CPT Descriptor 1 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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	000	0.00	**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

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: 30 **% of respondents:** 24.5 **%**

Number of respondents who choose 2nd Key Reference Code: 16 **% of respondents:** 13.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 61626	Top Key Reference CPT Code: 37244	2nd Key Reference CPT Code: 33477
Median Pre-Service Time	63.00	31.00	63.00
Median Intra-Service Time	120.00	90.00	180.00
Median Immediate Post-service Time	30.00	45.00	33.00
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
Median Total Time	**213.00**	**166.00**	**276.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	7%	27%	47%	20%

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	10%	23%	67%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	7%	43%	50%
Physical effort required	7%	57%	37%

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	7%	23%	70%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	13%	38%	50%

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	0%	19%	81%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	6%	94%
Physical effort required	0%	31%	69%

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%	6%	94%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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.

Compelling Evidence

- ***Evidence that incorrect assumptions were made in the previous valuation of the service, as documented, such as flawed crosswalk assumptions in a previous evaluation***

Code 61626 has never been surveyed (Harvard or RUC) even though the RUC database indicates the physician time is "RUC":

1. The code was new in CPT 1992 - after Harvard finished it's work - so CMS had to "gap fill" the work RVU and develop a time estimate. Per the 1992 Final Rule, code 61626 indicates: "*Physician work value established by HCFA. It may have been a refinement of a Harvard value, or a gap fill for a code for which Harvard did not provide a value. These include codes reviewed by carrier medical directors."*

2. The CY1992 PFS indicated a ZZZ global for 61626.

3. The CY 1993 PFS changed the global to 000, but no text was included about the change in global. This likely occurred as a result of re-review by CMDs in response to comments.

4. Current RUC database indicates 61626 was reviewed by the RUC in April 2002, but this is not correct. A CPT revision to the code to add the term "permanent" was deemed editorial and no survey was conducted.

5. The RUC database physician time tab indicates time is "RUC," but this is not correct. In February 2007, as part of review of time and visits for the new PE RVU calculation methodology, the total time assigned by CMS for 61626 was divided into time components by SIR, accepted by the RUC Practice Expense Subcommittee, and submitted to CMS. ***Please see information attached at the end of this SOR that was submitted to CMS in 2007.***

6. The RUC database note "DO NOT USE TO VALIDATE FOR PHYSICIAN WORK" was added because the physician time was allocated from the total time assigned by HCFA (CMS) and not surveyed.

- ***Change in patient population and technology***

Improvement in detachment technology of the devices removes the lower intensity time components of the procedure by providing near-instantaneous deployment of individual coils. This removed components of time for first-generation GDC electrolytically detachable coils were used that required waiting for the successful detachment, typically several minutes per coil and increasing as the case progressed due to the increased dispersion of the electric current in the increasingly dense coil mass. The technology change resulted in a more intense contemporary procedure due to eliminating these low intensity time intervals breaks. This has resulted in less time, but time that is all intense (i.e., less lower intensity time for detachment). The new technology also allows for increasingly complex procedures that would have required an open procedure or no procedure for patients unable to undergo an open procedure. These changes provide compelling evidence that technology has changed the intensity of work and has allowed a higher level of acuity of patients undergoing endovascular non-central system aneurysm treatment since code 61626 was established as new in 1992.

Background

An AMA CPT/RUC workgroup screen of services performed together 75% or more identified code pairs 61624/75894 and 61624/75898. Both code pairs were referred to CPT for a code bundling solution. Code 61626 was added to the proposal for bundling.

At the February 2024 CPT meeting, the Panel accepted the request to revise codes 61624 and 61626 to bundle all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention.

Recommendation - 61626

We recommend the survey median work RVU of 20.00.

Pre-time

Package 4 is selected with the following modifications:

Evaluation time: Standard package time of 40 minutes plus an additional 20 minutes (total = 60 minutes) to account for: (1) extensive imaging review for treatment planning, including obtaining measurements to assist with device selection; (2) significant time to verify all necessary specialized devices are available (eg, supporting base catheter, embolization microcatheter, and microwire combinations compatible in inner- and outer diameter as well as working lengths, appropriately sized coils, balloons for possible temporary control and assist, and microcatheter with pre-shaped tips most likely to succeed) and that these devices are assembled on the sterile table; and (3) extensive discussion with the patient/family about the possible intraoperative procedures that may be necessary and the expected postoperative recovery to obtain consent. These activities are not part of the typical preservice evaluation prior to a major procedure.

Positioning time: Standard package time of 3 minutes for supine positioning plus an additional 12 minutes (total = 15 minutes) to account for positioning the patient, imaging equipment, and anesthesia lines to allow physician access to the operative area.

Scrub, dress, wait time: Subtract 5 minutes (total time = 15 minutes) to be consistent with survey median.

Immediate Post-time

The postoperative time includes the time to discuss postoperative recovery care with nursing staff, discussion of the procedure and outcome with the family in the waiting area; writing a brief procedure note; dictating a procedure report that includes the documentation of imaging and treatments; performing a complete neurological examination as soon as the patent has emerged from the effects of the anesthesia; assessing the arterial access sites and distal pulses; later same day patient assessment and review and charting of interval notes with an emphasis on vascular access site monitoring; and answering patient, family and nursing staff questions.

Key Reference Service Comparison (37244)

Code 37244 requires significantly less total time and intra-time and appropriately has a significantly lower RVW. However, the relative intensity (IWPUT) of 37244 is comparable to 61626.

MPC Code Comparison (37244)

There are many MPC codes that have a 0-day global assignment, but none that approach the work required of 61626. This makes finding appropriate MPC codes with similar total work difficult. MPC code 37244 requires significantly less total time and intra-time and appropriately has a significantly lower RVW. However, the relative intensity (IWPUT) of 37244 is comparable to 61626.

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	EVAL	POSIT	SDW	INTRA	POST
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	13.75	0.135	166	23	3	5	90	45
61626	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), including all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention, percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)	20.00	0.146	240	60	15	15	120	30

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 61626 and sometimes 75894 and 75898

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty neurosurgery How often? Sometimes

Specialty radiology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. nationale data not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,347
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2022 Medicare Part B utilization

Specialty neurosurgery Frequency 385 Percentage 28.58 %

Specialty radiology Frequency 950 Percentage 70.52 %

Specialty Frequency 0 Percentage %

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:
Minor procedure

BETOS Sub-classification Level II:
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 61626

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/Specialty Society RVS Update Committee
Practice Expense Subcommittee
Thursday, February 1, 2007

Doctors Katherine Bradley, PhD, RN, (Chair), Joel Brill, MD, Thomas Felger, MD , Douglas M. Leahy, MD, John Gage, MD, Meghan Gerety, MD, William J. Mangold, Jr. MD, Charles Mick, MD, Bill Moran, MD, David Regan, MD, and Robert Zwolak, MD met and discussed the following four issues:

Physician Time Component Allocations
At the request of a specialty society, AMA staff compiled list of codes where there are no time components, only total time. On October 27, 2006 AMA staff emailed the list of codes to RUC participants and requested specialties to review the listing and submit time components to AMA staff. Three specialties submitted time components; the American Academy of Dermatology Association (AAD), the American College of Cardiology (ACC), and the Society for Interventional Radiology (SIR). After discussion of each of the submissions, the subcommittee agreed with all of the specialty physician time components and recommends them to the RUC for approval. These recommendations are attached behind this report.

In addition, since this issue of specialties providing missing physician time components has been an standing agenda item for this subcommittee since at least 2002, the subcommittee **recommends that by the April 2007 agenda book publication date, for codes with total time only, if no specialty recommends physician time components, the total time for the code will be recommended by the RUC as having zero physician time.** AMA staff will send a final listing of codes where physician time components are needed to all RUC participants soon after this meeting.

Submitted From SIR and sent to CMS		Eval	Posit	SDW	Intra	Post	Total Rec time	Total Existing Time
CPT Code								
61624	**Transcatheter occlusion/embo CNS**	**60**	**15**	**20**	**232**	**35**	**362**	**362**
61626	**Transcatheter occlusion/embo non-CNS, head or neck**	**60**	**15**	**20**	**173**	**35**	**303**	**303**

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:75894 Tracking Number A3 Original Specialty Recommended RVU: **2.25**
Presented Recommended RVU: **2.25**
Global Period: XXX Current Work RVU: **1.31** RUC Recommended RVU: **2.25**

CPT Descriptor: Transcatheter therapy, embolization, any method, radiological supervision and interpretation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old female is diagnosed with subarachnoid hemorrhage after presenting to the emergency department with a severe headache and vomiting. Middle cerebral artery aneurysm was identified, and intervention was performed, including aneurysm coiling. Interpretation of images obtained during the embolization procedure is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 54%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Based on the patient's symptoms, signs, physical findings, and any preprocedural imaging studies, the area of known disease within the intracranial arterial tree is determined. Additionally, full evaluation of the carotid system is planned using angiographic imaging in the interventional suite. In addition, it is ensured that imaging equipment can be rotated to provide complete imaging from multiple angles prior to patient positioning.

Description of Intra-Service Work: Fluoroscopic anatomic landmarks as well as ultrasound imaging is used to determine the best and safest access site. Upon confirmation of successful access, including possible confirmatory angiography, image-guided navigation to the arterial distribution in question is performed. Additional diagnostic imaging with fluoroscopy and digital subtraction angiography is performed for confirmation of expected findings and planning for the necessary intervention. This can include 3D-CT rotational arteriography, as needed. These images may need to be reprocessed in real-time at an independent workstation if time permits based on the clinical condition of the patient. Multiple fluoroscopic imaging angles are also required to ensure complete visualization of the vasculature as this is a two-dimensional representation of a three-dimensional anatomic vascular tree. In addition, overlapping vessels and interference from osseous structures has to be taken into account. This requires prolonged visualization and interpretation due to multiple images. Magnified and filtered imaging is used, as necessary, for best visualization of potential vascular lesions as well as reformatting pixilation due to movement of the head/neck region. Dictate, transcribe, edit, and authenticate a complete report and archive it in the permanent health record.

Description of Post-Service Work: Select pertinent DSA and fluoroscopic imaging for transfer to PACS, including reformatted images adjusting for motion. Perform formal interpretation of the recorded fluoroscopic images, DSA images, and any 3D-CT rotational arteriography that may be present. This is performed in conjunction with review of medical history as well as prior imaging for comparison. Record fluoroscopic dose details.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2024					
Presenter(s):	Minhajuddin Khaja, MD, Andrew Moriarity, MD, Robert Kennedy, MD, Michael, Booker, MD					
Specialty Society(ies):	ACR, SIR					
CPT Code:	75894					
Sample Size:	4790	**Resp N:**	37			
Description of Sample:	SIR 2,958 ACR 1,832					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	8.00	**25.00**	69.00	1100.00
Survey RVW:		1.50	2.25	**4.80**	12.00	38.14
Pre-Service Evaluation Time:				**20.00**		
Pre-Service Positioning Time:				**0.00**		
Pre-Service Scrub, Dress, Wait Time:				**0.00**		
Intra-Service Time:		7.00	43.00	**60.00**	120.00	240.00
Immediate Post Service-Time:	**20.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**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)

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)

XXX Global Code

CPT Code:	75894	**Recommended Physician Work RVU: 2.25**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**20.00**	**0.00**	**20.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service 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)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**0.00**	**20.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
74175	XXX	1.82	**RUC Time**

CPT Descriptor Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72191	XXX	1.81	**RUC Time**

CPT Descriptor Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
96116	XXX	1.86	**RUC Time**	146,363

CPT Descriptor 1 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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36455	XXX	2.43	**RUC Time**	18

CPT Descriptor 2 Exchange transfusion, blood; other than newborn

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

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: 20 **% of respondents:** 54.0 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 13.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 75894	Top Key Reference CPT Code: 74175	2nd Key Reference CPT Code: **72191**
Median Pre-Service Time	20.00	5.00	5.00
Median Intra-Service Time	60.00	25.00	25.00
Median Immediate Post-service Time	20.00	5.00	5.00
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
Median Total Time	**100.00**	**35.00**	**35.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	5%	5%	90%

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	0%	5%	95%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	5%	0%	95%
Physical effort required	0%	5%	95%

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%	5%	95%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	12%	6%	82%

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	0%	12%	88%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	12%	88%
Physical effort required	0%	12%	88%

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%	12%	88%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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.

Compelling Evidence

Code 75894 has never been surveyed and value was established by CMS/Other for the current wRVU of 1.31. The societies believe there is support for compelling evidence due to incorrect assumptions made in the previous valuation of CPT 75894. Previously there was no vignette developed for this service, due to this the societies believe the current values

do not appropriately reflect the use of this code and support the development of a vignette and values based on input from survey of society members performing this service.

Claims data from 2022 shows that CPT 75894 was billed 87.7% of the time with CPT 61624. At the recent CPT meeting, February 2024, code changes made to codes 61624 and 61626 resulted in the RS&I services (75894 and 75898) now bundled with codes 61624 and 61626. This bundling will result in a different patient population, one expected to be predominantly serviced by interventional radiology and not neurosurgery.

Background

In April 2022, 61624 was identified on the screen for services performed by the same physician on the same date of service 75% of the time or more. The screen only includes code pairs that total allowed charges of $5 million or more. and Any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 61624/75894 and 61624/75898. In September 2022, the Workgroup referred this issue to CPT for a code bundling solution in CPT 2025.The RUC noted that CPT code 75898 has been bundled previously with other services but has not ever been surveyed itself.

Code 61626 was added in 1992 and is a legacy code, resultantly, no history exists for the development of the code. However, Code 61624 was revised for CPT 2003.

The Panel postponed time certain (February 2024) the request to revise codes 61624, 61626 to report inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention. Code 75894 and 75898 were not deleted, as codes no longer billable with 61624 and 61626 and no survey data, the societies were required to survey the RS&I codes (75894 and 75898) to establish values outside of utilization with the endovascular therapy with imaging code set.

CPT 75894 and 75898 have never been surveyed by the RUC. There is no historical information available through the RUC database for code 75894 and why it has never been surveyed. The RUC database does offer insight into CPT 75898. At the April 2012 RUC meeting, CPT codes 37211-37214 were reviewed, and RUC recommendations were forwarded to CMS in May 2012. However, CPT codes 75896 *Transcatheter therapy, infusion other than for thrombolysis, radiological supervision and interpretation* and 75898 *Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis* were not surveyed and until specialty society recommendations were provided, the RUC recommended carrier pricing for both services.

Methodology

A multi-disciplinary survey conducted by ACR and SIR was distributed to randomly selected members of the representative societies. For code 75894, 37 surveys were completed. The surveys were reviewed by the multi-specialty group and determined to be valid and reflective of the work and intensity involved.

Work RVU Recommendation for 75894

We are recommending a value of 2.25 wRVU, the survey 25th percentile for CPT 75894.

Pre- and Post-Service Time Packages

As an XXX global code, there are no pre or post time packages for this code.

Comparison with Key Reference Services

The key reference codes chosen by the majority of the survey respondents were 1) 74175 *Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing,* with work RVUs of 1.82 and 2) 72191, *Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing*, with work RVUs of 1.81. Survey data supports 54% of members selected code 74175 and 13.5% selected code 72191. The key reference codes selected for the survey of CPT 75894 are slightly lower in value when applying the 25th percentile of the survey results, 2.25 work RVUs. Due to the greater physician time from the survey data, this results in a much lower IWPUT when compared to the KRSs.

Given CPT 75894 has never been surveyed and this is the first establishment of the code value based on physician input, it was expected the values may not align exactly with current values of 1.31 wRVUs and 25 minutes of total time, there is no intra time for this code; therefore, there is no current IWPUT.

CPT	RVW	IWPUT	Total Time	Eval	INTRA	IM-post
75894 Survey	2.25	0.0226	100	20	60	20
72191 Key Ref	1.81	0.0634	35	5	25	5
74175 Key Ref	1.82	0.0638	35	5	25	5

Our recommendation is work RVU 2.25, the 25th percentile, for 75894.

Comparison to MPC codes

A review of XXX MPC codes, not part of the RSL, identifies two codes which are supportive when valuing CPT 75894. CPT 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* with intra time of 60 minutes and wRVUs of 1.86 brackets on the lower end along with 36455, *Exchange transfusion, blood; other than newborn,* with intra time of 60 minutes and wRVUs of 2.43 brackets on the higher end.

CPT	RVW	IWPUT	Total Time	Eval	INTRA	IM-post
96116 MPC	1.86	0.0273	70	5	60	5
75894 Survey	2.25	0.0226	100	20	60	20
36455 MPC	2.43	0.0181	120	30	60	30

Conclusion

The RUC database reflects CPT 75894 has never been surveyed. A multi-disciplinary survey of CPT 75894 was performed. In review of the survey data, the 25th percentile wRVU of 2.25 is recommended.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 75898

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 Interventional Radiology How often? Rarely

Specialty Diagnostic Radiology How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,345
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2022 claims data for 75894 was 10,938, and claims data for 61624 was 10,270. With updated coding 75894 is now bundled into 61624. Code 61624 was billed 87.7% of the time with CPT 75894, but the utilization is expected to drastically decrease.

10,938*0.877 = 9593. 10,938 - 9,593 = 1,345 split 50/50 = 673/672

Focusing soley on the specialties of diagnostic radiology and interventional radiology which are believed to be the only specialties who may continue to bill this RS&I code, although it is believed interventional radiology may be the predominant user, because it is not known by how much this may be, a 50/50 split was used for estimation between the specialties. There may be other opportunities for future utilization, but until new claims data of the bundled services is available the exact utilization is not known and can only be estimated based on current patterns and potential opportunities.

Specialty Interventional Radiology Frequency 673 Percentage 50.03 %

Specialty Diagnostic Radiology Frequency 672 Percentage 49.96 %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? No

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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:
Imaging

BETOS Sub-classification:
Other

BETOS Sub-classification Level II:
NA

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

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. 37197

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:75898 Tracking Number A4 Original Specialty Recommended RVU: **1.85**
Presented Recommended RVU: **1.85**
Global Period: XXX Current Work RVU: **1.65** RUC Recommended RVU: **1.85**

CPT Descriptor: Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old female is diagnosed with subarachnoid hemorrhage after presenting to the emergency department with a severe headache and vomiting. Middle cerebral artery aneurysm was identified, and an aneurysm coiling was performed, including a follow-up internal carotid angiogram. Interpretation of images of the follow-up angiogram is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 46%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the indication for the examination, any pertinent clinical history, and prior cross-sectional imaging studies to become familiar with the patient's clinical scenario and anatomy. Review digital subtraction angiography and fluoroscopic images prior to transcatheter therapy focusing on the lesion in question. Confirm that adequate pre-treatment angiography imaging of the lesion in question was performed and evaluate which projections adequately characterize the lesion to assess response to transcatheter therapy, embolization, or infusion. Consider additional projections, angiographic catheter position, and injection techniques that may be required in order to further characterize whether lesion is successfully treated.

Description of Intra-Service Work: After treatment of lesion, additional follow-up imaging is performed. Digital subtraction angiography and fluoroscopy is utilized in multiple different projections, again taking into account overlapping vessels and osseous structures. This can include 3D-CT rotational arteriography, as needed. These images may need to be reprocessed in real-time at an independent workstation if time permits based on the clinical condition of the patient. Imaging is obtained in order to confirm adequate lesion treatment, no residual hemorrhage or occlusion. In addition, full and detailed evaluation of the base vessel and adjacent vessel distributions is performed. Magnified and filtered imaging is used, as necessary, for best visualization of potential vascular lesions as well as reformatting pixilation due to movement of the head/neck region. In addition, overlapping vessels and interference from bone prominences has to be taken into account. This requires prolonged visualization and interpretation due to multiple images. Dictate, transcribe, edit, and authenticate a complete report and archive it in the permanent health record.

Description of Post-Service Work: Select pertinent DSA and fluoroscopic imaging for transfer to PACS, including reformatted images adjusting for motion or bowel gas. Perform formal interpretation of the recorded fluoroscopic images, DSA images, and any 3D-CT rotational arteriography that may be present. This is performed in conjunction with review of medical history as well as prior imaging for comparison. Record fluoroscopic dose details.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2024					
Presenter(s):	Minhajuddin Khaja, MD, Andrew Moriarity, MD, Robert Kennedy, MD, Michael, Booker, MD					
Specialty Society(ies):	ACR, SIR					
CPT Code:	75898					
Sample Size:	4790	**Resp N:**	37			
Description of Sample:	SIR 2,958 ACR 1,832					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	2.00	**15.00**	50.00	500.00
Survey RVW:		1.27	1.85	**2.52**	6.80	29.00
Pre-Service Evaluation Time:				**15.00**		
Pre-Service Positioning Time:				**0.00**		
Pre-Service Scrub, Dress, Wait Time:				**0.00**		
Intra-Service Time:		5.00	22.00	**45.00**	60.00	180.00
Immediate Post Service-Time:	**17.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**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)

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)

XXX Global Code

CPT Code:	75898	**Recommended Physician Work RVU: 1.85**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**15.00**	**0.00**	**15.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service 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)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**17.00**	**0.00**	**17.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

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:

Key CPT Code	Global	Work RVU	Time Source
74175	XXX	1.82	**RUC Time**

CPT Descriptor Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72191	XXX	1.81	**RUC Time**

CPT Descriptor Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99239	XXX	2.15	**RUC Time**	4,505,061

CPT Descriptor 1 Hospital inpatient or observation discharge day management; more than 30 minutes on the date of the encounter

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

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: 17 **% of respondents:** 45.9 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 13.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 75898	Top Key Reference CPT Code: 74175	2nd Key Reference CPT Code: **72191**
Median Pre-Service Time	15.00	5.00	5.00
Median Intra-Service Time	45.00	25.00	25.00
Median Immediate Post-service Time	17.00	5.00	5.00
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
Median Total Time	**77.00**	**35.00**	**35.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	20%	20%	60%

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	0%	20%	80%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	20%	20%	60%
Physical effort required	0%	25%	75%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician	0%	20%	80%

- Estimated risk of malpractice suit with poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	20%	20%	60%

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	0%	20%	80%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	20%	80%
Physical effort required	0%	20%	80%

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%	0%	100%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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.

Compelling Evidence

Code 75898 has never been surveyed and value was established by CMS/Other for the current wRVU of 1.65. The societies believe there is support for compelling evidence due to incorrect assumptions made in the previous valuation of CPT 75898. Previously there was no vignette developed for this service, due to this the societies believe the current values do not appropriately reflect the use of this code and support the development of a vignette and values based on input from survey of society members performing this service.

Claims data from 2022 shows that CPT 75898 was billed 82.5% of the time with CPT 61624. At the recent CPT meeting, February 2024, code changes made to codes 61624 and 61626 resulted in the RS&I services (75894 and 75898) now bundled with codes 61624 and 61626. This bundling will result in a different patient population, one expected to be predominantly serviced by interventional radiology and not neurosurgery.

Background

Due to the coding changes from the RUC survey in April 2012, code 75898 was now an orphan code and the specialty societies reiterated this at the following October 2012 RUC meeting. Code 75898 was expected to be addressed as part of the coding changes expected at that time from the multi-specialty embolization coding revision due for CPT Editorial Panel review in February 2013. A parenthetical was added for 75898 in which it could not be billed in conjunction with 37211-37214, 37241-37244, but the code was not surveyed. According to the RUC database, CPT 75898 has never been surveyed.

In April 2022, 61624 was identified on the screen for services performed by the same physician on the same date of service 75% of the time or more. The screen only includes code pairs that total allowed charges of $5 million or more. and Any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 61624/75894 and 61624/75898. In September 2022, the Workgroup referred this issue to CPT for a code bundling solution in CPT 2025.The RUC noted that CPT code 75898 has been bundled previously with other services but has not ever been surveyed itself.

Code 61626 was added in 1992 and is a legacy code, resultantly, no history exists for the development of the code. However, Code 61624 was revised for CPT 2003.

The Panel postponed time certain (February 2024) the request to revise codes 61624, 61626 to report inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention. Code 75894 and 75898 were not deleted, as codes no longer billable with 61624 and 61626 and no survey data, the societies were required to survey the RS&I codes (75894 and 75898) to establish values outside of utilization with the endovascular therapy with imaging code set.

Methodology

A multi-disciplinary survey conducted by ACR and SIR was distributed to randomly selected members of the representative societies. For code 75898, 37 surveys were completed. It should be noted, this is the first time CPT 75898 has been surveyed. The surveys were reviewed by the multi-specialty group and determined to be valid and reflective of the work and intensity involved.

Work RVU Recommendation for 75898

We are recommending a value of 1.85 wRVU, the survey 25th percentile, for CPT 75898.

Pre- and Post-Service Time Packages

As an XXX global code, there are no pre or post time packages for this code.

Comparison with Key Reference Services

The key reference codes chosen by the majority of the survey respondents were 1) 74175 *Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing,* with work RVUs of 1.82 and 2) 72191, *Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing*, with work RVUs of 1.81. Survey data supports 45.9% of members selected code 74175 and 13.5% selected code 72191. The key reference codes selected for the survey of CPT 75898 are within the similar values when applying the 25th percentile of the survey results, 1.85 work RVUs. Due to the greater physician time from the survey data, this results in a much lower IWPUT when compared to the KRSs.

Given CPT 75898 has never been surveyed and this is the first establishment of the code value based on physician input, it was expected the values may not align exactly with current values of 1.65 wRVUs and 31 minutes of total time, there is no intra time for this code; therefore, there is no current IWPUT.

CPT	RVW	IWPUT	Total Time	Eval	INTRA	IM-post
75898 Survey	1.85	0.0252	77	15	45	17
72191 Key Ref	1.81	0.0634	35	5	25	5
74175 Key Ref	1.82	0.0638	35	5	25	5

Our recommendation is work RVU 1.85, the 25th percentile, for 75898.

Comparison to MPC codes

A review of XXX MPC codes, not part of the RSL, identifies a code which is supportive when valuing CPT 75898. CPT 99239, *Hospital inpatient or observation discharge day management; more than 30 minutes on the date of the encounter* with intra time of 45 minutes and wRVUs of 2.15 aligns with the recommended value of the survey code.

CPT	RVW	IWPUT	Total Time	Eval	INTRA	IM-post
75898 Survey	1.85	0.0252	77	15	45	17
99239 MPC	2.15	0.0383	64		45	19

Conclusion

The RUC database reflects CPT 75898 has never been surveyed. A multi-disciplinary survey of CPT 75898 was performed. In review of the survey data, the 25th percentile wRVU of 1.85 is recommended.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 75894

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 Interventional Radiology How often? Rarely

Specialty Diagnostic Radiology How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,583
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2022 claims data indicates 75898 was billed a total of 14,757 and 61624 billed 10,270. With the updated coding 75898 is now bundled into 61624. Code 61624 was billed 82.5% of the time with CPT 75898, but the utlization is expected to drastically decrease.

14,757*0.825 = 12,174 14,757 - 12,174 = 2,583 split 50/50 = 1,292/1,291

Focusing soley on the specialties of diagnostic radiology and interventional radiology which are believed to be the only specialties who may continue to bill this RS&I code, although it is believed interventional radiology may be the predominant user, because it is not known by how much this may be, a 50/50 split was used for estimation between the specialties. There may be other opportunities for future utilization, but until new claims data of the bundled services is available the exact utilization is not known and can only be estimated based on current patterns and potential opportunities.

Specialty Interventional Radiology Frequency 1292 Percentage 50.01 %

Specialty Diagnostic Radiology Frequency 1291 Percentage 49.98 %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? No

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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:
Imaging

BETOS Sub-classification:
Other

BETOS Sub-classification Level II:
NA

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

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. 37197

ISSUE: Endovascular Therapy with Imaging
TAB: 4

SOURCE	CPT	DESC	global	Review Year	Resp	IWPUT	WPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD Post	12 Month Svy Experience MIN	12 Month Svy Experience 25th	12 Month Svy Experience MED	12 Month Svy Experience 75th	12 Month Svy Experience MAX
REF1	33477	Transcatheter pulmonary valve implantation, percutaneous	000	2015	44	0.129	0.091			25.00			276	40	3	20			180			33					
REF2	61645	Percutaneous arterial transluminal mechanical thrombectomy and/or	000	2015	15	0.121	0.062			15.00			241	40	3	15			100			83					
current	61624	Transcatheter permanent occlusion or embolization (eg, for tumor	000	CMS/Oth		0.075	0.056			20.12			362	60	15	20			232			35					
current	75894	Transcatheter therapy, embolization, any method,	XXX	CMS/Oth		N/A	0.052			1.31			25														
current	75898	Angiography through existing catheter for follow-up study for	XXX	CMS/Oth		N/A	0.053			1.65			31														
SVY-All	61624	Transcatheter permanent occlusion or embolization (eg, for tumor	000		93	0.143	0.079	12.00	20.00	25.00	30.00	60.00	315	90	15	15	15	120	150	180	360	45	0	9	30	50	250
		Radiology			*42*	*0.138*	*0.071*	*12.00*	*17.63*	***20.00***	*27.00*	*40.00*	***282***	*79*	*16*	*15*	*15*	*100*	*120*	*180*	*240*	*53*	*0*	*0*	*6*	*30*	*100*
		Surgery			*51*	*0.147*	*0.087*	*14.00*	*25.00*	***30.00***	*35.00*	*60.00*	***345***	*90*	*15*	*15*	*90*	*120*	*180*	*180*	*360*	*45*	*2*	*26*	*50*	*80*	*250*
REC	61624	**Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a**	000			0.120	0.081			20.00			246	40	8	15			150			33					
REF1	37244	Vascular embolization or occlusion, inclusive of all radiological	000	2013	30	0.135	0.083			13.75			166	23	3	5			90			45					
REF2	33477	Transcatheter pulmonary valve implantation, percutaneous	000	2015	16	0.129	0.091			25.00			276	40	3	20			180			33					
current	61626	Transcatheter permanent occlusion or embolization (eg, for tumor	000	CMS/Oth		0.081	0.055			16.60			303	60	15	20			173			35					
current	75894	Transcatheter therapy, embolization, any method,	XXX	CMS/Oth		N/A	0.052			1.31			25														
current	75898	Angiography through existing catheter for follow-up study for	XXX	CMS/Oth		N/A	0.053			1.65			31														
SVY-All	61626	Transcatheter permanent occlusion or embolization (eg, for tumor	000		122	0.144	0.080	8.00	15.31	20.00	25.00	50.00	250	70	15	15	15	90	120	130	360	30	0	2	10	24	100
		Radiology			*69*	*0.156*	*0.079*	*8.00*	*15.00*	***16.50***	*20.00*	*35.00*	***210***	*60*	*15*	*15*	*15*	*75*	*90*	*120*	*180*	*30*	*0*	*1*	*5*	*10*	*50*
		Surgery			*53*	*0.162*	*0.085*	*13.00*	*20.00*	***22.50***	*30.00*	*50.00*	***265***	*75*	*15*	*15*	*60*	*95*	*120*	*160*	*360*	*40*	*0*	*10*	*15*	*30*	*100*
REC	61626	**Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a**	000			0.112	0.072			15.31			213	40	8	15			120			30					
1st REF	74175	Computed tomographic angiography, abdomen, with	XXX	2013	20	0.0638	0.052			1.82			35	5					25			5					
2nd REF	72191	Computed tomographic angiography, pelvis, with contrast	XXX	2013	5	0.0634	0.052			1.81			35	5					25			5					
CURRENT	75894	Transcatheter therapy, embolization, any method,	XXX	CMS/Oth		-	0.052			1.31			25														
SURVEY	75894	Transcatheter therapy, embolization, any method,	XXX		37	0.0651	0.048	1.50	2.25	4.80	12.00	38.14	100	20			7	43	60	120	240	20	0	8	25	69	1100
REC		**Transcatheter therapy, embolization, any method, radiological supervision and interpretation**	XXX			0.0226	0.023			2.25			100	20					60			20					
1st REF	74175	Computed tomographic angiography, abdomen, with	XXX	2013	17	0.0638	0.052			1.82			35	5					25			5					
2nd REF	72191	Computed tomographic angiography, pelvis, with contrast	XXX	2013	5	0.0634	0.052			1.81			35	5					25			5					
CURRENT	75898	Angiography through existing catheter for follow-up study for	XXX	CMS/Oth		-	0.053			1.65			31														
SURVEY	75898	Angiography through existing catheter for follow-up study for	XXX		37	0.0401	0.033	1.27	1.85	2.52	6.80	29.00	77	15			5	22	45	60	180	17	0	2	15	50	500
REC		**Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis**	XXX			0.0252	0.024			1.85			77	15					45			17					

FACILITY DIRECT PE INPUTS

CPT CODE(S): 61624, 61626
SPECIALTY SOCIETY(IES): AANS, CNS, SIR, ACR, ASNR
PRESENTER(S): Henry Woo, MD; Robert Kennedy, MD; Andrew Moriarity, MD; Jacob Ormsby, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 04/2024

CPT Code	Long Descriptor	Global Period
61624	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), including all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention, percutaneous, any method; central nervous system (intracranial, spinal cord)	000
61626	non-central nervous system, head or neck (extracranial, brachiocephalic branch)	000

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
61624	A 55-year-old female who smokes and has hypertension presents to the emergency department with significant headache. She is unable to follow commands (Hunt and Hess grade 3). A computed tomography (CT) scan and CT angiogram demonstrated a diffuse modified Fisher 3 subarachnoid hemorrhage, hydrocephalus, and an anterior communicating artery aneurysm. She undergoes transcatheter intracranial arterial embolization.
61626	A 65-year-old male presents to the emergency department with recurrent epistaxis. His medical history includes hypertension, atrial fibrillation requiring anticoagulation, and multiple episodes of epistaxis refractory to medical therapy and frequent packing. He undergoes transcatheter embolization of the maxillary artery.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The society advisors reviewed the background for the current facility inputs for Harvard-based codes 61624 and 61626 compared with existing facility PE inputs for the RUC reviewed reference codes.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   Codes 61624 and 61626, when performed in the facility, are comparable to code 37243 which was reviewed by the RUC and Practice Expense Subcommittee in 2013. Therefore, code 37243 has been added as an additional reference for comparison.

   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?

   No

   See the *Billed Together* tab in the RUC Database.

FACILITY DIRECT PE INPUTS

CPT CODE(S): 61624, 61626
SPECIALTY SOCIETY(IES): AANS, CNS, SIR, ACR, ASNR
PRESENTER(S): Henry Woo, MD; Robert Kennedy, MD; Andrew Moriarity, MD; Jacob Ormsby, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

Although the RUC database indicates that 61624 was reviewed in April 2002, no survey was conducted and PE was not reviewed. A new code for endovascular "temporary" balloon occlusion was created and code 61624 was editorially revised to indicate "permanent" occlusion.

In addition, although the RUC database indicates that both codes 61624 and 61626 were reviewed by the PEAC in March 2001, only supplies and equipment were considered in 2001 This was based on a recommendation from CMS that a long list of facility-only codes have no supplies or equipment. Clinical staff time for that list of codes was not considered at that meeting.

In February 2002, the PEAC recommended that by the September 2002 PEAC meeting, those codes with global periods of 0 and 10 days will receive a PEAC recommendation of zero minutes of pre-service time unless a specialty recommends otherwise and is able to provide sufficient data to the PEAC to justify the recommended times. Unfortunately, at that time the tables used by the PEAC indicated 61624 and 61626 were 90-day global codes and were given the standard facility only 90-day global codes pre-times. The times were subsequently zeroed out by CMS prior to final implementation of the PEAC recommendations since they were actually 0-day codes.

However, these procedures, when performed in the facility, are comparable to code 37243 which was reviewed by the RUC and Practice Expense Subcommittee in 2013. We are requesting six minutes as approved for 37243 for both codes. Clinical staff will be involved in transfer of patient information and coordination with insurers and the facility regarding these procedures. Although all the activities for "minimal" use of staff are not appropriate (eg, patient education, patient preop calls), there is still clinical staff time that will always occur. The physician typically uses their own clinical staff to complete preservice diagnostic/referral forms and to work with the insurance companies for authorization – even if after the procedure.

See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

no

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

FACILITY DIRECT PE INPUTS

CPT CODE(S): 61624, 61626
SPECIALTY SOCIETY(IES): AANS, CNS, SIR, ACR, ASNR
PRESENTER(S): Henry Woo, MD; Robert Kennedy, MD; Andrew Moriarity, MD; Jacob Ormsby, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

n/a

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

   n/a

8. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

   A clinically trained individual (RN,/LPN/MA) will review and complete all referral forms for the various insurance entities and ensure that the indication has met medical necessity for the procedure and forward the approved forms to the appropriate personnel including by fax if necessary. This may be done prior to the procedure, contemporaneously with the procedure, or after the procedure, but it is the physician's clinical staff that will do this so that the physician can get paid for performing the procedure. It is work that always must be done and the placement in the pre-service category does not imply it is only done in this component-just that it must be done.

   b. Service period (includes pre, intra and post):

   n/a

   c. Post-service period:

   n/a

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

   n/a

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

    n/a

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

    n/a

14. Are you recommending a PE supply pack for this recommendation? Yes or No.

If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

n/a

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

    n/a

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

    n/a

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

    n/a

18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

    n/a

19. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment please explain here:

    n/a

PE-ONLY CODES ADDITIONAL INFORMATION

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

    n/a

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

    n/a

ADDITIONAL INFORMATION

22. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

    n/a

FACILITY DIRECT PE INPUTS

CPT CODE(S): 61624, 61626
SPECIALTY SOCIETY(IES): AANS, CNS, SIR, ACR, ASNR
PRESENTER(S): Henry Woo, MD; Robert Kennedy, MD; Andrew Moriarity, MD; Jacob Ormsby, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

The PE detail inputs were revised to delete the society recommended time for clinical staff for CA003 Schedule space and equipment in facility. The PE Subcommittee determined that the physician will be responsible to work with facility staff to schedule the OR time, order necessary endovascular supplies, and imaging equipment for the typical patient.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 61626
SPECIALTY SOCIETY(IES): ACR, OEIS, SIR, ASNR
PRESENTER(S): Curtis Anderson, MD, PhD, Andrew Moriarity, MD, Robert Kennedy, MD, Minhaj Khaja, MD, Jacob Ormsby, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 4/2024

CPT Code	Long Descriptor	Global Period
61626	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)	000

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
61626	Patient: A 65-year-old male presents to the ENT with recurrent epistaxis. He has nasal packing placed. His medical history includes hypertension, atrial fibrillation requiring anticoagulation, and multiple episodes of epistaxis refractory to medical therapy and frequent packing. He undergoes transcatheter embolization of the maxillary artery as an outpatient..

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The societies of ACR, OEIS, SIR, and ASNR convened a panel of experts familiar with this service to evaluate the direct practice expense inputs for endovascular therapy with imaging code, 61626.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   CPT code 61626 is a current CPT code with no nonfacility direct practice expense inputs. CPT 37243 was selected as a reference code due to the similar clinical experience and distribution of work to this code.

   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?

   No

   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

Interventional radiology is the expected predominant provider in the nonfacility setting.

See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

The RUC database indicates that both codes 61624 and 61626 were reviewed by the PEAC in March 2001, only supplies and equipment were considered in 2001 This was based on a recommendation from CMS that a long list of facility-only codes have no supplies or equipment. Clinical staff time for that list of codes was not considered at that meeting.

In February 2002, the PEAC recommended that by the September 2002 PEAC meeting, those codes with global periods of 0 and 10 days will receive a PEAC recommendation of zero minutes of pre-service time unless a specialty recommends otherwise and is able to provide sufficient data to the PEAC to justify the recommended times. Unfortunately, at that time the tables used by the PEAC indicated 61624 and 61626 were 90-day global codes and were given the standard facility only 90-day global codes pre-times. The times were subsequently zeroed out by CMS prior to final implementation of the PEAC recommendations since they were actually 0-day codes.

However, whether performed in the facility or nonfacility setting, code 61626 is comparable to code 37243 which was reviewed by the RUC and Practice Expense Subcommittee in 2013. We are requesting nonfacility PE values, which code 61626 does not currently have. It is expected the utilization will continue with interventional radiology, still supporting clinical staff support from a vascular interventional technologist.

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

Extra personnel to assist physician - Our recommendations follow the 'interventional' standards whereby a "hip to hip" technologist is needed to assist the MD during the procedure as a scrub hand, one vascular interventional technologist (75%) and one nurse blend (25%) is used as a circulator.

Additional time
Check dressings, catheters, wounds (CA029) – due to the highly vascular nature of the area most commonly treated, additional time (+2 minutes) is needed by the RN/LPN/MTA to check dressings and ensure homeostasis prior to discharge for a total of 3 minutes.

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

We are requesting 5 minutes for vital signs to measure weight and obtain heart rate, O2 saturation, respiratory rate, temperature, and blood pressure before these procedures.

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

- Complete pre-service diagnostic & referral forms (3) - RN/LPN/MTA (L037D) During this time the staff is collecting and coordinating the request from referring physician and ensuring all appropriate preoperative imaging has been performed.
- Coordinate pre-surgery services (3) - RN/LPN/MTA (L037D) During this portion the staff is arranging an preoperative medical clearances
- Complete pre-procedure phone calls & prescriptions (3) - RN/LPN/MTA (L037D) Coordinate with patient any information related to scheduling of procedure. Prescribe preoperative lab work if any are missing.
- Perform regulatory mandated quality assurance activity (pre-service) (6) Vascular Interventional Technologist (L041A)

    b. Service period (includes pre, intra and post):

- Greet patient, provide gowning, ensure appropriate medical records are available (3) RN/LPN/MTA (L037D)
- Obtain vital signs (5) - RN/LPN/MTA (L037D) vital signs to measure weight and obtain heart rate, O2 saturation, respiratory rate, temperature and blood pressure performed
- Provide education/obtain consent – (5) RN/LPN/MTA (L037D)
- Prepare room, equipment and supplies (2) Vascular Interventional Technologist (L041A)
- Prepare, set-up and start IV, initial positioning and monitoring of patient (2) Vascular Interventional Technologist (L041A) prepares the patient by initially positioning for the physician to begin the procedure

- Assist Physician - Vascular Interventional Technologist (L041A) 100% Physician time - This is a hip-to-hip clinical staff who is scrubbed into the procedure and assists the physician throughout the procedure.
- Nurse /Tech blend - Circulating staff in the room that acquires images, opens supplies, adjusts and connects equipment. This by convention has been a 75% Vascular Interventional Technologist (L041A) 25% RN/LPN/MTA (L037D) role for interventional procedures.
- Clean room (CA024) (3) - This is typically done by the Vascular Interventional Technologist (L041A), including cleaning the imaging equipment and table.
- Review/read post-procedure x-ray, lab and pathology reports (CA028) (3) - Vascular Interventional Technologist (L041A) will review and ensure the applicable reports are posted into the medical record for further review by physician and care team.
- Check dressings, catheters and wounds (CA029) (3) - RN/LPN/MTA (L037D) check on the operative site(s) and confirm patient is stable for discharge.
- Technologist QC's images in PACS (CA030) (2) - The Vascular Interventional Technologist (L041A) QCs all images and makes sure the images transfer to PACS.
- Review examination with interpreting MD/DO (CA031) (2) Vascular Interventional Technologist (L041A) reviews the images to confirm accuracy and completeness of imaging record of procedure,
- Scan exam documents into PACS. (CA032) (1) Vascular Interventional Technologist (L041A) Complete exam in RIS system to propulate images into work queue

c. Post-service period:

- Coordinate post-procedure services (3) - RN/LPN/MTA (L037D) provides follow up communication with patient following the procedure to check on status

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

- Assist Physician - Vascular Interventional Technologist (L041A) 100% Physician time - This is a hip-to-hip clinical staff who is scrubbed into the procedure and assists the physician throughout the procedure. This staff person directly works with physician to complete procedure including handing equipment/supplies off the sterile table, maintaining sterility of wires, catheters, and devices. RN (L051A) 100% Physician time – This nurse is dedicated to the monitoring of the patient throughout the procedure.
- Nurse /Tech blend - Circulating staff in the room that acquires images, opens supplies, adjusts, and connects equipment. This by convention has been a 75% Vascular Interventional Technologist (L041A) 25% Nurse/LPN/MTA (L037D) role for interventional procedures. This staff member operates imaging equipment, obtaining images, adjusting imaging parameters, opening sterile and nonsterile supplies and otherwise assists in a mobile capacity while not scrubbed in.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 61626
SPECIALTY SOCIETY(IES): ACR, OEIS, SIR, ASNR
PRESENTER(S): Curtis Anderson, MD, PhD, Andrew Moriarity, MD, Robert Kennedy, MD, Minhaj Khaja, MD, Jacob Ormsby, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

For CPT Code 61626 we have included a tech at 75% of the physician work time to perform the image acquisition portion of the procedure and a nurse blend at 25% of the physician time as the circulator.

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

Yes, all defined by CMS. Kit, IV starter (SA019) Pack, minimum multi-specialty visit (SA048) Tray, shave prep (SA067) Kit, AccuStick II Introducer System with RO Marker (SA071)

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

	kit, iv starter	SA019		kit	
	latex-free tourniquet		1	item	
	alcohol prep pad		1	item	

iodophor PVP swabstick		1	item
transparent dressing		1	item
8-ply gauze sponges (2" x 2")		2	item
tape strips (1/2" x 4")		2	item
tape strips (1" x 4")		2	item
dressing change label		1	item

DESCRIPTION	Code	Unit	Item Qty
pack, minimum multi-specialty visit	**SA048**	**pack**	
paper, exam table		foot	7
gloves, non-sterile		pair	2
gown, patient		item	1
pillow case		item	1
cover, thermometer probe		item	1

tray, shave prep	**SA067**	**tray**
2 compartment tray; absorbent towels (2); disposable double edged stainless steel comb/comb razor; gauze sponges (2); presoaped (Castile) foam sponge; underpad; cotton tipped applicators (2)		

kit, AccuStick II Introducer System with RO Marker	**SA071**		**kit**
21 gauge diagnostic needle		1	item
0.018" wire		1	item
RO Sheath Marker		1	item
4Fr Dilator		1	item
6Fr Sheath		1	item
0.038" wire		1	item

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?

c. Does the computer include code specific software that is typically used to provide the service(s)?

No

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute
	TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE			
EQ032	IV infusion pump	2439.096	Default	0.006472694
EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	3139	Default	0.010131537
EL011	room, angiography	1193425.21	Highly Technical	4.521910978
EF027	table, instrument, mobile	531.926	Default	0.001183213
EF018	stretcher	8095.021	Default	0.021481972
ED053	Professional PACS Workstation	15467.671	Other: ½ physician pre time + physician intra time	0.061285948
ED050	Technologist PACS workstation	5557	PACS	0.022017924

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

Code	Description	Qty	Explanation
SA048	pack, minimum multi-specialty visit	1	Basic patient encounter supplies
SA019	kit, iv starter	1	For IV access for the patient
SA067	tray, shave prep	1	Groin typically needs to be shaved for sterile preparation.
SA071	kit, AccuStick II Introducer System with RO Marker	1	For catheter access

SB001	**cap, surgical**	3	**One for MD, Vascular Interventional Tech (hip to hip), Tech/nurse blend**
SB009	**drape, sterile, femoral**	1	**Drapes sterile field. This is the most commonly used drape for these procedures to protect a large area from wire/catheter contamination.**
SB019	**drape-towel, sterile 18in x 26in**	4	**To frame operate site.**
SB024	**gloves, sterile**	2	**For MD and Vascular Interventional Tech (hip to hip)**
SB028	**gown, surgical, sterile**	2	**For MD and Vascular Interventional Tech (hip to hip)**
SB034	**mask, surgical, with face shield**	2	**For MD and Vascular Interventional Tech (hip to hip)**
SB039	**shoe covers, surgical**	3	**One for MD, Vascular Interventional Tech (hip to hip), Tech/nurse blend**
SB044	**underpad 2ft x 3ft (Chux)**	1	**To place under the groin during procedure.**
SC008	**catheter, angiographic, pig-tail**	1	**For cervicothoracic arch aortogram**
SC010	**closed flush system, angiography**	1	**Flush system for fluid administration and waste management**
SC051	**syringe 10-12ml**	4	**For contrast administration**
SC053	**syringe 20ml**	4	**For heparinized Saline Flushes**
SC057	**syringe 5-6ml**	3	**For use with microcatheter**
SC058	**syringe w-needle, OSHA compliant (SafetyGlide)**	2	**For lidocaine administration**
SC060	**syringe, pressure (radiology)**	1	**For power injector**
SD089	**guidewire, hydrophilic**	1	**For selective arterial catheterization**
SD136	**vascular sheath**	1	**One access site**
SD147	**catheter, (Glide)**	1	**For catheterization of artery**
SD148	**catheter, (SIM2F1)**	1	**For catheterization of aortic arch branch vessel**
SD154	**catheter, microcatheter (selective 3rd order)**	1	**For superselective catheterization of target vessel and for delivery of embolics**
SD171	**guidewire bowl w-lid, sterile**	1	**For wire management and saline soak.**
SD172	**guidewire, cerebral (Bentson)**	1	**Primary access wire for sheath**
SD175	**guidewire, steerable (Transcend)**	1	**Guidewire for microcatheter**
SD207	**suture device for vessel closure (Perclose A-T)**	1	**For arterial hemostasis**
SD211	**tubing, pressure injection line (angiography)**	1	**For power injector used in arteriography**
SF007	**blade, surgical (Bard-Parker)**	1	**Skin nick to introduce sheath.**
SF058	**LC Beads (2mL vial)**	2	**Embolic agent**

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 61626
SPECIALTY SOCIETY(IES): ACR, OEIS, SIR, ASNR
PRESENTER(S): Curtis Anderson, MD, PhD, Andrew Moriarity, MD, Robert Kennedy, MD, Minhaj Khaja, MD, Jacob Ormsby, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

SG009	**applicator, sponge-tipped**	4	**For sterile preparation with Betadine**
SG035	**dressing, 3in x 4in (Telfa, Release)**	2	**For wiping hydrophilic wire during procedure.**
SG037	**dressing, 4in x 4.75in (Tegaderm)**	1	**For operative site(s).**
SG055	**gauze, sterile 4in x 4in**	2	**For wiping guidewires and operative field during procedure.**
SG074	**steri-strip (6 strip uou)**	1	**For access site**
SG079	**tape, surgical paper 1in (Micropore)**	6	**For access site dressing**
SH047	**lidocaine 1%-2% inj (Xylocaine)**	10	**Local anesthesia.**
SH065	**sodium chloride 0.9% flush syringe**	2	**For medication administration by RN**
SJ041	**povidone soln (Betadine)**	60	**For skin prep**
SD251	**Sheath Shuttle (Cook)**	1	**Necessary guiding sheath for stable triaxial catheter system**
SM013	**disinfectant, surface (Envirocide, Sanizide)**	1	**For cleaning of operative table, patient table, etc.**

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

4/24/24 PE Subcommittee Meeting change made at the table:

Equipment
ED032, printer laser, paper was removed from NF equipment for 61626.

Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute
~~ED032~~	~~printer, laser, paper~~	~~1014.25~~	~~Other~~	~~0.004018658~~

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 75894, 75898
SPECIALTY SOCIETY(IES): SIR, ACR
PRESENTER(S): Robert Kennedy, MD, Minhaj Khaja, MD, Andrew Moriarity, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 4/2024

CPT Code	Long Descriptor	Global Period
75894	Transcatheter therapy, embolization, any method, radiological supervision and interpretation	XXX
75898	Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
75894	A 55-year-old female is diagnosed with subarachnoid hemorrhage after presenting to the emergency department with a severe headache and vomiting. Middle cerebral artery aneurysm was identified, and intervention was performed, including aneurysm coiling. Interpretation of images obtained during the embolization procedure is performed.
75898	A 55-year-old female is diagnosed with subarachnoid hemorrhage after presenting to the emergency department with a severe headache and vomiting. Middle cerebral artery aneurysm was identified, and an aneurysm coiling was performed, including a follow-up internal carotid angiogram. Interpretation of images of the follow-up angiogram is performed.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The societies of ACR, ASNR, and SIR convened a panel of experts familiar with these services to evaluate the direct practice expense inputs for these radiological supervision and interpretation (RS&I) codes.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   CPT codes 75894 and 75898 are current CPT codes with no direct practice expense inputs. For CPT 75894, CPT 75716 was selected as a reference code as another RS&I code provides similar clinical experiences and distributions of work to this new code. For CPT 75898, CPT 75726 was selected as a reference code as another RS&I code provides similar clinical experiences and distributions of work to this new code.

   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?

   No

   See the *Billed Together* tab in the RUC Database.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 75894, 75898
SPECIALTY SOCIETY(IES): SIR, ACR
PRESENTER(S): Robert Kennedy, MD, Minhaj Khaja, MD, Andrew Moriarity, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

   Based on and following 2022 claims data diagnostic radiology would be the predominant provider with 66% utilization followed by interventional radiology with 33%.

   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

   There currently is no PE valued in the non-facility for the survey codes 75894 and 75898 as these codes have never been surveyed by the RUC. In review of the codes which are now separated from the codes 61624, which is facility based only, and 61626, which will also be submitting recommendations for value in the nonfacility setting, it was determined establishing values for these RS&I codes in the nonfacility setting was appropriate based on the expertise of the advisors on the panel.

   When establishing the recommended values for the survey codes, it was determined the clinical staff listed for the reference codes 75716 and 75726 needed to change to from radiologic technologist to vascular interventional technologist, which has a higher rate per minute.

   In preparation of the RUC survey the neurosurgical and neurology specialties who have predominantly been the highest utilizers of the survey codes, indicated they would no longer have use for the survey codes with the new bundling of RS&I services into the primary procedure codes 61624 and 61626.

   Removing the top 2 specialties of neurosurgery and neurology from estimating utilization of the survey codes, the next highest specialties are diagnostic radiology and interventional radiology who previously utilized each of the survey codes in combination approximately 33% of the time. Based on the survey data, 35 of the 37 responses were completed by interventional radiologists and 2 by interventional radiologists who also provide diagnostic services. It is expected the utilization will transition to radiology services, specifically interventional radiology, thereby supporting clinical staff support from a vascular interventional technologist, rather than the radiologic technologist as defined within the reference codes.

   See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 75894, 75898
SPECIALTY SOCIETY(IES): SIR, ACR
PRESENTER(S): Robert Kennedy, MD, Minhaj Khaja, MD, Andrew Moriarity, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

The specialties are recommending 4 minutes for CA030 Technologist QC's images in PACS, checking for all images, reformats, and dose page. The baseline time for this clinical activity is 2 minutes. These services require additional time to account for the technologist adjusting contrast levels for each image of numerous angiography runs in different projections. In addition, the "mask" image must be manually adjusted for each image to correct poor image quality related to patient motion respiration.

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

CA008 which is reflected for both reference codes, 75716 and 75726, was split up to more current representation of this work by recommending CA007 for 1 minute and CA014 for 1 minute for both survey codes.

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

N/A

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

- CA006 - Confirm availability of prior images/studies 2 minutes L041A Vascular Interventional Technologist must ensure that imaging studies are available for review prior to the procedure.
- CA007 - Review patient clinical extant information and questionnaire 1minute Vascular Interventional Technologist

    b. Service period (includes pre, intra and post):

- CA013 - Prepare room, equipment and supplies 2 minutes L041A Vascular Interventional Technologist will prepare the equipment and supplies for the procedure
- CA014 - Confirm order, protocol exam 1 minute L041A Vascular Interventional Technologist
- CA021 - Perform procedure NOT directly related to physician work time – L041A Vascular Interventional Technologist is in the procedure room and assists in operating the C-arm, acquires images and circulates during critical times of the procedure.
- CA024 - Clean room/equipment by clinical staff 3 minutes, standard, L041A Vascular Interventional Technologist
- CA030 - Technologist QC's images in PACS – 3 minutes L041A Vascular Interventional Technologist will review images (commonly CT, MR) and ensure transfer to PACs is performed

- CA031 - Review examination with interpreting MD/DO – 2 minutes L041A Vascular Interventional Technologist will review the images and documentation of the treatment planning to ensure complete
- CA032 - Scan exam documents into PACS – 1 minute L041A Vascular Interventional Technologist will scan documents into PACs

c. Post-service period:

N/A

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

Vascular Interventional Technologist is in the procedure room and assists in operating the C-arm, acquires images and circulates during critical times of the procedure.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

18. Are you recommending a PE supply pack for this recommendation? Yes or No.

If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

No

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

N/A

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

EL011 room, angiography: "Other"
Followed "Rationale for Angiographic Room time Allocation"
To prevent double counting of room time between the procedure code and the S&I code the S&I code should receive a base time of 9 minutes for the room, and all other time will be allocated to the procedure code.

ED053 Professional PACS Workstation: "Other"
Followed "Guidelines for PACS Professional Workstation
Minutes equal to half the preservice physician work time and the full intraservice physician work time.

ED050 Technologist PACS workstation: "PACS" formula

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?

(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

Supply Items

- SB008 drape, sterile, c-arm, fluoro - Required for sterile preparation of imaging equipment
- SM013 disinfectant, surface (Envirocide, Sanizide) - For cleaning imaging equipment after usage

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

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Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	I
1	RUC Practice Expense Spreadsheet					REFERENCE CODE		CURI
2						37243		61(
4	Clinical Activity Code	Meeting Date: 04/2024 Revision Date (if applicable): Tab: 4 Specialty (FAC Inputs): AANS, CNS, SIR, ACR, ASNR, OEIS Specialty (NF Inputs): SIR, ACR, ASNR, OEIS	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural		Transc permanen or emboliz for tumor c to ac
5		LOCATION				Non Fac	Facility	Non Fac
6		GLOBAL PERIOD				000	000	000
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				$ 9,173.72	$ 2.99	$ -
8		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	58.0	6.0	0.0
9			L041A	Vascular Interventional	0.731	236.0	0.0	0.0
10			L051A	RN	0.698	48.0	0.0	0.0
11		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	9.0	6.0	0.0
12			L041A	Vascular Interventional	0.731	6.0	0.0	0.0
13		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	46.0	0.0	0.0
14			L041A	Vascular Interventional	0.731	230.0	0.0	0.0
15			L051A	RN	0.698	48.0	0.0	0.0
16		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	3.0	0.0	0.0
17		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE				$ 234.90	$ 2.99	$ -
18		PRE-SERVICE PERIOD						
19		Start: Following visit when decision for surgery/procedure made						
20	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.498	3	3	
21	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.498	3		
22	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.498		3	
24	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.498	3		
29	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.498			
30	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L041A	Vascular Interventional	0.731	6		
36		End: When patient enters office/facility for surgery/procedure						
37		SERVICE PERIOD						
38		Start: When patient enters office/facility for surgery/procedure:						
39		Pre-Service (of service period)						
40	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	0.498	3		
41	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.498	5		
42	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.498	5		
44	CA013	Prepare room, equipment and supplies	L041A	Vascular Interventional	0.731	7		
47	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L041A	Vascular Interventional	0.731	5		
55		Intra-service (of service period)						
56	CA018	Assist physician or other qualified healthcare professional---directly related to physician	L041A	Vascular Interventional	0.731	120		
57	CA018	Assist physician or other qualified healthcare professional---directly related to physician	L051A	RN	0.698	45		
59	CA021	Perform procedure/service---NOT directly related to physician work time	L041A	Vascular Interventional	0.731	90		
60	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.498	30		
66		Post-Service (of service period)						
69	CA024	Clean room/equipment by clinical staff	L051A	RN	0.698	3		
70	CA024	Clean room/equipment by clinical staff	L041A	Vascular Interventional	0.731			
74	CA028	Review/read post-procedure x-ray, lab and pathology reports	L041A	Vascular Interventional	0.731	3		
75	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.498	3		
76	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L041A	Vascular Interventional	0.731	5		
77	CA031	Review examination with interpreting MD/DO	L041A	Vascular Interventional	0.731			
78	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into	L041A	Vascular Interventional	0.731			
89		End: Patient leaves office/facility						
90		POST-SERVICE PERIOD						
91		Start: Patient leaves office/facility						
92	CA037	Conduct patient communications						
93	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.498	3		
107		End: with last office visit before end of global period						

	A	B	D	E	F	G	H	I
1	RUC Practice Expense Spreadsheet					REFERENCE CODE		CURI
2						37243		61(
4	Clinical Activity Code	Meeting Date: 04/2024 Revision Date (if applicable): Tab: 4 Specialty (FAC Inputs): AANS, CNS, SIR, ACR, ASNR, OEIS Specialty (NF Inputs): SIR, ACR, ASNR, OEIS	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural		Transc permanen or emboliz for tumor c to ac
5		LOCATION				Non Fac	Facility	Non Fac
6		GLOBAL PERIOD				000	000	000
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				$ 9,173.72	$ 2.99	$ -
8		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	58.0	6.0	0.0
9			L041A	Vascular Interventional	0.731	236.0	0.0	0.0
10			L051A	RN	0.698	48.0	0.0	0.0
11		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	9.0	6.0	0.0
12			L041A	Vascular Interventional	0.731	6.0	0.0	0.0
13		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	46.0	0.0	0.0
14			L041A	Vascular Interventional	0.731	230.0	0.0	0.0
15			L051A	RN	0.698	48.0	0.0	0.0
16		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	3.0	0.0	0.0
108	Supply Code	MEDICAL SUPPLIES	PRICE	UNIT				
109		TOTAL COST OF SUPPLY QUANTITY x PRICE				$ 8,304.83	$ -	$ -
110	SA019	kit, iv starter	1.07	kit		1		
111	SA048	pack, minimum multi-specialty visit	5.02	pack		1		
112	SA067	tray, shave prep	1.27	tray		1		
113	SA071	kit, AccuStick II Introducer System with RO Marker	82.51	kit		1		
114	SB001	cap, surgical	1.14	item		4		
115	SB009	drape, sterile, femoral	9.15	item		1		
116	SB019	drape-towel, sterile 18in x 26in	0.47	item		4		
117	SB024	gloves, sterile	0.91	pair		3		
118	SB028	gown, surgical, sterile	5.13	item		2		
119	SB034	mask, surgical, with face shield	3.4	item		4		
120	SB039	shoe covers, surgical	0.1	pair		4		
121	SB044	underpad 2ft x 3ft (Chux)	0.32	item		1		
122	SC008	catheter, angiographic, pig-tail	10.74	item		1		
123	SC010	closed flush system, angiography	172.85	item		1		
124	SC051	syringe 10-12ml	0.21	item		4		
125	SC053	syringe 20ml	0.83	item		4		
126	SC057	syringe 5-6ml	0.13	item		3		
127	SC058	syringe w-needle, OSHA compliant (SafetyGlide)	0.49	item		2		
128	SC060	syringe, pressure (radiology)	11.51	item		1		
129	SD089	guidewire, hydrophilic	20.555	item		1		
130	SD136	vascular sheath	24.444	item		1		
131	SD147	catheter, (Glide)	48.95	item		1		
132	SD148	catheter, (SIM2F1)	13.22	item		1		
133	SD154	catheter, microcatheter (selective 3rd order)	332.11	item		1		
134	SD171	guidewire bowl w-lid, sterile	3.99	item		1		
135	SD172	guidewire, cerebral (Bentson)	48.27	item		1		
136	SD175	guidewire, steerable (Transcend)	231.59	item		1		
137	SD207	suture device for vessel closure (Perclose A-T)	189	item		1		
138	SD211	tubing, pressure injection line (angiography)	2.26	item		1		
139	SF007	blade, surgical (Bard-Parker)	0.68	item		1		
140	SF058	LC Beads (2mL vial)	2341.93	item		3		
141	SG009	applicator, sponge-tipped	0.15	item		4		
142	SG035	dressing, 3in x 4in (Telfa, Release)	0.05	item		2		
143	SG037	dressing, 4in x 4.75in (Tegaderm)	0.6	item		1		
144	SG055	gauze, sterile 4in x 4in	0.19	item		2		
145	SG074	steri-strip (6 strip uou)	1.54	item		1		
146	SG079	tape, surgical paper 1in (Micropore)	0.01	inch		6		
147	SH039	heparin 1,000 units-ml inj	0.47	ml		5		
148	SH047	lidocaine 1%-2% inj (Xylocaine)	0.06	ml		10		
149	SH065	sodium chloride 0.9% flush syringe	0.68	item		2		
150	SJ041	povidone soln (Betadine)	0.38	ml		60		
151	SM013	disinfectant, surface (Envirocide, Sanizide)	0.18	oz		1		
152	SD251	Sheath Shuttle (Cook)	109.69	item				
157	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute			
158		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				$ 633.98	$ -	$ -
159	EQ032	IV infusion pump	2439.096	Default	0.006472694	180		
160	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	3139	Default	0.010131537	180		
161	EL011	room, angiography	1193425.2	Highly Technical	4.521910978	137		
162	EF027	table, instrument, mobile	531.926	Default	0.001183213	180		
163	EF018	stretcher	8095.021	Default	0.021481972	180		
164	ED053	Professional PACS Workstation	15467.671	Other Formula	0.061285948	38		
165	ED050	Technologist PACS workstation	5557	PACS	0.022017924	230		
166	ED032	printer, laser, paper	1014.25	Other Formula	0.004018658	5		

	A	B	J	K	L	M	N	O	P
1	RUC Practice Expense Spreadsheet		RENT	RECOMMENDED		CURRENT		RECOMMENDED	
2			624	61624		61626		61626	
4	Clinical Activity Code	Meeting Date: 04/2024 Revision Date (if applicable): Tab: 4 Specialty (FAC Inputs): AANS, CNS, SIR, ACR, ASNR, OEIS Specialty (NF Inputs): SIR, ACR, ASNR, OEIS	atheter occlusion ation (eg, estruction, hieve	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve		Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve		Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a	
5		LOCATION	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	000	000	000	000	000	000	000
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ -	$ -	$ 1.49	$ -	$ -	$ 6,838.55	$ 1.49
8		TOTAL CLINICAL STAFF TIME	0.0	0.0	3.0	0.0	0.0	58.0	3.0
9			0.0	0.0	0.0	0.0	0.0	228.0	0.0
10			0.0	0.0	0.0	0.0	0.0	0.0	0.0
11		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	0.0	3.0	0.0	0.0	9.0	3.0
12			0.0	0.0	0.0	0.0	0.0	6.0	0.0
13		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	46.0	0.0
14			0.0	0.0	0.0	0.0	0.0	222.0	0.0
15			0.0	0.0	0.0	0.0	0.0	0.0	0.0
16		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	3.0	0.0
17		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	$ -	$ -	$ 1.49	$ -	$ -	$ 197.75	$ 1.49
18		PRE-SERVICE PERIOD							
19		Start: Following visit when decision for surgery/procedure made							
20	CA001	Complete pre-service diagnostic and referral forms			3			3	3
21	CA002	Coordinate pre-surgery services (including test results)						3	
22	CA003	Schedule space and equipment in facility			0				0
24	CA005	Complete pre-procedure phone calls and prescription						3	
29	CA008	Perform regulatory mandated quality assurance activity (pre-service)							
30	CA008	Perform regulatory mandated quality assurance activity (pre-service)						6	
36		End: When patient enters office/facility for surgery/procedure							
37		SERVICE PERIOD							
38		Start: When patient enters office/facility for surgery/procedure:							
39		Pre-Service (of service period)							
40	CA009	Greet patient, provide gowning, ensure appropriate medical records are available						3	
41	CA010	Obtain vital signs						5	
42	CA011	Provide education/obtain consent						5	
44	CA013	Prepare room, equipment and supplies						2	
47	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient						2	
55		Intra-service (of service period)							
56	CA018	Assist physician or other qualified healthcare professional---directly related to physician						120	
57	CA018	Assist physician or other qualified healthcare professional---directly related to physician							
59	CA021	Perform procedure/service---NOT directly related to physician work time						90	
60	CA021	Perform procedure/service---NOT directly related to physician work time						30	
66		Post-Service (of service period)							
69	CA024	Clean room/equipment by clinical staff							
70	CA024	Clean room/equipment by clinical staff						3	
74	CA028	Review/read post-procedure x-ray, lab and pathology reports						3	
75	CA029	Check dressings, catheters, wounds						3	
76	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page						2	
77	CA031	Review examination with interpreting MD/DO						2	
78	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into						1	
89		End: Patient leaves office/facility							
90		POST-SERVICE PERIOD							
91		Start: Patient leaves office/facility							
92	CA037	Conduct patient communications							
93	CA038	Coordinate post-procedure services						3	
107		End: with last office visit before end of global period							

	A	B	J	K	L	M	N	O	P
1	RUC Practice Expense Spreadsheet		RENT	RECOMMENDED		CURRENT		RECOMMENDED	
2			624	61624		61626		61626	
4	Clinical Activity Code	Meeting Date: 04/2024 Revision Date (if applicable): Tab: 4 Specialty (FAC Inputs): AANS, CNS, SIR, ACR, ASNR, OEIS Specialty (NF Inputs): SIR, ACR, ASNR, OEIS	atheter occlusion tation (eg, estruction, hieve	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve		Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve		Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a	
5		LOCATION	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	000	000	000	000	000	000	000
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ -	$ -	$ 1.49	$ -	$ -	$ 6,838.55	$ 1.49
8		TOTAL CLINICAL STAFF TIME	0.0	0.0	3.0	0.0	0.0	58.0	3.0
9			0.0	0.0	0.0	0.0	0.0	228.0	0.0
10			0.0	0.0	0.0	0.0	0.0	0.0	0.0
11		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	0.0	3.0	0.0	0.0	9.0	3.0
12			0.0	0.0	0.0	0.0	0.0	6.0	0.0
13		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	46.0	0.0
14			0.0	0.0	0.0	0.0	0.0	222.0	0.0
15			0.0	0.0	0.0	0.0	0.0	0.0	0.0
16		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	3.0	0.0
108	Supply Code	MEDICAL SUPPLIES							
109		TOTAL COST OF SUPPLY QUANTITY x PRICE	$ -	$ -	$ -	$ -	$ -	$ 6,061.29	$ -
110	SA019	kit, iv starter						1	
111	SA048	pack, minimum multi-specialty visit						1	
112	SA067	tray, shave prep						1	
113	SA071	kit, AccuStick II Introducer System with RO Marker						1	
114	SB001	cap, surgical						3	
115	SB009	drape, sterile, femoral						1	
116	SB019	drape-towel, sterile 18in x 26in						4	
117	SB024	gloves, sterile						2	
118	SB028	gown, surgical, sterile						2	
119	SB034	mask, surgical, with face shield						2	
120	SB039	shoe covers, surgical						3	
121	SB044	underpad 2ft x 3ft (Chux)						1	
122	SC008	catheter, angiographic, pig-tail						1	
123	SC010	closed flush system, angiography						1	
124	SC051	syringe 10-12ml						4	
125	SC053	syringe 20ml						4	
126	SC057	syringe 5-6ml						3	
127	SC058	syringe w-needle, OSHA compliant (SafetyGlide)						2	
128	SC060	syringe, pressure (radiology)						1	
129	SD089	guidewire, hydrophilic						1	
130	SD136	vascular sheath						1	
131	SD147	catheter, (Glide)						1	
132	SD148	catheter, (SIM2F1)						1	
133	SD154	catheter, microcatheter (selective 3rd order)						1	
134	SD171	guidewire bowl w-lid, sterile						1	
135	SD172	guidewire, cerebral (Bentson)						1	
136	SD175	guidewire, steerable (Transcend)						1	
137	SD207	suture device for vessel closure (Perclose A-T)						1	
138	SD211	tubing, pressure injection line (angiography)						1	
139	SF007	blade, surgical (Bard-Parker)						1	
140	SF058	LC Beads (2mL vial)						2	
141	SG009	applicator, sponge-tipped						4	
142	SG035	dressing, 3in x 4in (Telfa, Release)						2	
143	SG037	dressing, 4in x 4.75in (Tegaderm)						1	
144	SG055	gauze, sterile 4in x 4in						2	
145	SG074	steri-strip (6 strip uou)						1	
146	SG079	tape, surgical paper 1in (Micropore)						6	
147	SH039	heparin 1,000 units-ml inj							
148	SH047	lidocaine 1%-2% inj (Xylocaine)						10	
149	SH065	sodium chloride 0.9% flush syringe						2	
150	SJ041	povidone soln (Betadine)						60	
151	SM013	disinfectant, surface (Envirocide, Sanizide)						1	
152	SD251	Sheath Shuttle (Cook)						1	
157	Equipment Code	EQUIPMENT							
158		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	$ -	$ -	$ -	$ -	$ -	$ 579.52	$ -
159	EQ032	IV infusion pump						140	
160	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)						140	
161	EL011	room, angiography						124	
162	EF027	table, instrument, mobile						140	
163	EF018	stretcher						140	
164	ED053	Professional PACS Workstation						165	
165	ED050	Technologist PACS workstation						145	
166	ED032	printer, laser, paper						0	

	A	B	D	E	F	G	H	I	J
1	RUC Practice Expense Spreadsheet					REFERENCE CODE		CURRENT	
2						75716		75894	
4	Clinical Activity Code	Meeting Date: 4/2024 Revision Date (if applicable): Tab: 04 Specialty: ACR, SIR	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	Angiography, extremity, bilateral, radiological supervision and interpretation (October 2016)		Transcatheter therapy, embolization, any method, radiological supervision and interpretation	
5		LOCATION				Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				$ 87.34	$ -	contractor priced	$ -
8		TOTAL CLINICAL STAFF TIME	L041B	Radiologic Technologist	0.575	63.0	0.0	0.0	0.0
9			L041A	Vascular Interventional Technologist	0.731			0.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L041B	Radiologic Technologist	0.575	4.0	0.0	0.0	0.0
11			L041A	Vascular Interventional Technologist	0.731			0.0	0.0
12		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L041B	Radiologic Technologist	0.575	59.0	0.0	0.0	0.0
13			L041A	Vascular Interventional Technologist	0.731			0.0	0.0
14		TOTAL POST-SERVICE CLINICAL STAFF TIME	L041B	Radiologic Technologist	0.575	0.0	0.0	0.0	0.0
15			L041A	Vascular Interventional Technologist	0.731			0.0	0.0
16		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE				$ 36.23	$ -	$ -	$ -
17		PRE-SERVICE PERIOD							
18		Start: Following visit when decision for surgery/procedure made							
24	CA006	Confirm availability of prior images/studies	L041B	Radiologic Technologist	0.575	2			
25	CA006	Confirm availability of prior images/studies	L041A	Vascular Interventional	0.731				
26	CA007	Review patient clinical extant information and	L041B	Radiologic Technologist	0.575	2			
27	CA007	Review patient clinical extant information and	L041A	Vascular Interventional	0.731				
35		End: When patient enters office/facility for surgery/procedure							
36		SERVICE PERIOD							
37		Start: When patient enters office/facility for surgery/procedure:							
38		Pre-Service (of service period)							
43	CA013	Prepare room, equipment and supplies	L041B	Radiologic Technologist	0.575				
44	CA013	Prepare room, equipment and supplies	L041A	Vascular Interventional	0.731				
45	CA014	Confirm order, protocol exam	L041A	Vascular Interventional	0.731				
55		Intra-service (of service period)							
59	CA021	Perform procedure/service---NOT directly related to	L041A	Vascular Interventional	0.731				
60	CA021	Perform procedure/service---NOT directly related to	L041B	Radiologic Technologist	0.575	50			
66		Post-Service (of service period)							
69	CA024	Clean room/equipment by clinical staff	L041B	Radiologic Technologist	0.575	3			
70	CA024	Clean room/equipment by clinical staff	L041A	Vascular Interventional	0.731				
76	CA030	Technologist QC's images in PACS, checking for all	L041B	Radiologic Technologist	0.575	3			
77	CA030	Technologist QC's images in PACS, checking for all	L041A	Vascular Interventional	0.731				
78	CA031	Review examination with interpreting MD/DO	L041B	Radiologic Technologist	0.575	2			
79	CA031	Review examination with interpreting MD/DO	L041A	Vascular Interventional	0.731				
80	CA032	Scan exam documents into PACS. Complete exam in	L041B	Radiologic Technologist	0.575	1			
81	CA032	Scan exam documents into PACS. Complete exam in	L041A	Vascular Interventional	0.731				
92		End: Patient leaves office/facility							
93		POST-SERVICE PERIOD							
94		Start: Patient leaves office/facility							
110		End: with last office visit before end of global period							

	A	B	D	E	F	G	H	I	J
1	RUC Practice Expense Spreadsheet					REFERENCE CODE		CURRENT	
2						75716		75894	
4	Clinical Activity Code	Meeting Date: 4/2024 Revision Date (if applicable): Tab: 04 Specialty: ACR, SIR	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	Angiography, extremity, bilateral, radiological supervision and interpretation (October 2016)		Transcatheter therapy, embolization, any method, radiological supervision and interpretation	
5		LOCATION				Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				$ 87.34	$ -	contractor priced	$ -
8		TOTAL CLINICAL STAFF TIME	L041B	Radiologic Technologist	0.575	63.0	0.0	0.0	0.0
9			L041A	Vascular Interventional Technologist	0.731			0.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L041B	Radiologic Technologist	0.575	4.0	0.0	0.0	0.0
11			L041A	Vascular Interventional Technologist	0.731			0.0	0.0
12		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L041B	Radiologic Technologist	0.575	59.0	0.0	0.0	0.0
13			L041A	Vascular Interventional Technologist	0.731			0.0	0.0
14		TOTAL POST-SERVICE CLINICAL STAFF TIME	L041B	Radiologic Technologist	0.575	0.0	0.0	0.0	0.0
15			L041A	Vascular Interventional Technologist	0.731			0.0	0.0
111	Supply Code	MEDICAL SUPPLIES	PRICE	UNIT					
112		TOTAL COST OF SUPPLY QUANTITY x PRICE				$ 5.56	$ -	$ -	$ -
113	SB008	drape, sterile, c-arm, fluoro	5.38	item		1			
114	SM013	disinfectant, surface (Envirocide, Sanizide)	0.18	oz		1			
121	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute				
122		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				$ 45.55	$ -	$ -	$ -
123	EL011	room, angiography	1193425.211	Other Formula	4.521910978	9			
124	ED053	Professional PACS Workstation	15467.671	Other Formula	0.061285948	58			
125	ED050	Technologist PACS workstation	5557	PACS	0.022017924	59			

	A	B	K	L	M	N	O	P	Q	R
1	RUC Practice Expense Spreadsheet		RECOMMENDED		REFERENCE CODE		CURRENT		RECOMMENDED	
2			75894		75726		75898		75898	
4	Clinical Activity Code	Meeting Date: 4/2024 Revision Date (if applicable): Tab: 04 Specialty: ACR, SIR	Transcatheter therapy, embolization, any method, radiological supervision and interpretation (April 2024)		Angiography, visceral, selective or supraselective (with or without flush aortogram), radiological supervision and interpretation		Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis		Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis	
5		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 106.96	$ -	$ 85.84	$ -	contractor priced	$ -	$ 94.59	$ -
8		TOTAL CLINICAL STAFF TIME			61.0	0.0	0.0	0.0		
9			75.0	0.0			0.0	0.0	60.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME			4.0	0.0	0.0	0.0		
11			3.0	0.0			0.0	0.0	3.0	0.0
12		TOTAL SERVICE PERIOD CLINICAL STAFF TIME			57.0	0.0	0.0	0.0		
13			72.0	0.0			0.0	0.0	57.0	0.0
14		TOTAL POST-SERVICE CLINICAL STAFF TIME			0.0	0.0	0.0	0.0		
15			0.0	0.0			0.0	0.0	0.0	0.0
16		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	$ 54.83	$ -	$ 35.08	$ -	$ -	$ -	$ 43.86	$ -
17		PRE-SERVICE PERIOD								
18		Start: Following visit when decision for surgery/proc								
24	CA006	Confirm availability of prior images/studies			2					
25	CA006	Confirm availability of prior images/studies	2						2	
26	CA007	Review patient clinical extant information and								
27	CA007	Review patient clinical extant information and	1						1	
35		End: When patient enters office/facility for surgery/pr								
36		SERVICE PERIOD								
37		Start: When patient enters office/facility for surgery/p								
38		Pre-Service (of service period)								
43	CA013	Prepare room, equipment and supplies			2					
44	CA013	Prepare room, equipment and supplies	2						2	
45	CA014	Confirm order, protocol exam	1						1	
55		Intra-service (of service period)								
59	CA021	Perform procedure/service---NOT directly related to	60						45	
60	CA021	Perform procedure/service---NOT directly related to			45					
66		Post-Service (of service period)								
69	CA024	Clean room/equipment by clinical staff			3					
70	CA024	Clean room/equipment by clinical staff	3						3	
76	CA030	Technologist QC's images in PACS, checking for all			4					
77	CA030	Technologist QC's images in PACS, checking for all	3						3	
78	CA031	Review examination with interpreting MD/DO			2					
79	CA031	Review examination with interpreting MD/DO	2						2	
80	CA032	Scan exam documents into PACS. Complete exam in			1					
81	CA032	Scan exam documents into PACS. Complete exam in	1						1	
92		End: Patient leaves office/facility								
93		POST-SERVICE PERIOD								
94		Start: Patient leaves office/facility								
110		End: with last office visit before end of global period								

	A	B	K	L	M	N	O	P	Q	R
1	RUC Practice Expense Spreadsheet		RECOMMENDED		REFERENCE CODE		CURRENT		RECOMMENDED	
2			75894		75726		75898		75898	
4	Clinical Activity Code	Meeting Date: 4/2024 Revision Date (if applicable): Tab: 04 Specialty: ACR, SIR	Transcatheter therapy, embolization, any method, radiological supervision and interpretation (April 2024)		Angiography, visceral, selective or supraselective (with or without flush aortogram), radiological supervision and interpretation		Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis		Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis	
5		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 106.96	$ -	$ 85.84	$ -	contractor priced	$ -	$ 94.59	$ -
8		TOTAL CLINICAL STAFF TIME			61.0	0.0	0.0	0.0		
9			75.0	0.0			0.0	0.0	60.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME			4.0	0.0	0.0	0.0		
11			3.0	0.0			0.0	0.0	3.0	0.0
12		TOTAL SERVICE PERIOD CLINICAL STAFF TIME			57.0	0.0	0.0	0.0		
13			72.0	0.0			0.0	0.0	57.0	0.0
14		TOTAL POST-SERVICE CLINICAL STAFF TIME			0.0	0.0	0.0	0.0		
15			0.0	0.0			0.0	0.0	0.0	0.0
111	Supply Code	MEDICAL SUPPLIES								
112		TOTAL COST OF SUPPLY QUANTITY x PRICE	$ 5.56	$ -	$ 5.56	$ -	$ -	$ -	$ 5.56	$ -
113	SB008	drape, sterile, c-arm, fluoro	1		1				1	
114	SM013	disinfectant, surface (Envirocide, Sanizide)	1		1				1	
121	Equipment Code	EQUIPMENT								
122		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	$ 46.57	$ -	$ 45.20	$ -	$ -	$ -	$ 45.17	$ -
123	EL011	room, angiography	9		9				9	
124	ED053	Professional PACS Workstation	70		53				53	
125	ED050	Technologist PACS workstation	72		57				57	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
New Technology/New Service*

April 2024

Dark Adaptation Diagnostic and Screening Services – Tab 5

In October 2020, CPT code 99284 was identified via the Harvard valued screen and surveyed and reviewed by the RUC in April 2021. At that time, the RUC recommended that this service be referred to CPT to editorially revise and include the word "diagnostic" in the code descriptor, which occurred at the May 2021 CPT meeting. The RUC placed 92284 on the New Technology list for follow-up review in two years due to the RUC's recognition that the proposed direct expense practice expense recommendation was recently replaced by emerging technology for administering the test. Following the RUC's review, CMS rejected the RUC-recommended work value of 0.14 RVU for 99284 and assigned a work value of 0.00 in 2023, indicating that the test was primarily performed for screening for macular degeneration despite the revised code descriptor. In September 2023, the specialty societies indicated, and the Relativity Assessment Workgroup (RAW) agreed, that this issue be referred to the February 2024 CPT meeting to differentiate between the diagnostic and screening tests before both codes are resurveyed for the RUC.

The specialty societies prepared and submitted a Category I Code Change Application to create CPT code 92288, which describes the screening test for retinal and optic nerve disease. CPT also added a parenthetical to 92284 to describe how the diagnostic dark adaptation test is conducted to identify patients with macular degeneration or inherited retinal diseases when they have symptomatic visual loss without any identifiable cause or clinical examination. An uptick in Medicare claims volume for CPT code 92284 may be attributable to the misreporting of that code when the screening test is performed, and this distinction from CPT will address the increased utilization as well as provide further clarification and coding direction. Further, a CPT Assistant article with coding guidance on correct reporting of these two services was also recommended by the CPT Editorial Panel. It is notable that both the diagnostic and screening test services in this code family describe bilateral services and would only be reported once per patient. This code family was surveyed for the April 2024 RUC meeting.

Compelling Evidence

The specialty societies presented a rationale for compelling evidence to support a change in physician work for CPT code 92284 based on flawed methodology. First, when 99284 was last surveyed by the RUC in 2021, there was significant confusion from survey respondents and discussion from the RUC regarding whether this service was a diagnostic test for retinal disorders or a screening test for macular degeneration. Second, there was additional concern regarding the median survey intra-service time of 15 minutes for 92284 and whether this was an error in which survey respondents conflated physician time with clinical technician time in their estimates. The RUC recommended a work value of 0.14 with 3 minutes intra-service time and 5 minutes total time on the basis that the survey data was representative of a mix of both diagnostic and screening test experience and overestimated physician time. In 2023, CMS assigned a work value of 0.00 for 92284 under the assumption that the diagnostic test is done for screening purposes and/or might be included as part of an office or eye visit. At the April 2024 meeting, the RUC agreed with the specialty societies that dark adaptation testing is not included in either an evaluation and management office visit or an eye visit and that there is physician work involved in interpreting test results, whether it be a diagnostic test or screening.

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92284 ***Diagnostic dark adaptation examination (eg, rod and cone sensitivities, rod-cone breakpoint), with interpretation and report***
The RUC reviewed the survey results from 35 optometrists and ophthalmologists and determined a work RVU of 0.32 appropriately accounted for the physician work involved with this service. The RUC recommends 1-minute pre-service evaluation time, 7 minutes intra-service time and 1-minute post-service time for a total time of 9 minutes. Based on the discussion at pre-facilitation, the RUC agreed with the specialty societies that the survey 25th percentile work RVU of 0.43 was too high of an estimation for the physician work involved with this procedure. Therefore, the specialty societies recommended that CPT code 92284 be valued based on a direct crosswalk to CPT code 92228 *Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral* (work RVU = 0.32 work RVU, 7 minutes intra-service time and 9 minutes total time), as both services require similar physician work to perform.

In reviewing the survey results, the specialty societies recommended decreasing both the survey median pre-service evaluation and immediate post-service times from 5 minutes down to 1 minute each but determined the survey median intra-service time of 7 minutes was appropriate for this service. In 2021, the survey median intra-service time was 15 minutes, which the specialty societies noted is an overestimation attributable to survey respondents' misunderstanding that only physician time should be counted in the time estimates; the RUC recommended 3 minutes of intra-service time. Based on the more recent survey with updated wording and clarification, the specialty societies determined the 4 additional minutes of intra-service time appropriately accounts for the work required to perform this service. After CPT code 92284 was revised for CPT 2026 before being resurveyed, the descriptor specifically describes bilateral diagnostic testing that requires interpretation of test validity and individual, separate rod and cone plots and rod/cone intercepts for each eye resulting in a large amount of data to consider with the dark adaptation results and many diagnostic possibilities for the physician to assess. It is important to note that this testing is conducted using a legacy tabletop instrument which is not automated and is supervised and operated by a clinical technician in attendance with the patient. The specialty societies further clarified that because this procedure is typically performed on the same day as an office or eye visit, a reduction in both pre-service evaluation and immediate post-service times is also appropriate. Including 1 minute of pre-service evaluation time is necessary for explaining the nature and necessity of the diagnostic test to the patient, as well as determining a testing strategy. Additionally, 1 minute of immediate post-service time is necessary to enter the information into the medical record, sign the report, and add the findings to the referral report. The RUC agreed with all time modifications made by the specialty societies recognizing that an additional 4 minutes of intra-service work is required for this service and that the pre-service and post-service activities listed in the work descriptions are not part of the same-day office or eye visit and should be accounted for.

While survey respondents ranked the surveyed code identical in terms of overall intensity and complexity to the top two selected reference services, CPT codes 92083 *Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 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*) (work RVU = 0.50, 10 minutes intra-service time and 13 minutes total time) and 92250 *Fundus photography with interpretation and report* (work RVU = 0.40, 10 minutes intra-service time and 12 minutes total time), the specialty societies determined that neither was an acceptable crosswalk to value the surveyed code. The intra-service time and work RVU of both reference services are significantly greater than CPT code 92284, and the RUC agreed that neither code would make an appropriate relative comparison.

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The RUC concluded that CPT code 92284 be valued at a work RVU of 0.32 per a direct crosswalk to CPT code 92228 to more accurately reflect the physician work, time and intensity involved with this procedure in addition to maintaining rank order with the other services in this code family. For additional support, the RUC referenced MPC code 71111 *Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views* (work RVU = 0.32, 7 minutes intra-service time and 9 minutes total time), which requires identical physician work and time to perform as the surveyed code, thus supporting the RUC recommended work RVU of 0.32. **The RUC recommends a work RVU of 0.32 for CPT code 92284.**

92288 ***Screening dark adaptation measurement (eg, rod recovery intercept time), with interpretation and report.***
The RUC reviewed the survey results from 30 optometrists and ophthalmologists and determined a work RVU of 0.17 appropriately accounted for the physician work involved with this service. The RUC recommends 1-minute pre-service evaluation time, 3 minutes intra-service time and 1-minute post-service time for a total time of 5 minutes. Based on the discussion at pre-facilitation, the RUC agreed with the specialty societies that the survey 25th percentile work RVU of 0.30 was too high of an estimation for the physician work involved with this procedure. Therefore, the specialty societies recommended that CPT code 92288 be valued based on a direct crosswalk to CPT code 73010 *Radiologic examination; scapula, complete* (work RVU = 0.17, 3 minutes intra-service time and 5 minutes total time), as both services require similar physician work to perform.

In reviewing the survey results, the specialty societies recommended decreasing the survey median pre-service evaluation, intra-service and immediate post-service times to more accurately reflect the physician work and time involved with this service. The specialty societies articulated that the survey median intra-service time of 6 minutes is too long for this service, as the screening test requires less data interpretation compared to the 7 minutes of intra-service time that are necessary for performing the diagnostic test. The specialty societies further clarified that because this procedure is typically performed on the same day as an office or eye visit, a reduction in both pre-service evaluation and immediate post-service times is also appropriate. Including 1 minute of pre-service evaluation time is necessary for explaining the nature of the screening test and the reason for performing it to the patient, as well as determining a testing strategy. Additionally, 1 minute of immediate post-service time is necessary to enter the information into the medical record, sign the report, and add the findings to the referral report. The RUC agreed with all time modifications made by the specialty societies recognizing that 3 minutes of intra-service work is required for this service and that the pre-service and post-service activities listed in the work descriptions are not part of the same-day office or eye visit and should be accounted for.

While survey respondents ranked the surveyed code identical in terms of overall intensity and complexity to the top two selected reference services, CPT codes 92081 *Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)* (work RVU = 0.30, 7 minutes intra-service time and 10 minutes total time) and 92083 *Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 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)* (work RVU = 0.50, 10 minutes intra-service time and 13 minutes total time), the specialty societies determined that neither was an acceptable crosswalk to value the surveyed code. The intra-service time and work RVU of both reference services are significantly greater than CPT code 92288, and the RUC agreed that neither code would make an appropriate relative comparison.

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The RUC concluded that CPT code 92288 be valued at a work RVU of 0.17 per a direct crosswalk to CPT code 73010 to accurately reflect the physician work, time and intensity involved with this procedure in addition to maintaining rank order with the other services in this code family. For additional support, the RUC referenced MPC codes 93010 *Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only* (work RVU = 0.17, 3 minutes intra-service time and 6 minutes total time) and 73120 *Radiologic examination, hand; 2 views* (work RVU = 0.16, 4 minutes intra-service time and 6 minutes total time). Both reference codes require near-identical physician work and similar time to perform, thus supporting the RUC recommended work RVU of 0.17. **The RUC recommends a work RVU of 0.17 for CPT code 92288.**

Practice Expense

The Practice Expense (PE) Subcommittee agreed with the specialty societies that there is compelling evidence to support an increase over the aggregate current cost for clinical activities, supplies and equipment for the code family due to a change in technology and also a change in equipment/new device. The PE Subcommittee reviewed the practice expense inputs for CPT codes 92284 and 92288 and made two modifications to the medical supplies and equipment involved with these services. SK057 *paper, laser printing (each sheet)* was added for CPT code 92284 to account for the printed readout resulting from the dark adaptation examination. The specialty societies clarified that the paper only applies to 92284 and not 92288, as there is no printout for the screening test. The PE Subcommittee discussed and approved a new equipment input, *Dark Adaptometer, Second Generation*, for CPT code 92288, clarifying that the supporting invoice confirms that the monthly payment plan listed is a purchasing agreement and not a lease as it is typical for the device to be purchased not leased. The PE Subcommittee also reviewed for any potential overlap between the physicians and clinical staff and agreed with the specialty societies that there are 7.5 minutes of staff time for each eye tallying 15 minutes for 92284 and 5 minutes of staff time for each eye tallying 10 minutes for 92288. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

New Technology

CPT codes 99284 and 92288 will be placed on the New Technology list to be reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.

RUC Database Flag

The RUC recommends that CPT code 92288 should be flagged as **Do Not Use to Validate for Physician Work** given the RUC valuation for this code is based on the rationale provided by the specialty societies and not on survey results.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Medicine **Ophthalmology** **Special Ophthalmological Services** **Other Specialized Services**				
▲92284	B1	Diagnostic dark adaptation examination (eg, rod and cone sensitivities, rod-cone breakpoint), with interpretation and report (For screening dark adaptation measurement, use 92288)	XXX	0.32
#●92288	B2	Screening dark adaptation measurement (eg, rod recovery intercept time), with interpretation and report (For diagnostic dark adaptation examination, use 92284)	XXX	0.17

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I=New code s=Revised code:=Add-on code H=Modifier 51 exempt *=Telemedicine X=Audio-only ~=FDA approval pending #=Resequenced code

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92284 Tracking Number B1 Original Specialty Recommended RVU: **0.32**
Presented Recommended RVU: **0.32**
Global Period: XXX Current Work RVU: **0.00** RUC Recommended RVU: **0.32**

CPT Descriptor: Diagnostic dark adaptation examination (eg, rod and cone sensitivities, rod-cone breakpoint), with interpretation and report

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old female with poor night vision has no identifiable cause on examination. Dark adaptation is performed to assess retinal function at a cellular level.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Explain the indications, risks, benefits, and nature of the dark adaptation test to the patient and/or family. Determine the appropriate testing strategy.

Description of Intra-Service Work: Review the test results for each eye to determine reliability and interocular consistency. Interpret results, correlating both the dark adaptation rod and cone plots and the rod/cone breakpoint with age-adjusted norms, physical findings, and prior test results. Determine a diagnosis or formulate a differential diagnosis and need for subsequent testing. Prepare a report and enter it into the medical record.

Description of Post-Service Work: Sign the report. Include the findings in a letter to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2024					
Presenter(s):	Charles Ftizpatrick, OD; Ravi Parikh, MD; John Thompson, MD					
Specialty Society(ies):	American Optometric Association; American Academy of Ophthalmology; American Society of Retina Specialists					
CPT Code:	92284					
Sample Size:	4865	**Resp N:** 35				
Description of Sample:	Random Sample of 4,000 practicing optometrist members of the American Optometric Association (AOA) and 865 ophthalmologist members of the American Academy of Ophthalmology & American Society of Retina Specialists.					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	1.00	**20.00**	53.00	300.00
Survey RVW:		0.14	0.43	**0.50**	0.57	2.00
Pre-Service Evaluation Time:				**5.00**		
Pre-Service Positioning Time:				**0.00**		
Pre-Service Scrub, Dress, Wait Time:				**0.00**		
Intra-Service Time:		1.00	4.00	**7.00**	18.00	45.00
Immediate Post Service-Time:	**5.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**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)

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)

XXX Global Code

CPT Code:	92284	**Recommended Physician Work RVU: 0.32**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**7.00**		

Please, pick the post-service 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)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

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:

Key CPT Code	Global	Work RVU	Time Source
92083	XXX	0.50	**RUC Time**

CPT Descriptor Visual field examinaton, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters ploted 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)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92250	XXX	0.40	**RUC Time**

CPT Descriptor Fundus photography with interpretation and report

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
71111	XXX	0.32	**RUC Time**	27,294

CPT Descriptor 1 Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92568	XXX	0.29	**RUC Time**	2,572

CPT Descriptor 2 Acoustic reflex testing, threshold

Other Reference CPT Code	Global	Work RVU	Time Source
73523	XXX	0.31	**RUC Time**

CPT Descriptor Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views

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: 13 **% of respondents:** 50.0 **%**

Number of respondents who choose 2nd Key Reference Code: 4 **% of respondents:** 15.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 92284	Top Key Reference CPT Code: 92083	2nd Key Reference CPT Code: **92250**
Median Pre-Service Time	1.00	3.00	1.00
Median Intra-Service Time	7.00	10.00	10.00
Median Immediate Post-service Time	1.00	0.00	1.00
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
Median Total Time	**9.00**	**13.00**	**12.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	19%	52%	24%	5%

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	29%	43%	28%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	5%	76%	19%
Physical effort required	5%	86%	9%

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	43%	29%	28%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	75%	25%	0%

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	25%	50%	25%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	50%	50%
Physical effort required	0%	50%	50%

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	25%	75%	0%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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.

CPT 92284, *Diagnostic dark adaptation examination (eg, rod and cone sensitivities, rod-cone breakpoint) with interpretation and report* is an XXX-global code that has traditionally been performed in tertiary care and research settings on patients with visual loss, typically poor night vision, and no identifiable cause on physical examination. In recent years, the patient population for whom dark adaptation testing is recommended has expanded to include those with macular

degeneration with claims volume increasing to 39,431 in 2022. The test is now in widespread clinical use by optometrists, who provide 85% of the service.

CPT 92284 was last reviewed by the RUC in April 2021. "Diagnostic" was added to the descriptor via a CPT editorial change to differentiate this service from a non-covered screening test. It was placed on the New Technology list for expedited review in 2 years because of emerging technology for administering the test, which is why it is now being reviewed by the RUC. The new device, the AdaptDxPro, can be worn on the head and programmed to perform either diagnostic or screening tests. It has become the typical device in use for the screening test, while the legacy device (the AdaptDX) with its more detailed data printout remains typical for diagnostic testing.

CMS rejected the last RUC-recommended work value of 0.14 RVU and assigned a work value of zero, stating that it appeared that the test was primarily performed for screening for macular degeneration despite the addition of "diagnostic" to the CPT descriptor. For that reason, a Category I Code Change Application was submitted for creation of a new code for screening, CPT 92288, *Screening dark adaptation measurement (eg, rod recovery intercept time) with interpretation and report*, which is also being reviewed at this meeting.

Although CPT 92284 and 92288 are in a section of CPT labeled "Other Specialized Services," they are not part of a family with any of the codes in that section or elsewhere in CPT. "Other Specialized Services" is a grab-bag category for an array of ophthalmic tests that do not fit elsewhere in CPT. They range from tests that measure muscle and retinal electrical responses to subjective tests of color vision to imaging of different parts of the eye using different imaging techniques for management of different diseases by different subspecialists. CPT 92284 is not in a family with any of the other codes in the "Other Specialized Services" section of CPT (CPT 92265, 92270, 92273, 92274, 92283, 92285, 92286, and 92287).

For CPT 92284, a dark adaptation test protocol is selected which is tailored to the patient's symptoms and findings and an order is placed in the electronic record. After the test is administered, the dark adaptation plots, containing testing outputs including rod and cone sensitivities and the rod/cone breakpoint, are correlated to age-adjusted norms, physical findings, and prior test results (when available) to formulate a differential diagnosis for vision loss. Findings are entered into the medical record and a report is generated.

The procedure is typically performed on the same day as an office visit.

<u>Compelling Evidence</u>
There is compelling evidence that the current IST and work value are based on flawed methodology.

The survey median IST in 2021 was 15 minutes. This was assumed to be in error at the time of the last review. Many survey respondents included staff time to obtain test data in their IST estimates. The RUC ultimately assigned a value of 3 minutes based on a combination of expert panel recommendations and concerns that some or much of the testing was performed as a screening using emerging technology with abbreviated outputs.

The last RUC-recommended work value was 0.14 in 2021, based in part on uncertainty regarding the use of the test for macular degeneration screening rather than as a diagnostic test for retinal disorders. This led to a valuation based on a sense that the survey data for CPT 92284 might represent a mix of a diagnostic and screening test data.

The diagnostic test requires interpretation of test validity and individual, separate rod and cone plots and rod/cone intercepts for each eye. The screening test requires interpretation of test validity and a much simpler readout for each eye. This resulted in a lower valuation than for a purely diagnostic test which has a greater amount of data and more diagnostic possibilities to consider than the screening test. We now have two codes, one for screening and one for diagnosis, so each can be appropriately valued.

There was also the assumption in 2021 that a newer head-worn portable device to administer the test had been introduced and was likely to become typical, with a potential for change in both physician work and PE. The newer, more expensive device has been typical for the last several years, so there has also been a change in technology.

To further complicate matters, CMS set the work value of 92284 at zero RVU. That was also based on incorrect assumptions, as described in the Final Rule for 2023, that the test might be done for screening purposes and/or that it might be included as part of an office visit. Clearly there is physician work involved in interpreting test results, whether diagnostic or screening. Dark adaptation testing is not included in either office visit evaluation and management or office ophthalmological services.

Whether a screening test should be covered is a separate question from valuation. With the creation of CPT 92288 for the screening test, CMS will have the option to create a more granular coverage policy for dark adaptation testing.

For reference, the work value of CPT 92284 prior to its last valuation was 0.24 RVU.

Prior to the current survey, the CPT panel revised the code description to clarify that CPT 92284 is a diagnostic test and to differentiate it from the faster screening test, for which the output is a single time value. The panel also created a new Category I code describing a screening test which was simultaneously surveyed. In addition, a note was added to the survey questionnaire clarifying that staff time is separately accounted for in practice expense and that only provider time should be included in the IST. These changes resulted in a marked reduction in the survey median from 15 minutes in 2021 to 7 minutes in the current survey.

The strongest compelling evidence is for flawed methodology.

Survey Results

A survey was sent to a random selection of American Academy of Ophthalmology (AAO) (n=865) and American Optometric Association (AOA), (n=4,000) members. There were 35 responses (26 OD, 9 MD).

Specialty-specific results of optometry and ophthalmology, as well as combined results are reported in the Summary Spreadsheet. Only 1 ophthalmologist reported performing the service within the past year. The OD data and the combined data were identical for median IST and work RVU values and almost identical for the 25th percentile work values (0.41 OD, 0.43 combined). The MD responses did not notably alter the median or 25th percentile values or the intensity/complexity metrics.

The vignette was considered typical by 91% of respondents. The median WRVU was 0.50; the 25th percentile was 0.43. The work value of the code was 0.24 RVU prior to the 2021 RUC-recommended value of 0.14 RVU and the CMS assignment of 0.00 RVU that took effect in 2023. The survey median IST was 7 minutes, pre-service evaluation time was 5 minutes, and immediate post-service time was 5 minutes.

The expert panel, which is familiar with the procedure and the RUC process, reviewed the survey findings. The median intraservice time of 7 minutes is significantly shorter than the 2021 survey time of 15 minutes and 4 minutes longer than the RUC-recommended 2021 IST. The additional 4 minutes is appropriate considering that the code now exclusively describes diagnostic testing, which requires interpretation of both cone and rod sensitivity plots and rod/cone breakpoints for each eye. There is a now a separate CPT code for the screening dark adaptation test, which requires interpretation of only rod recovery intercept times.

Because the procedure is typically performed on the same day as an office visit, we reduced the pre-time from the survey value of 5 minutes to 1 minute. The pre-time is necessary for explaining the nature of the test and the reason for doing it, and for choosing the test strategy.

We reduced the survey post-time from 5 minutes to 1 minute. The post-time is necessary for signing the report and adding the findings to the referral report. These activities are not part of a same-day office visit. Post-service time for this work is included in most imaging services, indicating that this is the appropriate place for them. For services typically performed with an office visit and reviewed by the RUC within the past 10 years, this work is often listed in the post-service work descriptor. The post-service time, typically 1 minute, is appropriately included in the valuation. Recent ophthalmology examples include CPT 92250, 92235, 92240, and 92245, and most recently CPT 92132, 92133, and 92134 which were reviewed by the RUC at the September 2023 meeting. It is correct to include this time, and it is necessary to maintain consistency and relativity between imaging services

The total recommended time for the service is 9 minutes, with a 7-minute IST.

The top key reference service, chosen by 60% of respondents, was CPT 92083, *Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 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)* (RUC 2012), with a WRVU of 0.50, an IST of 10 minutes, and a total time of 13 minutes. The second reference service, chosen by 11% of respondents, was CPT 92250, *Fundus photography with interpretation and report* (RUC 2016), with a WRVU of 0.40, an IST of 10

minutes, and total time of 12 minutes. Respondents ranked the surveyed code identical to both reference services on overall intensity and complexity and each of the submeasures except for physical stress, which was ranked somewhat less compared to CPT 92083.

The ISTs of both reference services are significantly longer than the survey IST, making neither an acceptable choice for valuation of the surveyed service.

We searched the RUC database for eligible XXX crosswalks with no flags which have been RUC-reviewed within the past 10 years.

We found 15 Category 1 codes with a median work value of 0.32 RVU. There were 5 imaging services, also with a median work value of 0.32 RVU. The survey 25th percentile work value estimate of 0.43 is not supported by any crosswalks with similar times.

We therefore chose a crosswalk to CPT 92228, *Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral* (RUC 2019) with a work value of 0.32 RVU. The crosswalk code's IST of 7 minutes and total time of 9 minutes are identical to those of the surveyed code.

This value is also supported by MPC code 71111, *Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views* (RUC 2016), with a work value of 0.32 RVU, an IST of 7 minutes, and a total time of 9 minutes.

We recommend a work value for CPT 92284 of 0.32 RVU with times of 1/7/1 and a total time of 9 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) The service is typically performed with an office visit, and may also be performed with other tests.

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. The following table lists the 5 top billed-together codes from the RUC DB. When reported with another testing service, CPT 92284 will be subject to the multiple procedure payment reduction. We have accounted for reporting with a same-day office visit by reducing recommended pre- and post-service times.

CPT	Billed Together	Global	WRVU	Pre-time	Intra-time	Post-time	Total Time
92134	43.5%	XXX	0.45	1	10	0	11
92250	31.0%	XXX	0.40	1	10	1	12
92014	28.3%	XXX	1.42	5	24	8	37
99214	19.3%	XXX	1.92	7	30	10	47
92083	17.7%	XXX	0.50	3	10	0	13

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 92284

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 Optometry How often? Commonly

Specialty Ophthalmology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 28000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Double the Medicare estimate based on typical payor mix for the specialty.

Specialty Optometry Frequency 23716 Percentage 84.70 %

Specialty Ophthalmology Frequency 4284 Percentage 15.30 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
14,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate based on 2022 Medicare claims data for CPT 92284 (source: AMA RUC database) and an assumption that approximately 65% of current claims for CPT 92284 will migrate to CPT 92288.

Specialty Optometry Frequency 11858 Percentage 84.70 %

Specialty Ophthalmology Frequency 2142 Percentage 15.30 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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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:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
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 92284

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92288 Tracking Number B2 Original Specialty Recommended RVU: **0.17**
Presented Recommended RVU: **0.17**
Global Period: XXX Current Work RVU: **N/A** RUC Recommended RVU: **0.17**

CPT Descriptor: Screening dark adaptation measurement (eg, rod recovery intercept time), with interpretation and report

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old female has a family history of macular degeneration, has no drusen but is concerned about her risk for developing macular degeneration.

Percentage of Survey Respondents who found Vignette to be Typical: 86%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Explain the indications, risks, benefits, and nature of the dark adaptation test to the patient and/or family. Determine the appropriate testing strategy.

Description of Intra-Service Work: Review the test results for each eye to determine reliability and interocular consistency. Interpret results, comparing rod recovery intercept time with norms. Prepare a report and enter it into the medical record.

Description of Post-Service Work: Sign the report in the EHR.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2024					
Presenter(s):	Charles Ftizpatrick, OD; Ravi Parikh, MD; John Thompson, MD					
Specialty Society(ies):	American Optometric Association; American Academy of Ophthalmology; American Society of Retina Specialists					
CPT Code:	92288					
Sample Size:	4865	**Resp N:**	30			
Description of Sample:	Random Sample of 4,000 practicing optometrist members of the American Optometric Association (AOA) and 865 ophthalmologist members of the American Academy of Ophthalmology & American Society of Retina Specialists.					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	0.00	**7.00**	15.00	500.00
Survey RVW:		0.14	0.30	**0.40**	0.58	31.00
Pre-Service Evaluation Time:				**4.00**		
Pre-Service Positioning Time:				**0.00**		
Pre-Service Scrub, Dress, Wait Time:				**0.00**		
Intra-Service Time:		1.00	4.00	**6.00**	10.00	30.00
Immediate Post Service-Time:	**5.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**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)

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)

XXX Global Code

CPT Code:	92288	**Recommended Physician Work RVU: 0.17**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**1.00**	**0.00**	**1.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service 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)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**1.00**	**0.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

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? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92081	XXX	0.30	**RUC Time**

CPT Descriptor 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)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92083	XXX	0.50	**RUC Time**

CPT Descriptor 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)

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93010	XXX	0.17	**RUC Time**	15,687,869

CPT Descriptor 1 Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
73120	XXX	0.16	**RUC Time**	230,852

CPT Descriptor 2 Radiologic examination, hand; 2 views

Other Reference CPT Code	Global	Work RVU	Time Source
73010	XXX	0.17	**RUC Time**

CPT Descriptor Radiologic examination; scapula, complete

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: 8 **% of respondents:** 36.3 **%**

Number of respondents who choose 2nd Key Reference Code: 4 **% of respondents:** 18.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 92288	Top Key Reference CPT Code: 92081	2nd Key Reference CPT Code: **92083**
Median Pre-Service Time	1.00	3.00	3.00
Median Intra-Service Time	3.00	7.00	10.00
Median Immediate Post-service Time	1.00	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
Median Total Time	**5.00**	**10.00**	**13.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	25%	33%	42%	0%

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	33%	33%	33%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	75%	25%
Physical effort required	8%	83%	8%

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	50%	25%	25%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	67%	33%	0%

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%	50%	50%
Physical effort required	0%	83%	17%

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%	67%	33%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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.

CPT 92288, *Screening dark adaptation measurement (e.g., rod recovery intercept time), with interpretation and report*, is a new XXX-global Category I code describing a screening test for retinal and optic nerve disease. It was created to differentiate between diagnostic dark adaptation testing (CPT 92284, also being reviewed at this meeting) and screening testing that has increased in utilization. It is possible that some of the increase in claims volume for 92284 is due to reporting of that code when the screening test is performed.

Although CPT 92284 and 92288 are in a section of CPT labeled "Other Specialized Services," they are not part of a family with any other codes in that section or elsewhere in CPT. "Other Specialized Services" is a grab-bag category for an array of ophthalmic tests that do not fit elsewhere in CPT.

For CPT 92288, a dark adaptation screening protocol is selected, and an order is placed in the electronic record. After the test is administered, the rod recovery intercept time provided as an output from the instrument is compared with normative data. The findings are entered into the medical record and a report is generated.

The procedure is typically performed on the same day as an office visit.

Survey Results

A survey was sent to a random selection of American Academy of Ophthalmology (AAO) (n=865) and American Optometric Association (AOA), (n=4,000) members. There were 30 responses (23 OD, 7 MD).

Specialty specific results of optometry and ophthalmology, as well as combined results are reported in the Summary Spreadsheet. Most ophthalmologists have not reported the service within the past year. The OD data and the combined data were almost identical for median and 25th percentile IST and work RVU values.

The vignette was considered typical by 87% of respondents. The median work value was 0.40 RVU; the 25th percentile was 0.30 RVU. The survey median IST was 6 minutes, pre-service evaluation time was 4 minutes, and immediate post-service time was 5 minutes.

The expert panel, which is familiar with the procedure and the RUC process, reviewed the survey findings. The median IST of 6 minutes is unrealistic. The screening exam requires less data interpretation than the diagnostic test (CPT 92284) which carries an IST of 7 minutes. The panel recommends an IST of 3 minutes. This is the IST assigned by the RUC to CPT 92284 in 2021 when it was assumed that the service was being provided for a mix of diagnostic and screening purposes.

Because the procedure is typically performed on the same day as an office visit, we reduced the pre-time from the survey value of 4 minutes to 1 minute. We reduced the survey post-time from 5 minutes to 1 minute. These times are necessary for explaining the test, signing the report, and making required EHR entries which are separate from a same-day office visit as described in the SOR for CPT 92284. The total recommended time for the service is 5 minutes, with a 3-minute IST.

The top key reference service, chosen by 40% of respondents, was CPT 92081, *Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)* (RUC 2010), with a work value of 0.30 RVU, an IST of 7 minutes, and a total time of 10 minutes. A plurality of respondents who chose this code ranked the survey code higher on overall intensity and complexity and the mental effort and judgment submeasure. They ranked the codes equal on the remaining submeasures except for psychological stress, where the surveyed code was ranked lower than the reference.

The second reference service, chosen by 20% of respondents, was CPT 92083, *Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 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)* (RUC 2012), with a WRVU of 0.50, an IST of 10 minutes, and a total time of 13 minutes. Respondents ranked the surveyed code identical to the reference service on overall intensity and complexity and each of the submeasures.

The ISTs of both reference services are longer than the survey median IST of 5 minutes and the recommended IST of 3 minutes. Neither reference service was chosen by more than half of the respondents. This makes neither an acceptable choice for valuation of the surveyed service.

We searched the RUC database for eligible XXX crosswalks with no flags which have been RUC-reviewed within the past 10 year. We found 33 codes with 3-minute ISTs matching our recommended time. The survey 25th percentile work value estimate of 0.31 is not supported by any crosswalks with similar times. The median work value of the eligible crosswalks is 0.17 RVU, with 6 of the codes sharing that value.

We recommend a work value for CPT 92288 of 0.17 RVU, with a crosswalk to CPT 73010, *Radiologic examination; scapula, complete* (RUC 2018). The crosswalk code has a work value of 0.17 RVU, an IST of 3 minutes, and a total time of 5 minutes, all of which match the recommended values and times. The work value recommendation is also supported by CPT 73080, *Radiologic examination, elbow; complete, minimum of 3 views* (RUC 2019) with an identical work value of 0.17 RVU and identical times; and by MPC code 93010, *Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only* (RUC 2019) with a work value of 0.17 RVU, IST of 3 minutes, and total time of 6 minutes.

We recommend a work value for CPT 92288 of 0.17 RVU with times of 1/3/1 and a total time of 5 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   ☐ Multiple codes are used to maintain consistency with similar codes.
   ☐ Historical precedents.
   ☒ Other reason (please explain) We expect that CPT 92288 will typically be performed with a same-day office visit, and that it may also be performed with other tests.

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. We anticipate that this service will typically be reported together with one of the office visit codes listed in the following table. We have accounted for reporting with a same-day office visit by reducing the recommended pre- and post-service times.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 92284

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 Optometry How often? Commonly

Specialty Ophthalmology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 52000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Double the Medicare estimate based on typical payor mix for the specialty.

Specialty Optometry Frequency 44044 Percentage 84.70 %

Specialty Ophthalmology Frequency 7956 Percentage 15.30 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 26,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate based on 2022 Medicare claims data for CPT 92284 (source: AMA RUC database) and an assumption that approximately 65% of current claims for CPT 92284 will migrate to CPT 92288.

Specialty Optometry Frequency 22022 Percentage 84.70 %

Specialty Ophthalmology Frequency 3978 Percentage 15.30 %

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:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
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

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. 92284

SS Rec Summary

ISSUE: Dark Adaptation Diagnostic & Screening

TAB: 05

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg,	XXX	2012	21	0.043	0.038			0.50			13	3					10								
2nd REF	92250	Fundus photography with interpretation and report	XXX	2016	4	0.036	0.033			0.40			12	1					10			1					
CURRENT	92284	Diagnostic dark adaptation examination (eg, rod and cone sensitivities, rod-cone	XXX	2021		-0.015	0.000			0.00			5	1					3			1					
SVY MD	92284	Diagnostic dark adaptation examination (eg, rod and cone sensitivities, rod-cone	XXX		9	0.017	0.020	0.14	0.50	0.54	0.60	1.50	27	6			2	5	11	30	45	10	0	0	0	10	55
SVY OD	92284	Diagnostic dark adaptation examination (eg, rod and cone sensitivities, rod-cone	XXX		26	0.039	0.029	0.20	0.41	0.50	0.50	2.00	17	5			1	4	7	13	30	5	0	10	42	75	300
SVY ALL	**92284**	**Diagnostic dark adaptation examination (eg, rod and cone sensitivities, rod-cone**	**XXX**		**35**	**0.039**	**0.029**	**0.14**	**0.43**	**0.50**	**0.57**	**2.00**	**17**	**5**			**1**	**4**	**7**	**18**	**45**	**5**	**0**	**1**	**20**	**53**	**300**
REC	**92284**	**Diagnostic dark adaptation examination (eg, rod and cone sensitivities, rod-cone breakpoint), with interpretation and report**	**XXX**			**0.039**	**0.036**			**0.32**			**9**	**1**					**7**			**1**					
XWALK	**92228**	**Imaging of retina for detection or monitoring of disease; with remote physician or other qualified**	**XXX**			**0.039**	**0.036**			**0.32**			**9**	**1**					**7**			**1**					

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg,	XXX	2012	12	0.033	0.030			0.30			10	3					7								
2nd REF	92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg,	XXX	2012	6	0.043	0.038			0.50			13	3					10								
CURRENT	922X1	Screening dark adaptation measurement (eg, rod recovery intercept time), with interpretation and	XXX	NEW		-	-			N/A				N//A					N/A								
SVY MD	92288	Screening dark adaptation measurement (eg, rod recovery intercept time), with interpretation and report	XXX		7	0.018	0.021	0.14	0.35	0.50	0.55	0.60	24	7			2	7	9	20	30	8	0	0	0	5	10
SVY OD	92288	Screening dark adaptation measurement (eg, rod recovery intercept time), with interpretation and report	XXX		23	0.045	0.032	0.20	0.29	0.38	0.58	31.00	12	3			1	3	5	7	30	4	0	0	10	22	500
SVY ALL	**92288**	**Screening dark adaptation measurement (eg, rod recovery intercept time), with interpretation and**	**XXX**		**30**	**0.033**	**0.027**	**0.14**	**0.30**	**0.40**	**0.58**	**31.00**	**15**	**4**			**1**	**4**	**6**	**10**	**30**	**5**	**0**	**0**	**7**	**15**	**500**
REC	**92288**	**Screening dark adaptation measurement (eg, rod recovery intercept time), with interpretation and report**	**XXX**			**0.042**	**0.034**			**0.17**			**5**	**1**					**3**			**1**					
XWALK	**73010**	**Radiologic examination; scapula, complete**	**XXX**			**0.042**	**0.034**			**0.17**			**5**	**1**					**3**			**1**					

NON-FACILITY DIRECT PE INPUTS **CPT CODE(S):_92284, 92288_**
SPECIALTY SOCIETY(IES):_AAO, AOA, ASRS_
PRESENTER(S):_ David Glasser, Ravi Parikh, Charles Fitzpatrick, John Thompson_

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: April 2025

CPT Code	Long Descriptor	Global Period
92284	*Diagnostic dark adaptation examination (eg, rod and cone sensitivities, rod-cone breakpoint) with interpretation and report*	XXX
92288	*Screening dark adaptation measurement (eg, rod recovery intercept time) with interpretation and report*	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
92284	A 55-year-old female with poor night vision has no identifiable cause on examination. Dark adaptation testing is performed to assess retinal function at a cellular level.
92288	A 67-year-old female has a family history of macular degeneration has no drusen, but is concerned about her risk for developing macular degeneration.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The Academy convenes a consensus subcommittee utilizing the appropriate subspecialty representatives who sit on our Health Policy Committee that oversees our activities at RUC and CPT. Additionally we use other healthcare providers including RUC members from the American Optometric Association who have the appropriate expertise as needed. The consensus committee considered the survey data and PE details in order to determine clinical time and applicable standard packages were also applied. The healthcare providers on the consensus panel familiar with the service provided input on whether or not any changes were needed for the existing supplies and equipment.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   Current code is used as a reference.

   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?

   Yes.
   Yes.

   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they

must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

Optometry (84.8%) Non-facility Performance (99.9%) No difference of dominant provider in facility vs non-facility

See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

Compelling evidence is presented due to a change in technology. When this code was previously reviewed in April 2021 it was flagged for repeat review on the new technology list. At that time (April 2021) the newer AdaptDX Pro was being promoted, and although not typical at that time there was discussion and recognition at the table that this was likely to change. Prior to this meeting (April 2024), a number of members of the dominant specialty were surveyed regarding typical device utilized. There is a clear shift in typical towards the newer AdaptDX Pro device for dark adaptation measurement procedures. The cost difference is entirely related to the new device costs.

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

N/A

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

N/A

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

N/A

    b. Service period (includes pre, intra and post):

Standard times were used with care to eliminate duplication given the same day office visit.

Granular detail is provided below. Standard input times used for pre, intra, and post activities.

Pre: (Standard Inputs)
Line CA011 – The technician provides education and obtains consent for the procedure.
Line CA013 – The technician prepares the room, equipment, and supplies.
Line CA016 – The patient is positioned, the device is fit over the patient's head, and adjusted to ensure a good seal to conduct the test.

Intra:
Line CA021 – The time listed includes time to run the actual test on the dark adaptation device. The technician is in the room the whole time providing real time coaching/feedback as the test is performed. For 92284 15 minutes of time is included to run the test which is typically a lengthier diagnostic test. For 92288 10 minutes is included which translates to 5 minutes of testing time per eye for the shorter screening test (both eyes are typically screened in series).

Post: (Standard Inputs)
Line CA024 – The technician will clean the room and pack up the equipment utilized.
Line CA031 – The technician will review with the healthcare provider the patient's performance on the activities, before the provider comes up with a finalize plan.

    c. Post-service period:

N/A

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

During the intraservice period the technician will start by placing the headset over the patient. The straps are adjusted. Care is taken to make adjustments as a light proof seal is required for accurate testing. During the test the technician remains in the room with the patient 100% of the time and provides realtime feedback/coaching as the test is performed.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

No.

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

92284:
SJ053 – Alcohol Swab (one is used pre and post procedure) to clean off the device.
SG043 – Patch
SB022 – Gloves, non-sterile – This is a separate pair for the diagnostic technician performing the procedure), independent of those included for the HCP and intake technician in the E/M pack.
SK057 – paper, laser printing (each sheet)

92288:
SJ053 – Alcohol Swab (one is used pre and post procedure) to clean off the device.
SG043 (Deleted) – Patch (no longer required with the new device)
SB022 – Gloves, non-sterile – This is a separate pair for the diagnostic technician performing the procedure), independent of those included for the HCP and intake technician in the E/M pack.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

The AdaptDX Pro is the next generation dark adaptometer. In an informal survey conducted by the dominant specialty, it was clear that there has been a shift to this technology for dark adaptation screening procedures. The legacy machine still remains typical for the diagnostic procedure. This device will use light to photo bleach the eye and subsequently test the ability of the patient to dark adapt. We have secured multiple invoices with installment payment. Standard/Default formulas would be used.

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

5 years

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

92284: Default formulas were used for all equipment, as there is no highly technical equipment. Seeking reaffirmation for previously used equipment. ER124 – Dark Adaptometer EQ165 – Lens Set EF030 – Motorized Table **92288:** Default formulas were used for all equipment, as there is no highly technical equipment. ER124 – Dark Adaptometer – Deleted as this has been replaced by the newer device the AdaptDX Pro EQ165 – Lens Set – Deleted as this is no longer required with the new device. EF030 – Motorized Table – Deleted as this is no longer required with the new device. New – Dark Adaptometer (AdaptDX Pro) – second generation portable device that is now typically utilized.

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

N/A

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

For code 92284, nothing has changed, one pair of gloves was added, as it was omitted previously but is typical.

For CPT 92288, the new AdaptDx Pro is typical; this device is only capable of performing the screening test. The only difference is that the programs for screening are 5 minutes per eye (both eyes typically screened) while the diagnostic program is 15 minutes (longer testing program).

~~For the cost of the AdaptDx Pro device, we put the average of the 2 invoices we were able to secure $64,039.27.~~ Invoices are provided separately.

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

SK057 – paper, laser printing (each sheet) added for CPT 92284 to account for printed readout resulting from dark adaptation examination. The paper only applies to 92284 as there is no printout for 92288.

PE Spreadsheet was updated to reflect full purchase agreement price of equipment item (AdaptDX Pro) as reflected on invoice submission.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	I	J	K	L
1	RUC Practice Expense Spreadsheet					CURRENT		RECOMMENDED		RECOMMENDED	
2						92284		92284		92288	
3		***RUC Collaboration Website***				Diagnostic Dark Adaptation Examination		Diagnostic Dark Adaptation Examination		Screening Dark Adaptation Measurement	
4	Clinical Activity Code	Meeting Date: April 2024 RUC Revision Date (if applicable): 4/27/24 Tab: 5 Specialty: AAO, AOA, ASRS	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute						
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				XXX	N/A	XXX	N/A	XXX	N/A
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				$ 15.92	$ -	$ 16.24	$ -	$ 15.32	$ -
8		TOTAL CLINICAL STAFF TIME	L038A	COMT/COT/RN/CST	0.485	26.0	0.0	26.0	0.0	21.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L038A	COMT/COT/RN/CST	0.485	0.0	0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L038A	COMT/COT/RN/CST	0.485	26.0	0.0	26.0	0.0	21.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L038A	COMT/COT/RN/CST	0.485	0.0	0.0	0.0	0.0	0.0	0.0
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE				$ 12.61	$ -	$ 12.61	$ -	$ 10.19	$ -
13		PRE-SERVICE PERIOD									
14		Start: Following visit when decision for surgery/procedure made									
15	CA001	Complete pre-service diagnostic and referral forms	L038A	COMT/COT/R	0.485						
16	CA002	Coordinate pre-surgery services (including test results)	L038A	COMT/COT/R	0.485						
17	CA003	Schedule space and equipment in facility	L038A	COMT/COT/R	0.485						
18	CA004	Provide pre-service education/obtain consent	L038A	COMT/COT/R	0.485						
19	CA005	Complete pre-procedure phone calls and prescription	L038A	COMT/COT/R	0.485						
20	CA006	Confirm availability of prior images/studies	L038A	COMT/COT/R	0.485						
21	CA007	Review patient clinical extant information and questionnaire	L038A	COMT/COT/R	0.485						
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L038A	COMT/COT/R	0.485						
23			L038A	COMT/COT/R	0.485						
24			L038A	COMT/COT/R	0.485						
25			L038A	COMT/COT/R	0.485						
26		*Other activity: please include short clinical description here and type*	L038A	COMT/COT/R	0.485						
27		*Other activity: please include short clinical description here and type*	L038A	COMT/COT/R	0.485						
28		*Other activity: please include short clinical description here and type*	L038A	COMT/COT/R	0.485						
29		End: When patient enters office/facility for surgery/procedure									
30		SERVICE PERIOD									
31		Start: When patient enters office/facility for surgery/procedure:									
32		Pre-Service (of service period)									
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L038A	COMT/COT/R	0.485						
34	CA010	Obtain vital signs	L038A	COMT/COT/R	0.485						
35	CA011	Provide education/obtain consent	L038A	COMT/COT/R	0.485	2		2		2	
36	CA012	Review requisition, assess for special needs	L038A	COMT/COT/R	0.485						
37	CA013	Prepare room, equipment and supplies	L038A	COMT/COT/R	0.485	2		2		2	
38	CA014	Confirm order, protocol exam	L038A	COMT/COT/R	0.485	1		1		1	
39	CA015	Setup scope (nonfacility setting only)	L038A	COMT/COT/R	0.485						
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L038A	COMT/COT/R	0.485	1		1		1	
41	CA017	Sedate/apply anesthesia	L038A	COMT/COT/R	0.485						
42			L038A	COMT/COT/R	0.485						
43			L038A	COMT/COT/R	0.485						
44			L038A	COMT/COT/R	0.485						
45		*Other activity: please include short clinical description here and type*	L038A	COMT/COT/R	0.485						
46		*Other activity: please include short clinical description here and type*	L038A	COMT/COT/R	0.485						
47		*Other activity: please include short clinical description here and type*	L038A	COMT/COT/R	0.485						
48		Intra-service (of service period)									
49	CA018	Assist physician or other qualified healthcare professional---directly	L038A	COMT/COT/R	0.485						
50	CA019	Assist physician or other qualified healthcare professional---directly	L038A	COMT/COT/R	0.485						
51	CA020	Assist physician or other qualified healthcare professional---directly	L038A	COMT/COT/R	0.485						
52	CA021	Perform procedure/service---NOT directly related to physician work time	L038A	COMT/COT/R	0.485	15		15		10	
53			L038A	COMT/COT/R	0.485						
54			L038A	COMT/COT/R	0.485						
55			L038A	COMT/COT/R	0.485						
56		*Other activity: please include short clinical description here and type*	L038A	COMT/COT/R	0.485						
57		*Other activity: please include short clinical description here and type*	L038A	COMT/COT/R	0.485						
58		*Other activity: please include short clinical description here and type*	L038A	COMT/COT/R	0.485						
59		Post-Service (of service period)									
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L038A	COMT/COT/R	0.485						
61	CA023	Monitor patient following procedure/service, no multitasking	L038A	COMT/COT/R	0.485						
62	CA024	Clean room/equipment by clinical staff	L038A	COMT/COT/R	0.485	3		3		3	
63	CA025	Clean scope	L038A	COMT/COT/R	0.485						
64	CA026	Clean surgical instrument package	L038A	COMT/COT/R	0.485						
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L038A	COMT/COT/R	0.485						
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L038A	COMT/COT/R	0.485						
67	CA029	Check dressings, catheters, wounds	L038A	COMT/COT/R	0.485						
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L038A	COMT/COT/R	0.485						
69	CA031	Review examination with interpreting MD/DO	L038A	COMT/COT/R	0.485	2		2		2	
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L038A	COMT/COT/R	0.485						
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L038A	COMT/COT/R	0.485						
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L038A	COMT/COT/R	0.485						
73	CA035	Review home care instructions, coordinate visits/prescriptions	L038A	COMT/COT/R	0.485						
74	CA036	Discharge day management	L038A	COMT/COT/R	0.485	n/a		n/a		n/a	
75			L038A	COMT/COT/R	0.485						
76			L038A	COMT/COT/R	0.485						
77			L038A	COMT/COT/R	0.485						
78		*Other activity: please include short clinical description here and type*	L038A	COMT/COT/R	0.485						
79		*Other activity: please include short clinical description here and type*	L038A	COMT/COT/R	0.485						
80		*Other activity: please include short clinical description here and type*	L038A	COMT/COT/R	0.485						
81		End: Patient leaves office/facility									
82		POST-SERVICE PERIOD									
83		Start: Patient leaves office/facility									
84	CA037	Conduct patient communications	L038A	COMT/COT/R	0.485						
85	CA038	Coordinate post-procedure services	L038A	COMT/COT/R	0.485						
86		***Office visits: List Number and Level of Office Visits***	MINUTES			# visits	# visits	# visits	# visits	# visits	# visits
87		99211 16 minutes	16								
88		99212 27 minutes	27								
89		99213 36 minutes	36								

	A	B	D	E	F	G	H	I	J	K	L
1	RUC Practice Expense Spreadsheet					CURRENT		RECOMMENDED		RECOMMENDED	
2						92284		92284		92288	
3		***RUC Collaboration Website***				Diagnostic Dark Adaptation Examination		Diagnostic Dark Adaptation Examination		Screening Dark Adaptation Measurement	
4	Clinical Activity Code	Meeting Date: April 2024 RUC Revision Date (if applicable): 4/27/24 Tab: 5 Specialty: AAO, AOA, ASRS	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute						
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				XXX	N/A	XXX	N/A	XXX	N/A
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				$ 15.92	$ -	$ 16.24	$ -	$ 15.32	$ -
8		TOTAL CLINICAL STAFF TIME	L038A	COMT/COT/RN/CST	0.485	26.0	0.0	26.0	0.0	21.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L038A	COMT/COT/RN/CST	0.485	0.0	0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L038A	COMT/COT/RN/CST	0.485	26.0	0.0	26.0	0.0	21.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L038A	COMT/COT/RN/CST	0.485	0.0	0.0	0.0	0.0	0.0	0.0
90		99214 53 minutes	53								
91		99215 63 minutes	63								
92	CA039	Post-operative visits (total time)	L038A	COMT/COT/R	0.485	0.0	0.0	0.0	0.0	0.0	0.0
93			L038A	COMT/COT/R	0.485						
94			L038A	COMT/COT/R	0.485						
95			L038A	COMT/COT/R	0.485						
96		*Other activity: please include short clinical description here and type*	L038A	COMT/COT/R	0.485						
97		*Other activity: please include short clinical description here and type*	L038A	COMT/COT/R	0.485						
98		*Other activity: please include short clinical description here and type*	L038A	COMT/COT/R	0.485						
99		End: with last office visit before end of global period									

	A	B	D	E	F	G	H	I	J	K	L
1	RUC Practice Expense Spreadsheet					CURRENT		RECOMMENDED		RECOMMENDED	
2						92284		92284		92288	
3		*RUC Collaboration Website*				Diagnostic Dark Adaptation Examination		Diagnostic Dark Adaptation Examination		Screening Dark Adaptation Measurement	
4	Clinical Activity Code	Meeting Date: April 2024 RUC Revision Date (if applicable): 4/27/24 Tab: 5 Specialty: AAO, AOA, ASRS	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute						
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				XXX	N/A	XXX	N/A	XXX	N/A
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				$ 15.92	$ -	$ 16.24	$ -	$ 15.32	$ -
8		TOTAL CLINICAL STAFF TIME	L038A	COMT/COT/RN/CST	0.485	26.0	0.0	26.0	0.0	21.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L038A	COMT/COT/RN/CST	0.485	0.0	0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L038A	COMT/COT/RN/CST	0.485	26.0	0.0	26.0	0.0	21.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L038A	COMT/COT/RN/CST	0.485	0.0	0.0	0.0	0.0	0.0	0.0
100	Supply Code	MEDICAL SUPPLIES	PRICE	UNIT							
101		TOTAL COST OF SUPPLY QUANTITY x PRICE				$ 0.42	$ -	$ 0.74	$ -	$ 0.38	$ -
102	SJ053	swab-pad, alcohol	0.04	item		2		2		2	
103	SG043	dressing, eye pad (Opticlude)	0.34	item		1		1		0	
104	SB022	gloves, non-sterile	0.3	pair				1		1	
105	SK057	paper, laser printing (each sheet)	0.02	item				1			
106											
107											
108											
110	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute						
111		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				$ 2.89	$ -	$ 2.89	$ -	$ 4.75	$ -
112	ER124	Dark Adaptometer	29925	Default	0.115963181	24	0	24		0	
113	EQ165	lens set, trial, full diameter, w-frame	904.93	Default	0.002401437	24		24		0	
114	EF030	table, motorized (for instruments-equipment)	895	Default	0.001990833	24		24		0	
115											
116											
117	**New**	Dark Adaptometer, Second Generation	**65849.47**	Default	**0.25**			0		19	
118		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*									

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2024

Coronary Therapeutic Services and Procedures – Tab 06

In October 2010, CPT code 92980 *Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel* was identified by the Relativity Assessment Workgroup (RAW) via the MPC List screen. The RAW requested that the specialty societies survey this code for RUC review. Subsequently, the specialty societies referred the code to the CPT Editorial Panel to revise the family of procedures to more accurately describe the current physician work involved in percutaneous coronary intervention (PCI). At the October 2011 CPT meeting, the Panel approved 13 new codes to describe PCI services. The societies surveyed the family and the RUC submitted recommendations to the Centers for Medicare & Medicaid Services (CMS) in January 2012. Instead of accepting the RUC recommendations, CMS opted to assign bundled status to all the add-on codes for the additional branches off the major coronary arteries (codes 92921, 92929, 92934, 92938, 92944). In addition, CMS increased values and intra-times of all the base codes using a mathematical formula to include a fraction of the time and value of the add-on codes, based on the billed together data available at the time. For example, using 2011 Medicare claims data, CMS anticipated that the service described by add-on code 92921 would be performed with the procedure described by base code 92920 27.4% of the time. To bundle the work value of the add-on code into base code 92920, CMS multiplied the RUC recommendation for the add-on code of 4.00 by 27.4% (or 1.10) and added that fractional value to the RUC recommendation for the base code (9.00+1.10=10.10). The value of moderate sedation, which was bundled into the base codes, was systematically removed when separate moderate sedation CPT codes were created for CPT 2017.

In September 2022, the CPT Editorial Panel created one new Category I CPT code for percutaneous coronary lithotripsy. Sixteen other PCI codes were considered part of the code family. For the January 2023 RUC meeting, the specialty societies opted to survey nine of the sixteen codes. The specialty societies opted to not survey the add-on codes in the family that describe the intervention in additional branches off major coronary arteries. As described above, CMS and payers have never recognized these add-on codes as separately payable services, therefore they have no Medicare utilization. After reviewing the survey results in preparation for the January 2023 RUC meeting, the surveying specialty societies requested, and the RUC agreed, to submit a recommendation only for the new add-on code 92972 for CPT 2024 and referred the entire PCI code family to the CPT Editorial Panel for restructuring for the CPT 2025 cycle. The code family was revised at the February 2024 CPT Editorial Panel meeting for the CPT 2026 cycle and the family was surveyed for the April 2024 RUC meeting.

The new/revised PCI code family is built on progressive hierarchies with more intensive services being inclusive of lesser intensive services. The base PCI codes include the work of accessing and selectively catheterizing the vessel, traversing the lesion, radiological supervision and interpretation directly related to the intervention(s) performed, closure of the arteriotomy when performed through the access sheath, and imaging performed to document completion of the intervention in addition to the intervention(s) performed. These codes include angioplasty (eg, conventional balloons, cutting balloons, wired balloons, cryoplasty balloons), atherectomy (eg, directional atherectomy, rotational atherectomy, orbital atherectomy, laser atherectomy), and stenting (eg, balloon expandable stents, self-expanding stents, bare metal stents, drug-eluting stents, covered stents). Each base code in this family also includes balloon angioplasty, when performed.

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Compelling Evidence
The RUC reviewed compelling evidence based on a change in technique. At the time of the 2012 survey, PCI was typically performed via the femoral artery, whereas fewer than 5 percent of PCI were performed via the radial artery at the time. Due to improvements in technique and catheter technology, PCI is now typically performed through the radial artery (more than 60 percent of the time nationally). This approach requires different skills and techniques that are more difficult to perform than access through the femoral artery. Research has shown the radial approach to be safer for patients and involves a significant reduction in the risk of patient bleeding. The specialties noted that the average radial artery is about 2 mm compared to femoral arteries which average about 9 mm. While safer for the patient, the service is technically more challenging for the operator. Unlike the femoral artery, not only does the operator give local anesthesia, but they also must administer additional medications intra-arterially because of the tendency for the radial and brachial arteries to go into spasms. Procedures that involve the radial artery involve injections by the physician into the artery once the artery has been canulated. **The RUC accepted compelling evidence based on a change in technique.**

Pre-service and Post-service Time
The RUC agreed to make the times consistent with the survey pre-service time for each 000-day global code to reflect the time typically required to perform the pre-service evaluation and other work to prepare for the procedure, as well as additional post-service time for several of the codes. The pre-service evaluation was adjusted to 35 minutes for every 000-day code, except for emergent code 92941, which was instead adjusted to 22 minutes. Also, pre-service scrub, dress, wait time was adjusted to 10 minutes for every 000-day procedure code. Similarly, the post-service time for each 000-day service was adjusted to 30 minutes or the surveyed post-service time (if surveyed time was less than 30).

These changes were in part based on the additional time needed to evaluate and prepare access site(s) (one or both radial arteries and/or one or both femoral arteries). The myriad of techniques that are now available for percutaneous coronary intervention has expanded and that requires a full discussion with the patient because each one carries separate risks. Left and right radial pulses are also evaluated using an Allen test to determine which are available for access and which of the two offers preferable access. It is typical for the physician to prepare at least two access sites. Many operators give an anti-vasospastic cocktail routinely which also takes additional time to prepare for during the pre-service period. As part of the evaluation, the operator discusses the results of Heart Team consultations (if performed) and describes various PCI techniques, and the possibility of conversion to emergency surgery, among other typical tasks. The Heart Team for coronary revascularizations is a multidisciplinary team convened to evaluate complex patients and helps make patient-centered, evidence-based clinical decisions for patients considered for coronary revascularization.

92920 ***Percutaneous transluminal coronary angioplasty, single major coronary artery and/or its branch(es)***
The RUC reviewed the survey results from 140 interventional cardiologists and determined a direct work RVU crosswalk to CPT code 49013 *Preperitoneal pelvic packing for hemorrhage associated with pelvic trauma, including local exploration* (work RVU = 8.35, 45 minutes intra-service time and 155 minutes total time) appropriately accounts for the work required to perform this service. Both services typically involve a similar amount of intra-service time and the same overall amount of physician work. The RUC acknowledged the dearth of potential reference codes that are major surgical procedures with the 000-day global period and involved similar times, so the pool of potential reference codes was limited for most survey codes in this code family. The RUC recommends 35 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 10 minutes pre-service scrub/dress/wait time, 48 minutes intra-service time, and 27 minutes immediate post-service time.

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The specialties noted that operators now see patients undergoing PCI who have more comorbidities than when the PCI code family was last reviewed in 2012. Attention to stricter adherence to statins and other medicines in revascularization and chest pain guidelines has excluded many patients who otherwise may have been treated with lower acuity PCI. The remaining patients are more complex than they were a dozen years ago. This is true for the patient population for each of the new/revised codes in this code family. The specialty also noted that typically, to close the radial artery access site (which is now typical), the operator uses a radial artery occluder band and this work takes much less time relative to what femoral closure used to involve when this service was last valued in 2012. The femoral artery closure work was a low-intensity portion of the intra-service work back in 2012, though took up a fair amount of time. With the replacement of this work with the usage of occluder bands, the typical intra-service work has a higher average intensity as a lower proportion of the time is dedicated to the closure.

For additional support, The RUC also referenced CPT code 31601 *Tracheostomy, planned (separate procedure); younger than 2 years* (work RVU = 8.00, 45 minutes intra-service time and 135 minutes total time) and CPT code 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)* (work RVU = 8.15, 60 minutes intra-service time and 158 minutes total time). **The RUC recommends a work RVU of 8.35 for CPT code 92920.**

92924 *Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed, single major coronary artery and/or its branch(es)*

The RUC reviewed the survey results from 137 interventional cardiologists and determined a direct work RVU crosswalk to CPT code 33530 *Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary procedure)* (work RVU= 10.13, 70 minutes intra-service time and 112 minutes total time) appropriately accounts for the work required to perform this service. The RUC acknowledged that this direct crosswalk has a different global period, though also noted the relative dearth of available reference codes that are 000-day global major surgical procedures that have similar times and involve a similar amount of physician work in general. The RUC recommends 35 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 10 minutes pre-service scrub/dress/wait time, 60 minutes intra-service time, and 30 minutes immediate post-service time. This service includes the entire physician work of CPT code 92920 when performed, plus the additional work of performing percutaneous transluminal coronary atherectomy. This places the recommendation for 92924 with appropriate relativity to the recommendation for 92920.

For additional support, the RUC referenced CPT code 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* (work RVU = 10.00, 60 minutes intra-service time and 205 minutes total time.) and CPT code 33964 *Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)* (work RVU = 9.50, 60 minutes intra-service time and 195 minutes total time).**The RUC recommends a work RVU of 10.13 for CPT code 92924.**

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92928 ***Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed, single major coronary artery and/or its branch(es); one lesion involving one or more coronary segments***
The RUC reviewed the survey results from 140 interventional cardiologists and determined a direct work RVU crosswalk to CPT code 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* (work RVU= 10.00, 60 minutes intra-service time and 205 minutes total time) appropriately accounts for the work required to perform this service. The RUC acknowledged the dearth of potential reference codes that are major surgical procedures with the 000-day global period and involved a similar amount of physician work and similar times, so the pool of potential reference codes was limited. The RUC recommends 35 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 10 minutes pre-service scrub/dress/wait time, 60 minutes intra-service time, and 28 minutes immediate post-service time. This service includes the entire physician work of CPT code 92920 when performed, plus the additional placement of intracoronary stent(s). The RUC noted that the recommendation for this service is slightly lower than that of 92924, as this service involves two minutes less total time.

The specialties noted that the former intra-service time for CPT 92928 was based on the survey 75th percentile intra-service time from the prior survey conducted for the January 2012 meeting, whereas their recommendation based on the 2024 survey for this revised service is based on the survey median intra-service time.

For additional support, the RUC referenced CPT code 33530 *Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary procedure)* (work RVU= 10.13, 70 minutes intra-service time and 112 minutes total time). **The RUC recommends a work RVU of 10.00 for CPT code 92928.**

92930 ***Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed, single major coronary artery and/or its branch(es); two or more distinct coronary lesions with two or more coronary stents deployed in two or more coronary segments, or a bifurcation lesion requiring angioplasty and/or stenting in both the main artery and the side branch***
The RUC reviewed the survey results from 138 interventional cardiologists and determined that the survey 25th percentile work RVU of 12.00 appropriately accounts for the physician work required to perform this service. The RUC recommends 35 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 10 minutes pre-service scrub/dress/wait time, 75 minutes intra-service time, and 29 minutes immediate post-service time. The specialties noted that CPT code 92930 was created to allow coding for the work involved in placement of intracoronary stent(s) (previously coded as 92928) that exceeds the typical stenting case.

The RUC acknowledged the dearth of potential reference codes that are major surgical procedures with the 000-day global period and involved a similar amount of physician work, so the pool of potential reference codes was severely limited. The RUC compared the surveyed code to key reference codes 93653 *Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; 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*

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(work RVU = 15.00, 120 minutes intra-service time and 199 minutes total time) and 37225 *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed* (work RVU = 11.75, 118 minutes intra-service time and 186 minutes total time) and determined that although the surveyed code involves less intra-service time and total time, it is a much more intense service to perform than both of these reference codes. The RUC concurred that the total amount of physician work for the surveyed code is slightly more than the 2nd key reference code, CPT code 37225. The RUC concluded that CPT code 92930 should be valued at the 25th percentile work RVU as supported by the survey. **The RUC recommends a work RVU of 12.00 for CPT code 92930.**

92933 ***Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed, single major coronary artery and/or its branch(es)***
The RUC reviewed the survey results from 140 interventional cardiologists and determined that the survey 25th percentile work RVU of 11.94 appropriately accounts for the physician work required to perform this service. The RUC recommends 35 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 10 minutes pre-service scrub/dress/wait time, 75 minutes intra-service time, and 30 minutes immediate post-service time. The RUC noted that this service typically involves the same intra-service time as 92930 and a very similar total time, and should be valued similarly,.

The RUC acknowledged the dearth of potential reference codes that are major surgical procedures with the 000-day global period and involved a similar amount of physician work, so the pool of potential reference codes was severely limited. The RUC compared the surveyed code to key reference codes 37225 *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed* (work RVU = 11.75, 118 minutes intra-service time and 186 minutes total time) and 93583 *Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed* (work RVU = 13.75, 90 minutes intra-service time and 178 minutes total time) and determined that the surveyed code involves much more intensity than both reference codes. 86 percent of the survey respondents who selected top key reference code 37225 had rated the surveyed code as more intense/complex to perform. 60 percent of the survey respondents that selected second key reference code 93583 had indicated the surveyed code is more intense/complex to perform. The RUC concluded that CPT code 92933 should be valued at the 25th percentile work RVU as supported by the survey. **The RUC recommends a work RVU of 11.94 for CPT code 92933.**

92937 ***Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed, single vessel major coronary artery and/its branches***
The RUC reviewed the survey results from 141 interventional cardiologists and determined that the survey 25th percentile work RVU of 11.30 appropriately accounts for the physician work required to perform this service. The RUC recommends 35 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 10 minutes pre-service scrub/dress/wait time, 65 minutes intra-service time, and 30 minutes immediate post-service time. The RUC noted that, relative to the currently assigned CMS from 2012, this recommendation involves 2 minutes less of intra-service time though 17 more minutes of total time. Also, as described in the introductory section, these services are more intense relative to when this service was previously reviewed.

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The RUC acknowledged the dearth of potential reference codes that are major surgical procedures with the 000-day global period and involved a similar amount of physician work, so the pool of potential reference codes was severely limited. The RUC compared the surveyed code to key reference codes 37225 *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed* (work RVU = 11.75, 118 minutes intra-service time and 186 minutes total time) and 93583 *Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed* (work RVU = 13.75, 90 minutes intra-service time and 178 minutes total time) and determined that the surveyed code involves much more intensity than both reference codes. 84 percent of the survey respondents who selected top key reference code 37225 had rated the surveyed code as more intense/complex to perform. 68 percent of the survey respondents who selected second key reference code 93583 had indicated the surveyed code is more intense/complex to perform. The RUC concluded that CPT code 92937 should be valued at the 25th percentile work RVU as supported by the survey. **The RUC recommends a work RVU of 11.30 for CPT code 92937.**

92941 ***Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single major coronary artery and/or its branches or single bypass graft and/or its subtended branches***
The RUC reviewed the survey results from 139 interventional cardiologists and determined that the survey 25th percentile work RVU of 12.72 appropriately accounts for the work required to perform this service. The RUC recommends 22 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 10 minutes pre-service scrub/dress/wait time, 65 minutes intra-service time, and 30 minutes immediate post-service time. The specialties noted and the RUC concurred that this service is the most intense service to perform in the code family as it is emergent and involves a patient undergoing acute myocardial infarction. Since it is emergent, the pre-service evaluation time is typically shorter than all the planned 000-day global procedures in the code family. Also, this service is the most intense procedure to perform in the code family.

The RUC acknowledged the dearth of potential reference codes that are major surgical procedures with the 000-day global period and involved a similar amount of physician work, so the pool of potential reference codes was severely limited. The RUC compared the surveyed code to key reference codes 93583 *Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed* (work RVU = 13.75, 90 minutes intra-service time and 178 minutes total time) and 37225 *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed* (work RVU = 11.75, 118 minutes intra-service time and 186 minutes total time) and determined that the surveyed code involves much more intensity than both reference codes. 83 percent of the survey respondents who selected top key reference code 93583 had rated the surveyed code as more intense/complex to perform. 91 percent of the survey respondents that selected second key reference code 37225 had indicated the surveyed code is more intense/complex to perform. The RUC concluded that CPT code 92941 should be valued at the 25th percentile work RVU as supported by the survey. **The RUC recommends a work RVU of 12.72 for CPT code 92941.**

92943 ***Percutaneous transluminal revascularization of chronic total occlusion, single coronary artery, coronary artery branch, or coronary artery bypass graft, and/or subtended major coronary artery branches of the bypass graft any combination of intracoronary stent, atherectomy and angioplasty; antegrade approach***
The RUC reviewed the survey results from 132 interventional cardiologists and determined that the survey 25th percentile work RVU of 13.69 appropriately accounts for the physician work required to perform this service. The RUC recommends 35 minutes pre-service evaluation time, 3

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minutes pre-service positioning time, 10 minutes pre-service scrub/dress/wait time, 120 minutes intra-service time, and 30 minutes immediate post-service time. The specialty noted that this is one of the longest services to perform in the code family, as it involves multiple catheter changes and multiple techniques being attempted.

The RUC compared the surveyed code to key reference codes 93653 *Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; 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 = 15.00, 120 minutes intra-service time and 199 minutes total time) and 93591 *Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve* (work RVU = 17.97, 120 minutes intra-service time and 208 minutes total time) and determined that the surveyed code typically involves an identical amount of intra-service time as these two reference codes, though somewhat less total time. The RUC concurred that the recommended times and values fit appropriately with both reference services, as the surveyed code involves less total work. The RUC concluded that CPT code 92943 should be valued at the 25th percentile work RVU as supported by the survey. **The RUC recommends a work RVU of 13.69 for CPT code 92943.**

92945 *Percutaneous transluminal revascularization of chronic total occlusion, single coronary artery, coronary artery branch, or coronary artery bypass graft, and/or subtended major coronary artery branches of the bypass graft any combination of intracoronary stent, atherectomy and angioplasty; combined antegrade and retrograde approaches*
The RUC reviewed the survey results from 118 interventional cardiologists and determined that the survey 25th percentile work RVU of 15.00 appropriately accounts for the physician work required to perform this service. The RUC recommends 35 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 10 minutes pre-service scrub/dress/wait time, 130 minutes intra-service time, and 30 minutes immediate post-service time. The specialties noted that CPT code 92945 was created to allow coding for revascularization of a chronic total occlusion when both antegrade and retrograde approaches are employed. The specialty noted that this is one of the longest services to perform in the code family, as it involves multiple catheter changes and multiple techniques being attempted.

The RUC compared the surveyed code to key reference codes 93591 *Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve* (work RVU = 17.97, 120 minutes intra-service time and 208 minutes total time) and 93653 *Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; 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 = 15.00, 120 minutes intra-service time and 199 minutes total time). The RUC noted that the surveyed code involves 10 minutes more of total time and either identical or similar total time to both reference codes. The RUC concluded that CPT code 92945 should be valued at the 25th percentile work RVU as supported by the survey. **The RUC recommends a work RVU of 15.00 for CPT code 92945.**

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92972 ***Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)***
The RUC concurred with the societies that this add-on service should be affirmed, as it was most recently surveyed in January 2023 and the current time and value remain appropriate. The RUC affirms 30 minutes of intra-service and total time. **The RUC recommends affirming a work RVU of 2.97 for CPT code 92972.**
92973 ***Percutaneous transluminal coronary thrombectomy aspiration mechanical (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 140 interventional cardiologists and determined that a direct work RVU crosswalk to CPT code 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)* (work RVU= 1.75 and 20 minutes of intra-service time) appropriately accounts for the work required to perform this service. The RUC noted that both add-on services typically involve the same amount of time to perform and the same average physician work intensity. The RUC recommends 20 minutes of intra-service time and total time.

The RUC compared the surveyed code to key reference codes 37186 *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)* (work RVU = 4.92, 60 minutes intra-service time and total time) and 92974 *Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)* (work RVU = 3.00, 42.5 minutes intra-service time and total time) and noted that both key reference codes involve more than twice as much time to perform as this add-on survey code, though the surveyed code typically involves more work intensity. **The RUC recommends a work RVU of 1.75 for CPT code 92973.**

93571 ***Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, when performed; initial vessel (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 138 interventional cardiologists and determined that a direct work RVU crosswalk to CPT code 37252 *Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)* (work RVU= 1.80, 20 minutes intra-service time and 22 minutes total time) appropriately accounts for the work required to perform this service. The RUC noted that both services typically involve an identical intra-service time, similar total time, and the same amount of physician work. The RUC recommends 20 minutes of intra-service time and total time.

The RUC compared the surveyed code to key reference code 92974 *Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)* (work RVU = 3.00, 42.5 minutes intra-service and total time) and noted that although the surveyed code involves roughly half as much time, the surveyed code is more intense to perform. The RUC concurred that this justifies a work value that is 60 percent of the value of the reference code. **The RUC recommends a work RVU of 1.80 for CPT code 93571.**

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93572 ***Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, when performed; each additional vessel (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 138 interventional cardiologists 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) appropriately accounts for the work required to perform this service. Although the reference code involves more time, the surveyed code is a more intense service to perform. The RUC concurred that both services are comparable in terms of the total amount of physician work typically required ot perform each service. The RUC recommends 16 minutes of intra-service time and total time. The RUC noted that this is an increase of 5 minutes relative to the currently assigned CMS Time, a 45 percent increase.

To support the recommended work RVU, the RUC compared the surveyed code to key reference 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 and 22 minutes total time) and determined that it is appropriate to assign the surveyed code a lower work value than this key reference code. **The RUC recommends a work RVU of 1.44 for CPT code 93572.**

Practice Expense
The RUC recommends no direct practice expense inputs for the PCI code family as they are facility-only services.

RUC Flag
The RUC recommends that CPT code 92924 should be flagged as **Do Not Use to Validate for Physician Work**. The direct work RVU crosswalk for this survey code was a different global period, ZZZ.

New Technology/New Services List
CPT code 92972 will be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Surgery
Cardiovascular System
Arteries and Veins
Transcatheter Procedures

Codes for catheter placement and the radiologic supervision and interpretation should also be reported, in addition to the code(s) for the therapeutic aspect of the procedure.

Mechanical Thrombectomy

Code(s) for catheter placement(s)…

Codes 37184-37188 specifically…

Intraprocedural injection(s) of a thrombolytic…

For coronary mechanical aspiration thrombectomy, use 92973.

For intracranial arterial mechanical thrombectomy, use 61645.

Transcatheter Thrombolytic Infusion

Codes 37211 or 37212 are used to report…

Endovascular Revascularization (Open or Percutaneous, Transcatheter)

Codes 37220-37235 are to be used…

These lower extremity endovascular…

…

✚*37235* *with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*

(Use 37235 in conjunction with 37231)

Codes 37246, 37247, 37248, 37249 describe open or percutaneous transluminal balloon angioplasty (eg, conventional, low profile, cutting, drug-coated balloon). Codes 37246, 37247 describe transluminal balloon angioplasty in an artery excluding the central nervous system (61630, 61635), coronary (92920-~~9294~~92945, *0913T*), pulmonary (92997, 92998), and lower extremities for occlusive disease (37220-37235). Codes

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37248 and 37249 describe transluminal balloon angioplasty in a vein excluding the dialysis circuit (36902, 36905, 36907) when approached through the ipsilateral dialysis access. Transluminal balloon angioplasty is inherent to stenting in the extracranial carotid and innominate arteries (37215, 37216, 37217, 37218), peripheral arteries (37220-37237), and in peripheral veins (37238, 37239) and, therefore, is not separately reportable. Multiple angioplasties performed in a single vessel, including treatment of separate and distinct lesions within a single vessel, are reported with a single code. If a lesion extends across the margins of one vessel into another, but can be treated with a single therapy, the intervention should be reported only once. When additional, separate, and distinct ipsilateral or contralateral vessels are treated in the same session, 37247 and/or 37249 may be reported as appropriate.

Non-selective and/or selective catheterization …

#37248 *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*

#✚37249 *each additional vein (List separately in addition to code for primary procedure)*

(Use 37249 in conjunction with 37248)

(Do not report 37248, 37249 in conjunction with 36836, 36837)

(Do not report 37248, 37249 in conjunction with 37238, 37239 when performed in the same vein during the same operative session)

(Do not report 37248, 37249 in conjunction with 0505T, within the femoral-popliteal segment)

(Do not report 37248, 37249 in conjunction with 0620T within the tibial-peroneal segment)

(For transluminal balloon angioplasty in aorta/visceral artery[ies] in conjunction with fenestrated endovascular repair, see 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848)

(For transluminal balloon angioplasty in iliac, femoral, popliteal, or tibial/peroneal artery[ies] for occlusive disease, see 37220-37235)

(For transluminal balloon angioplasty in a dialysis circuit performed through the circuit, see 36902, 36903, 36904, 36905, 36906, 36907, 36908)

(For transluminal balloon angioplasty in an intracranial artery, see 61630, 61635)

(For transluminal balloon angioplasty in a coronary artery, see 92920-~~92944~~ 92945)

(For transluminal balloon angioplasty in a pulmonary artery, see 92997, 92998)

Codes 37236-37239 are used to report endovascular revascularization for vessels other than lower extremity artery(ies) for occlusive disease (ie, 37221, 37223, 37226, 37227, 37230, 37231, 37234, 37235), cervical carotid (ie, 37215, 37216), intracranial (ie, 61635), intracoronary (ie, 92920, 92924, 92928,~~92929,~~ 92933, ~~92934,~~92937, ~~92938,~~92941, 92943, ~~92944~~, 92930, 92945), innominate and/or intrathoracic carotid artery through an antegrade approach (37218), extracranial vertebral (ie, 0075T, 0076T) performed percutaneously and/or through an open surgical

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exposure, open retrograde intrathoracic common carotid or innominate (37217), or dialysis circuit when performed through the dialysis circuit (36903, 36905, 36908).

…

Intravascular stents, both covered and uncovered, are a class of devices that may be used as part of an embolization procedure.

37236 *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*

✚*37237* *each additional artery (List separately in addition to code for primary procedure)*

(Use 37237 in conjunction with 37236)

(Do not report 37236, 37237 in conjunction with 36836, 36837)

(Do not report 37236, 37237 in conjunction with 34841- 34848 for bare metal or covered stents placed into the visceral branches within the endoprosthesis target zone)

(For stent placement~~([s])~~ in iliac, femoral, popliteal, or tibial/peroneal artery~~([s])~~ for occlusive disease, see 37221, 37223, 37226, 37227, 37230, 37231, 37234, 37235)

(For transcatheter placement of intravascular cervical carotid artery stent~~([s])~~ see 37215, 37216)

(For transcatheter placement of intracranial stent~~([s])~~, use 61635)

(For transcatheter placement of intracoronary stent~~([s])~~, see 92928, ~~92929~~92933, ~~92934,~~ 92937, ~~92938,~~ 92941, 92943, ~~92944~~ 92930, 92945)

(For stenting of visceral arteries in conjunction with fenestrated endovascular repair, see 34841-34848)

(For open or percutaneous antegrade transcatheter placement of intrathoracic carotid/innominate artery stent(s), use 37218)

(For open or percutaneous transcatheter placement of extracranial vertebral artery stent~~([s])~~, see Category III codes 0075T, 0076T)

(For open retrograde transcatheter placement of intrathoracic common carotid/innominate artery stent~~([s])~~, use 37217)

(For placement of a stent at the arterial anastomosis of a dialysis circuit with or without transluminal mechanical thrombectomy and/or infusion for thrombolysis, see 36903, 36906)

Medicine
Cardiovascular
Therapeutic Services and Procedures
Coronary Therapeutic Services and Procedures

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Codes 92920-~~92944~~ 92945 describe percutaneous revascularization services performed for occlusive disease of the coronary vessels (major coronary arteries, coronary artery branches, or coronary artery bypass grafts). These percutaneous coronary intervention (PCI) codes are built on progressive hierarchies with more intensive services inclusive of lesser intensive services. These PCI codes all include the work of accessing and selectively catheterizing the vessel, traversing the lesion, radiological supervision and interpretation directly related to the intervention(s) performed, closure of the arteriotomy when performed through the access sheath, and imaging performed to document completion of the intervention in addition to the intervention(s) performed. These codes include angioplasty (eg, conventional balloons, cutting balloons, wired balloons, cryoplasty balloons), atherectomy (eg, directional atherectomy, rotational atherectomy, orbital atherectomy, laser atherectomy), and stenting (eg, balloon expandable stents, self-expanding stents, bare metal stents, drug eluting stents, covered stents). Each code in this family includes balloon angioplasty, when performed. Diagnostic coronary angiography may be reported separately under specific circumstances as outlined below. Percutaneous transluminal coronary lithotripsy may be reported using 92972 in conjunction with 92920, 92924, 92928, 92933, 92937, 92941, 92943, 92975, 92930, 92945, as appropriate.

Diagnostic coronary angiography codes (93454-93461) and injection procedure codes (93563-93564) should not be used with percutaneous coronary revascularization services (92920-~~92944~~ 92945) to report:

1. *Contrast injections, angiography, roadmapping, and/or fluoroscopic guidance for the coronary intervention,*
2. *Vessel measurement for the coronary intervention,* ***or***
3. Post-coronary angioplasty/stent/atherectomy angiography, as this work is captured in the percutaneous coronary revascularization services codes (92920-~~92944~~ 92945).

Diagnostic angiography performed at the time of a coronary interventional procedure may be separately reportable if:

1. *No prior catheter-based coronary angiography study is available, and a full diagnostic study is performed, and a decision to intervene is based on the diagnostic angiography, or*
2. *A prior study is available, but as documented in the medical record:*
   1. *The patient's condition with respect to the clinical indication has changed since the prior study, or*
   2. The~~re is~~ prior study provides inadequate visualization of the anatomy and/or pathology, **or**
   3. *There is a clinical change during the procedure that requires new evaluation outside the target area of intervention.*

Diagnostic coronary angiography performed at a separate session from an interventional procedure is separately reportable.

Coronary Lesion: For the purposes of reporting, a single distinct coronary lesion starts at the proximal end of the target lesion and ends at the distal end of the target lesion. A single distinct coronary lesion may involve multiple coronary segments and may extend from a major coronary artery into one of its branches or from a bypass graft into the subtended vessel. For the purposes of reporting, two distinct coronary lesions within one major coronary artery are considered present when the first lesion is geographically separated from the second lesion. For example, a diffuse single coronary lesion extending from the mid to distal right coronary artery (RCA) treated with two stents constitutes a single distinct

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coronary lesion. A coronary lesion in the proximal RCA treated with a single stent and a separate coronary lesion in the distal RCA treated with two stents would be considered two distinct coronary lesions for the purposes of reporting.

Major coronary arteries: The major coronary arteries are the left main, left anterior descending, left circumflex, right, and ramus intermedius arteries. ~~All PCI procedures performed in all segments (proximal, mid, distal) of a single major coronary artery through the native coronary circulation are reported with one code.~~ When one segment of a major coronary artery is treated through the native circulation and treatment of another segment of the same artery requires access through a coronary artery bypass graft, the intervention through the bypass graft is reported separately.

Coronary artery branches: Up to two coronary artery branches of the left anterior descending (diagonals), left circumflex (marginals), and right (posterior descending, posterolaterals) coronary arteries are recognized. The left main and ramus intermedius coronary arteries do not have recognized branches for reporting purposes. ~~All PCI(s) performed in any segment (proximal, mid, distal) of a coronary artery branch is reported with one code. PCI is reported for up to two branches of a major coronary artery. Additional PCI in a third branch of the same major coronary artery is not separately reportable.~~

Coronary Segments: Coronary segments are recognized portions of each major coronary artery and its branches. For the purpose of coding, coronary segments are defined using the established paradigm used in the National Cardiovascular Data Registry (NCDR) CathPCI database.

Coronary artery bypass grafts: Each coronary artery bypass graft represents a coronary major artery ~~vessel~~. A sequential or branching bypass graft (eg, Y graft) with more than one distal anastomosis represents only one graft. ~~A branching bypass graft (eg, Y graft)represents a coronary vessel for the main graft, and each branch off the main graft constitutes an additional coronary vessel~~. PCI performed on a major coronary artery~~ies~~ or major coronary artery branch~~es~~ by access through a bypass graft is reported using the bypass graft PCI codes. B~~All b~~ypass graft PCI codes include the use of coronary artery embolic protection devices when performed.

Only one base code from ~~this~~ the PCI family may be reported for revascularization of a major ~~coronary~~ artery and its ~~recognized~~ branches. Only one ~~base~~ code should be reported for revascularization of a coronary artery bypass graft, its subtended coronary artery, and ~~recognized~~ branches of the subtended coronary artery. If one segment of a major coronary artery and its ~~recognized~~ branches is treated through the native circulation, and treatment of another segment of the same vessel requires access through a coronary artery bypass graft, an additional base code ~~is~~ may be reported to describe the intervention performed through the bypass graft. The PCI base codes are 92920, 92924, 92928, 92933, 92937, 92941, 92943, 92930, and 92945. T~~he PCI base code that includes the most intensive service provided for the target vessel should be reported. The hierarchy of these services is built on an intensity of service ranked from highest to lowest as 92943 = 92941 = 92933 > 92924 > 92937 = 92928 > 92920.~~

~~PCI performed during the same session in additional recognized branches of the target vessel should be reported using the applicable add-on code(s). The add-on codes are 92921, 92925, 92928, 92934, 92938, and 92944 and follow the same principle in regard to reporting the most intensive service provided. The intensity of service is ranked from highest to lowest as 92944 = 92938 > 92934 > 92925 > 92929 > 92921.~~

PCI performed during the same session in additional major coronary artery(ies) or in/through an additional coronary artery bypass graft(s) ~~should~~ may be reported using the applicable major coronary artery base code(s). ~~additional base code(s). PCI performed during the same session in additional coronary artery branches should be reported using the applicable additional add-on code(s).~~

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If a single lesion extends from one target vessel (major coronary artery, coronary artery bypass graft, or coronary artery branch) into another target vessel, but can be revascularized with a single intervention bridging the two vessels, this PCI should be reported with a single code despite treating more than one vessel. For example, if a left main coronary lesion extends into the proximal left circumflex coronary artery and a single stent is placed to treat the entire lesion, this PCI should be reported as a single vessel stent (92928). ~~In this example, a code for additional vessel treatment (92929) would not be additionally reported.~~

When bifurcation lesions are treated with at least one stent, 92930 is reported.~~, PCI is reported for both vessels treated.~~ For example, when both branches of a bifurcation lesion involving the left anterior descending artery and the first diagonal artery are treated and at least one stent is used, report 92930.~~is treated by stenting both vessels, 92928 and 92929 are both reported.~~

Code 92941 is intended for situations where PCI for acute MI, usually ST-elevation MI, is done emergently. ~~Target vessel~~ PCI ~~for~~ of the culprit major coronary artery lesion(s) causing an acute MI ~~myocardial infarction~~ includes ~~is inclusive of all~~ balloon angioplasty, atherectomy, stenting, non-mechanical manual aspiration thrombectomy, distal protection, and intracoronary rheolytic agent administration when performed. Mechanical aspiration coronary thrombectomy (92973) ~~is~~ may be reported separately.

PCI for a non-emergent acute coronary syndrome (eg, late-presenting, or non-ST-elevation MI without ongoing chest pain) should not be reported with 92941.

PCI of chronic total occlusions is reported using 99243, 92945. Chronic total occlusion of a coronary vessel is present when there is no antegrade flow through the true lumen, accompanied by suggestive angiographic and clinical criteria (eg, antegrade "bridging" collaterals present, calcification at the occlusion site, no current presentation with ST elevation or Q wave acute myocardial infarction attributable to the occluded target lesion). Current clinical presentation with ST elevation or Q wave acute myocardial infarction attributable to the occluded target lesion, subtotal occlusion, ~~and~~ or occlusion with dye staining at the site consistent with fresh thrombus are not considered chronic total occlusion. Some chronic total occlusions may be treated with antegrade advancement of a wire through the occluding calcified plaque or around this plaque in the subintimal space (92943). Some chronic total occlusion lesions must be traversed in a combined antegrade retrograde fashion (92945). In such cases, in addition to the antegrade approach, a wire is advanced via a non-occluded coronary artery and through collateral vessels to cross the occlusion in a retrograde fashion from its distal cap.

Codes 92973 (percutaneous transluminal coronary thrombectomy, mechanical aspiration), 92974 (coronary brachytherapy), 92978 and 92979 (intravascular ultrasound/optical coherence tomography), 93571 and 93572 (intravascular Doppler velocity and/or pressure [~~fractional flow~~ reserve measurement ~~{FFR} or coronary flow reserve {CFR}~~]), and 92972 (percutaneous transluminal coronary lithotripsy), are add-on codes for reporting procedures performed in addition to coronary and bypass graft diagnostic and PCI procedures ~~interventional services, unless included in the base code~~. Non-mechanical, manual aspiration thrombectomy is not reported with 92973, and is included in the PCI code for acute myocardial infarction (92941), when performed. For non-mechanical, manual aspiration thrombectomy performed during PCI for indications other than acute myocardial infarction, use 93799.

For purposes of reporting stent placement, there are two codes for stent PCI. Code 92928 is reported when one lesion is treated with one or more stents in a major coronary artery, whether the lesion is confined to one segment or extends across multiple coronary segments. When two or more separate coronary lesions are treated with two or more stents in two or more coronary segments in a major coronary artery and/or its branch(es), use 92930. Example #1: placement of stents to treat a single lesion that overlaps the mid and distal right coronary artery segments

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may be reported with 92928. Example #2: Treatment of two separate lesions by placement of stents in the 1st diagonal artery and the distal LAD may be reported with 92930. *(To report transcatheter placement of radiation delivery device for coronary intravascular brachytherapy, use 92974)* *(For intravascular radioelement application, see 77770, 77771, 77772)* *(For nonsurgical septal reduction therapy [eg, alcohol ablation], use 93799)*				
#▲92920	D1	Percutaneous transluminal coronary angioplasty~~;~~, single major coronary artery and/or its branch(es) (For percutaneous transluminal coronary lithotripsy, use 92972) (For percutaneous transcatheter therapeutic drug-delivery by intracoronary drug delivery balloon, see 0913T, 0914T) (Do not report 92920 in conjunction with 0913T)	000	8.35
D92921	-	~~each additional branch of a major coronary artery (List separately in addition to code for primary procedure)~~ ~~(Use 92921 in conjunction with 92920, 92924, 92928, 92933, 92937, 92941, 92943)~~ (92921 has been deleted. To report, use 92920)	~~ZZZ~~	~~(2024 Work RVU = 0.00)~~
#▲92924	D2	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed~~;~~ single major coronary artery and/or its branch(es) (For percutaneous transluminal coronary lithotripsy, use 92972) (For percutaneous transcatheter therapeutic drug-delivery by intracoronary drug delivery balloon, see 0913T, 0914T) (Do not report 92924 with 0913T)	000	10.13
D92925	-	~~each additional branch of a major coronary artery (List separately in addition to code for primary procedure)~~ ~~(Use 92925 in conjunction with 92924, 92928, 92933, 92937, 92941, 92943)~~	~~ZZZ~~	~~(2024 Work RVU = 0.00)~~

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		(92925 has been deleted. To report, use 92924)		
#▲92928	D3	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed~~;~~ single major coronary artery and/or its branch(es); one lesion involving one or more coronary segments (For percutaneous transluminal coronary lithotripsy, use 92972) (For percutaneous transcatheter therapeutic drug-delivery by intracoronary drug delivery balloon, see 0913T, 0914T) (Do not report 92928 in conjunction with 0913T)	000	10.00

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D92929	-	~~each additional branch of a major coronary artery (List separately in addition to code for primary procedure)~~ ~~(Use 92929 in conjunction with 92928, 92933, 92937, 92941, 92943)~~ (92929 has been deleted. To report, see 92928, 92930)	~~ZZZ~~	~~(2024 Work RVU = 0.00)~~
●92930	D4	two or more distinct coronary lesions with two or more coronary stents deployed in two or more coronary segments, or a bifurcation lesion requiring angioplasty and/or stenting in both the main artery and the side branch	000	12.00
#▲92933	D5	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed~~;~~ single major coronary artery and/or its branch(es) (For percutaneous transluminal coronary lithotripsy, use 92972) (For percutaneous transcatheter therapeutic drug-delivery by intracoronary drug delivery balloon, see 0913T, 0914T) (Do not report 92933 in conjunction with 0913T)	000	11.94
D92934	-	~~each additional branch of a major coronary artery (List separately in addition to code for primary procedure)~~ ~~(Use 92934 in conjunction with 92933, 92937, 92941, 92943)~~ (92934 has been deleted. To report, use 92933)	~~ZZZ~~	~~(2024 Work RVU = 0.00)~~
#▲92937	D6	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~~ major coronary artery and/its branches (For percutaneous transluminal coronary lithotripsy, use 92972) (For percutaneous transcatheter therapeutic drug-delivery by intracoronary drug delivery balloon, see 0913T, 0914T) (Do not report 92937 in conjunction with 0913T)	000	11.30

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D92938	-	~~each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)~~ ~~(Use 92938 in conjunction with 92937~~) (92938 has been deleted. To report, use 92937)	~~ZZZ~~	~~(2024 Work RVU = 0.00)~~
#▲92941	D7	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~~ major coronary artery and/or its branches or single bypass graft and/or its subtended branches. (For additional vessels treated, see 92920 ~~92938~~ 92937, 92943, ~~9294~~92945, 0913T, 0914T) (For percutaneous transluminal coronary lithotripsy, use 92972) (For transcatheter intra-arterial hyperoxemic reperfusion/ supersaturated oxygen therapy [SSO_2], use 0659T) (Do not report 92941 in conjunction with 0913T for intervention in the same major coronary artery or in the same bypass graft or its subtended branches)	000	12.72
#▲92943	D8	Percutaneous transluminal revascularization of chronic total occlusion, single coronary artery, coronary artery branch, or coronary artery bypass graft, and/or subtended major coronary artery branches of the bypass graft any combination of intracoronary stent, atherectomy and angioplasty; ~~single vessel~~ antegrade approach	000	13.69
● 92945	D9	combined antegrade and retrograde approaches (For percutaneous transluminal coronary lithotripsy, use 92972) (For percutaneous transcatheter therapeutic drug-delivery by intracoronary drug delivery balloon, see 0913T, 0914T) (Do not report 92943 in conjunction with 0913T)	000	15.00

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D92944	-	~~each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)~~ ~~(Use 92944 in conjunction with 92924, 92928, 92933, 92937, 92941, 92943)~~ ~~(To report transcatheter placement of radiation delivery device for coronary intravascular brachytherapy, use 92974)~~ ~~(For intravascular radioelement application, see 77770, 77771, 77772)~~ (92944 has been deleted)	~~ZZZ~~	~~(2024 Work RVU = 0.00)~~
#▲✚92972	D10	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure) (Use 92972 in conjunction with 92920, 92924, 92928, 92933, 92937, 92941, 92943, ~~92975~~ 92930, 92945) (92972 may be reported only once for each major coronary artery or bypass graft)	ZZZ	2.97 (Affirmation of January 2023 RUC Recommendations)
#▲✚92973	D11	Percutaneous transluminal coronary thrombectomy aspiration mechanical (List separately in addition to code for primary procedure) (Use 92973 in conjunction with 92920, 92924, 92928, 92933, 92937, 92941, 92943, ~~92975,~~ 93454-93461, 93563, 93564, 92930, 92945) (Do not report 92973 for manual aspiration thrombectomy) (Do not report 92973 in conjunction with 0913T for intervention in the same major coronary or in the same bypass graft or its subtended branches) (92973 may be reported only once for each major coronary artery or bypass graft)	ZZZ	1.75
#✚92974	*Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)* (Use 92974 in conjunction with 92920, 92924, 92928, 92933, 92937, 92941, 92943, 93454-93461, 92930, 92945) *(For intravascular radioelement application, see 77770, 77771, 77772)*			

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D92975	-	~~Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography~~	~~000~~	~~(2024 Work RVU = 6.99)~~
D92977	-	~~by intravenous infusion~~ ~~(For thrombolysis of vessels other than coronary, see 37211-37214)~~ ~~(For cerebral thrombolysis, use 37195)~~ (92975, 92977 have been deleted. To report coronary thrombolysis, use 93799)	~~XXX~~	~~(2024 Work RVU = 0.00)~~

#✚92978 *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; initial vessel (List separately in addition to code for primary procedure)*

(Report 92978 once per session)

(Use 92978 in conjunction with ~~92975~~, 92920, 92924, 92928, 92933, 92937, 92941, 92943, 93454-93461, 93563, 93564, 92930, 92945)

(Do not report 92978 in conjunction with 0913T, 0914T for intervention in the same major coronary artery or in the same bypass graft or its subtended branches)

#✚92979 *each additional vessel (List separately in addition to code for primary procedure)*

(Report 92979 once per additional vessel)

(Use 92979 in conjunction with 92978)

(Intravascular ultrasound and optical coherence tomography services include all transducer manipulations and repositioning within the specific vessel being examined, both before and after therapeutic intervention [eg, stent placement])

Cardiac Catheterization

Cardiac catheterization is a diagnostic medical procedure which includes introduction, positioning and repositioning, when necessary, of catheter(s), within the vascular system, recording of intracardiac and/or intravascular pressure(s), and final evaluation and report of procedure. There are two code families for cardiac catheterization: one for congenital heart disease and one for all other conditions. For cardiac catheterization for congenital heart defects (93593, 93594, 93595, 93596, 93597, 93598), see the ***Medicine/Cardiovascular/Cardiac Catheterization for Congenital Heart Defects*** *subsection. The following guidelines apply to cardiac catheterization performed for indications other than the evaluation of congenital heart defects.*

…

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Adjunctive hemodynamic assessments: when cardiac catheterization is combined with pharmacologic agent administration with the specific purpose of repeating hemodynamic measurements to evaluate hemodynamic response, use 93463 in conjunction with 93451-93453 and 93456-93461, 93593, 93594, 93595, 93596, 93597. Do not report 93463 for intracoronary administration of pharmacologic agents during percutaneous coronary interventional procedures, during intracoronary assessment of coronary pressure, flow or resistance, or during intracoronary imaging procedures. Do not report 93463 in conjunction with 92920-~~9294~~92945 ~~92975, 92977~~. *When cardiac catheterization is combined with exercise (eg, walking or arm or leg ergometry protocol) with the specific purpose of repeating hemodynamic measurements to evaluate hemodynamic response, report 93464 in conjunction with 93451-93453, 93456-93461, 93593, 93594, 93595, 93596, 93597.* *Contrast injection to image the access site(s) for the specific purpose of placing a closure device is inherent to the catheterization procedure and not separately reportable. Closure device placement at the vascular access site is inherent to the catheterization procedure and not separately reportable.* … ✚*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)* *(Use 93463 in conjunction with 33477, 93451-93453, 93456-93461, 93580, 93581, 93582, 93593, 93594, 93595, 93596, 93597)* *(Report 93463 only once per catheterization procedure)* (Do not report 93463 for pharmacologic agent administration in conjunction with coronary interventional procedure 92920-~~9294~~92945 ~~92975, 92977~~) …				
▲✚93571	D12	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress, when performed; initial vessel (List separately in addition to code for primary procedure) (Use 93571 in conjunction with 92920, 92924, 92928, 92933, 92937, 92941, 92943, ~~92975,~~ 93454-93461, 93563, 93564, 93593, 93594, 93595, 93596, 93597, 92930, 92945, 0913T) (Do not report 93571 in conjunction with 0523T)	ZZZ	1.80

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▲✚93572	D13	each additional vessel (List separately in addition to code for primary procedure) (Use 93572 in conjunction with 93571) (Do not report 93572 in conjunction with 0523T) (Intravascular distal coronary blood flow velocity measurements include all Doppler transducer manipulations and repositioning within the specific vessel being examined, during coronary angiography or therapeutic intervention [eg, angioplasty]) (For unlisted cardiac catheterization procedure, use 93799)	ZZZ	1.44

Category III Codes

0659T *Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy), angiography, and radiologic supervision and interpretation*

(Use 0659T in conjunction with 92941)

(Do not report 0659T in conjunction with 92920, 92924, 92928, 92933, 92937, 92943, 92930, 92945)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92920 Tracking Number D1 Original Specialty Recommended RVU: **9.00**
Presented Recommended RVU: **9.00**
Global Period: 000 Current Work RVU: **9.85** RUC Recommended RVU: **8.35**

CPT Descriptor: Percutaneous transluminal coronary angioplasty, single major coronary artery and/or its branch(es)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old female presents with unstable angina. Coronary arteriography demonstrates diffusely diseased coronary arteries with 90% lesions in both the mid and distal parts of a tortuous left anterior descending artery. The vessel diameter is smaller than the smallest available stent. Percutaneous coronary intervention is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 98% , In the ASC 2%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 65% , Overnight stay-less than 24 hours 33% , Overnight stay-more than 24 hours 2%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: The patient's history, records, laboratory, and diagnostic tests are reviewed. A physical examination is conducted. Appropriate communication is conducted with the patient and the patient's family as well as with other medical professionals as needed(i.e., the “Heart Team approach”). The procedure is reviewed with the patient. The risks and benefits of the procedure are presented, as well as the alternatives. Informed consent is obtained. Hair is removed from the potential access sites. Necessary equipment, instruments, and supplies for the procedure are confirmed to be available and operational. Instruments and supplies for the procedure are pulled. The patient is transported to the procedure suite, positioned on the procedural table, and attached to cardiac electrodes and an oxygen saturation monitor. A sterile table is prepared. The potential access sites are scrubbed in sterile fashion. A sterile drape is placed over the patient. The patient's information is loaded in the hemodynamic monitoring equipment to retain the data from the upcoming study.

Description of Intra-Service Work: Percutaneous arterial access is obtained, typically through the femoral artery or radial artery. Angiography of the access site is performed as needed to assess anatomy of the access vessel and appropriate location of the access site. A sheath is placed and flushed. Intraarterial vasodilators are administered. An appropriate guiding catheter is passed under fluoroscopic guidance to the ascending aorta, engaged into the coronary ostium, and re-positioned as needed to prevent pressure damping. Appropriate antiplatelet therapy treatment is confirmed and anticoagulation administered. Therapeutic anticoagulation is confirmed by testing an activated clotting time (ACT). Additional anticoagulation is administered as needed. Multiple coronary injections are performed in different views to assess the target lesion(s). A coronary guidewire is used to cross the target lesion(s) and its position distally in the artery is confirmed. A coronary dilation balloon is advanced over the guidewire to the lesion and dilation performed until adequate, then it is pulled back into the guide. Angiography is performed in multiple views. If the lesion is not fully expanded, the angioplasty procedure is repeated, using different larger or less compliant balloons as needed, and repeat angiography is performed. The entire process of coronary artery imaging, guidewire placement, and balloon inflation may be repeated at multiple stenotic sites in separate locations in the coronary artery or its branches. At the end of the procedure the guide catheter is disengaged and removed. The sheath is removed, and hemostasis is achieved by an appropriate technique. If a vascular closure device cannot be used with femoral access, the sheath is sutured in place for subsequent removal once the ACT level falls to a safe level for manual compression.

CPT Code: 92920

Description of Post-Service Work: Films and hemodynamics are reviewed and a formal report is generated. The patient, the patient's family, and the referring physician are notified of the results. A plan of management is developed and discussed with the patient and the patient's family. Additional antiplatelet and antithrombin therapy is administered as necessary. The patient is admitted to ensure no bleeding, to monitor for abrupt vessel closure, and for continued therapy of ischemic heart disease.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2024					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Afnan Tariq, Dr. Mark Hoyer					
Specialty Society(ies):	ACC, SCAI					
CPT Code:	92920					
Sample Size:	2768	**Resp N:**	140			
Description of Sample:	The survey sample was randomly selected from SCAI membership and ACC membership that identify themselves as an "interventional cardiologist"					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	10.00	**20.00**	61.00	2000.00
Survey RVW:		1.00	9.00	**10.00**	11.21	20.00
Pre-Service Evaluation Time:				**35.00**		
Pre-Service Positioning Time:				**10.00**		
Pre-Service Scrub, Dress, Wait Time:				**10.00**		
Intra-Service Time:		2.00	30.00	**48.00**	60.00	120.00
Immediate Post Service-Time:	**27.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**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)

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)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	92920	**Recommended Physician Work RVU: 8.35**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**35.00**	**18.00**	**17.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**6.00**	**4.00**
Intra-Service Time:		**48.00**		

Please, pick the post-service 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)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**27.00**	**28.00**	**-1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

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:

Key CPT Code	Global	Work RVU	Time Source
37236	000	8.75	**RUC Time**

CPT Descriptor 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

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37228	000	10.75	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52356	000	8.00	**RUC Time**	82,797

CPT Descriptor 1 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36905	000	9.00	**RUC Time**	22,013

CPT Descriptor 2 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

Other Reference CPT Code	Global	Work RVU	Time Source
31259	000	8.48	**RUC Time**

CPT Descriptor Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus

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: 34 **% of respondents:** 24.2 **%**

Number of respondents who choose 2nd Key Reference Code: 32 **% of respondents:** 22.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 92920	Top Key Reference CPT Code: 37236	2nd Key Reference CPT Code: **37228**
Median Pre-Service Time	48.00	31.00	38.00
Median Intra-Service Time	48.00	90.00	90.00
Median Immediate Post-service Time	27.00	30.00	30.00
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
Median Total Time	**123.00**	**151.00**	**158.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	9%	41%	41%	9%

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	3%	59%	38%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	9%	55%	36%
Physical effort required	15%	70%	15%

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	9%	41%	40%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	22%	50%	28%

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	0%	25%	75%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	38%	62%
Physical effort required	6%	55%	39%

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%	9%	91%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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.

CPT Changes

The full family of percutaneous coronary intervention (PCI) codes was last reviewed by the RUC at the January 2012 meeting, when the code family was updated to reflect bundling after CMS identified MPC codes not

reviewed in the prior 5 years as potentially misvalued. The codes were surveyed for the January 2023 RUC meeting after the CPT Editorial Panel approved creation of a single add-on code that describes the work of coronary intravascular lithotripsy (IVL), a technology to modify lesions that did not exist at the time of the prior review. That code change application was submitted by a device manufacturer. The societies had planned to make other revisions to the code family at the following CPT cycle. At the January 2023 RUC meeting the societies proposed that only the new IVL code be valued, and the remainder of the code set be sent to CPT for revision before review. The RUC approved this proposal and, after several code change applications, the revised family was approved at the February 2024 CPT Panel meeting.

The CPT updates included code deletions, revisions, and additions.

- The original code set included additional branch add-on codes for several of the procedures. CMS assigned the branch codes a value of 0 RVUs, rolling a prorated portion of their value into their base codes (more on this later). Due to this lack of RVUs neither CMS nor commercial payers reimbursed these codes from 2013 to present and they were deleted by CPT in February 2024. The deleted codes included 92921, 92925, 92929, 92934, 92938, and 92944.
- CPT amended the base codes to each of these deleted add-on codes (92920, 92924, 92928, 92933, 92937, 92941, and 92943) to include the work, when performed, of potential branch vessels which was not included in the original code definitions and descriptions of work. This essentially matches the code descriptors to CMS's approach to not pay separately for additional branch work.
- Also, in February 2024 CPT created two new codes within the family. First, 92930, was created to allow coding for the work involved in placement of intracoronary stent(s) (currently coded as 92928) that exceeds the typical stenting case. The second new code, 92945, was created to allow coding for revascularization of a chronic total occlusion when both antegrade and retrograde approaches are employed.
- Finally, CPT revised codes 93571 and 93572 to make a correction to the fractional flow reserve (FFR) codes to correct a coding issue relating to instant flow reserve (iFR).

92972 Intravascular Lithotripsy (IVL)

As noted above, the IVL code was surveyed, reviewed by the RUC and issued a value at the January 2023 RUC meeting. The IVL code survey was robust, with 139 respondents. There have been no significant technological or other changes to the IVL procedure since its initial valuation. With the recent survey of this code and in an effort to maximize survey response by keeping it a bit shorter, we did not include the code in this survey and recommend affirmation of current value and time.

Current RVUs and Times

As referenced above, CMS does not recognize the add-on branch codes as separately payable. However, the agency did bundle them into the underlying PCI codes. In doing so, it also added small amounts of work and time, proportionate to predicted utilization. Also, since the last time these codes were valued, moderate sedation was unbundled, removing commensurate work and time. The summary spreadsheet shows the original RUC recommended value, the CMS adjustments for branch code bundling, the adjustments for unbundling of moderate sedation, and finally the current values.

Background: PCI Evolution & Compelling Evidence

Change in Technique

The recommendations for this tab produce an increase in RVUs of less than one half of a percent aggregated across the family of codes. Accordingly, we submit that these services have undergone changes in technique and patient population that substantiate compelling evidence to allow an increase in the aggregate value of the code family. At the time of the 2012 survey, PCI was typically performed via the femoral artery, with a very small minority of cases performed through the radial artery. PCI is now typically performed through the radial artery,

reflecting best practice recommendations from the field. https://onlinelibrary.wiley.com/doi/10.1002/ccd.28672 Radial access is safer for patients despite being technically more challenging for the operator. The main advantage is a significant reduction in bleeding risk as well as decreased mortality for some patient subsets. https://pubmed.ncbi.nlm.nih.gov/33507598/.

Radial access requires additional preservice time that is discussed further below. This approach also requires different skills and techniques that are more difficult to perform than access through the femoral artery. While safer for the patient, the service is more technically challenging for the operator in several respects.

(1) The average radial artery is about 2 mm compared to femoral arteries that average about 9 mm, so entering the artery with a needle is more difficult.
(2) The radial and brachial arteries are smaller and more prone to spasm making catheter advancement or torquing difficult or impossible; many operators give an anti-vasospastic cocktail routinely which takes additional time.
(3) Whereas femoral access requires catheters to traverse one 180-degree bend to reach the heart, radial access requires the catheter to make one-180 degree bend and usually two more 90-degree bends to reach the heart, which makes catheter advancement and torquing more difficult.
(4) Radial access provides more frequent challenging anatomic variants such as radial loop, accessory radial arteries, early take-off radial arteries, and aberrant innominate arteries (arteria lusoria); in contrast anatomy from the femoral artery to the heart has few variants. These problems lead to conversion from radial to femoral access in about 10% of cases, while conversion from femoral to radial is almost non-existent.

Positioning for radial increases the risk of radiation and precautions. More time is spent closer to the image intensifier at different angles as opposed to standing farther back when patient is in the femoral area. Now we are closer to the heart and reaching across the patient's chest.

Change in Patient Population

We also see patients undergoing PCI who generally have more comorbidities than a decade ago. Attention to stricter adherence on statins and other medicines in revascularization and chest pain guidelines has eliminated many patients who otherwise may have been treated with lower acuity PCI, something we see in the declining utilization of these services. Remaining patients are more complex than they were a dozen years ago.

All of these factors lead to services that are both more intense/complex while also successfully decreasing the intra-procedure time the patient is on the table.

Incorrect Assumptions

Finally, with the current times and valuation consisting of a mix of RUC recommendations, pro-rated bundling of time and work of PCI in branches by CMS, and reductions of work and time by CMS to apply coding changes related to unbundling moderate sedation, we submit that the current values were derived using a flawed mechanism. CMS bundled the now-deleted branch codes using a type of prorated building block methodology that casts the current values in doubt and provides compelling evidence that the best values for these services should be derived from the robust survey before us.

Recommendations Methodology

We have laid out a rationale above for the intensity/complexity of these codes rising while in some cases the performance time may have decreased. We recommend the survey 25th percentile for all the 000 codes in this family. We chose the survey 25th percentile work RVUs because this approach generally kept the recommended values in line with the trajectory of the reduction or addition of intra-service and total time for the codes while maintaining rank order. While changes to the work RVUs and times are not recommended in exactly

proportional amounts, they do maintain relativity in the magnitude to which they change to the positive or the negative. That is to say, where there is a significant reduction in intra-service time there is a more modest reduction in recommended work RVU and the same is true in the positive direction. Where there is a significant increase in intra-service time there is a more modest recommended increase in work RVU for those codes. RVU.

In developing recommendations for the family, we observed that recommendations for times and values generate WPUT (ie, intensity) values that maintain rank order relationships within the family and align with operators' estimates of work intensity. For instance, 92920 for PTCA has a lower WPUT than 92924 for PTCA with atherectomy, reflecting the higher complication rates of atherectomy and operators' perception that atherectomy is more intense. WPUT for 92941 (PCI of an acute myocardial infarction) has the highest WPUT consistent with operators' perceptions that this is the most intense interventional service. CTO codes 92943 and 92945 have lower WPUTs because they are longer services with multiple catheter changes and techniques being attempted. This consistency of WPUT with current rank order and with operators' perceptions of intensity support the recommendations at the 25th-percentile survey values.

This approach produces the following recommendations for the family that would produce budget increase of 12,342 RVUs out of a baseline of over 3.2 million RVUs (0.38%)

Preservice Time

For each of the 000 codes, we recommend additions to preservice package 2 (Difficult patient/straightforward procedure without anesthesia care) that are supported by the survey. While these are 000 codes provided to patients with short or no hospital stay, there are certain elements of preservice time that are more akin to that of a service which utilizes general anesthesia.

		FACILITY			**PCI**	**Notes**
		2	**3**	**4**	**2+**	
	Total Pre-Service Time	**25**	**51**	**63**	**43**	
	CATEGORY SUBTOTALS					
A	Pre-Service Evaluation (IWPUT =0.0224)	18	33	40	34	
B	Pre-Service Positioning (IWPUT = 0.0224)	1	3	3	3	
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	15	20	6	
	DETAILS					
A	History and Exam (Performance and review of appropriate Pre-Tests)	10	10	15	10	Standard
A	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	4	2	Standard
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	5	5	10	+7 for detailed consenting using multi-page or electronic form. Discuss results of Heart Team consultations (if

						performed); access site options; pros and cons of various PCI techniques including intra-coronary lithotripsy, atherectomy angioplasty, stenting; and possibility of conversion to emergency surgery. Discuss alternatives to PCI (surgery or medical therapy.) Discuss risks of all 3 approaches. Obtain separate consents for transfusion and moderate sedation.
A	Communicate with other professionals	0	5	5	0	Standard
A	Check/set-up room, supplies and equipment	1	5	5	5	+4 Utilize time similar to procedures with anesthesia to assess complex array of catheter, stents, and other supplies/equipment
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	5	5	6	+5 Left and right radial pulses are evaluated to determine which are available for access (eg not harvested for prior CABG) and which of the two offers better access. Evaluate whether femoral artery is available for access and determine if left, right, or both femoral access sites should be prepped. Time out is performed.
A	Prepare/ review/ confirm procedure	1	1	1	1	Standard
B	Perform/ supervise patient positioning	1	3	3	3	+2 Utilize time similar to procedures with anesthesia to position patient comfortably on the table with arm in uncomfortable position, usually on a special pad. Arm used for radial access must be positioned and supinated with ventral surface oriented up and secured with tape to keep it there for entire procedure. Ultra-sound probe is inserted into sterile sleeve; console is programmed and turned

						on. Anti-spasm cocktail is prepared for intra-arterial injection.
C	Administer local/topical anesthesia	1	0	0	1	Standard
C	Observe (wait anesthesia care)	0	10	15	0	Standard
C	Dress and scrub for procedure	5	5	5	5	Standard

92920: PTCA

ACC and SCAI convened a panel of physicians familiar with the services to review the survey data. The survey was robust and was completed by physicians who have experience with the service. Code 92920 will be used to report percutaneous transluminal coronary angioplasty of a single major coronary artery and/or its branches. The panel reviewed the preservice time and selected package 2 with the modifications described above for a straightforward procedure on a difficult patient without anesthesia in a facility.

The key reference service is 37236, transcatheter placement of an intravascular stent(s). While procedurally similar, 37236 is a longer, less intense service.

The societies **recommend a wRVU of 9.00 with times of 43/48/28.** The preservice time of 43 was adjusted upward from Package 2 to reflect the enhanced steps described above: 7 additional minutes for complicated consent, 4 additional minutes to setup room similar to a procedure that utilizes anesthesia, 5 additional minutes for double and complex draping and ultrasound for vessel viability, and 2 additional minutes for complex positioning of the arm and heart imaging. The intra-service time of 48 minutes is the survey median. Post-service time is the standard 8B package for a complex procedure under sedation.

This value is slightly above the longer KRS, but also accounts for the increased intensity of working in the coronary arteries (which are always in motion and where rupture can cause immediate death) as well as the increased intensity of radial artery access as opposed to the prior typical technique using femoral artery access.

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) The interventional cardiologisty typically also manages moderate sedation, 99152.

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) 92920

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 Cardiology How often? Commonly

Specialty Interventional Cardiology How often? Commonly

Specialty Internal Medicine How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 57177
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This estimate is three times the 2022 the traditional Medicare data from the RUC database to account for Medicare Advantage and commerical insurance covered performance.

Specialty Cardiology Frequency 27960 Percentage 48.90 %

Specialty Interventional Cardiology Frequency 26930 Percentage 47.09 %

Specialty Internal Medicine Frequency 1544 Percentage 2.70 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
19,059 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2022 RUC Database data. Recent trends show gradual decline, but we do not know if that will continue.

Specialty Cardiology Frequency 9320 Percentage 48.90 %

Specialty Interventional Cardiology Frequency 8977 Percentage 47.10 %

Specialty Internal Medicine Frequency 515 Percentage 2.70 %

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-Coronary angioplasty (PTCA)

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 92920

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92924 Tracking Number D2 Original Specialty Recommended RVU: **11.25**
Presented Recommended RVU: **11.25**
Global Period: 000 Current Work RVU: **11.74** RUC Recommended RVU: **10.13**

CPT Descriptor: Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed, single major coronary artery and/or its branch(es)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 73-year-old male presents with chronic angina refractory to medical therapy. Stress testing shows inferior ischemia. Coronary arteriography demonstrates heavily calcified coronary arteries. The proximal right coronary artery and its posterior descending branch each have long heavily calcified 80% stenotic lesions. Percutaneous coronary intervention is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 100% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 43% , Overnight stay-less than 24 hours 52% , Overnight stay-more than 24 hours 5%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 96%

Description of Pre-Service Work: The patient's history, records, laboratory, and diagnostic tests are reviewed. A physical examination is conducted. Appropriate communication is conducted with the patient and the patient's family as well as with other medical professionals as needed(i.e., the “Heart Team approach”). The procedure is reviewed with the patient. The risks and benefits of the procedure are presented, as well as the alternatives. Informed consent is obtained. Hair is removed from the potential access sites. Necessary equipment, instruments, and supplies for the procedure are confirmed to be available and operational. Instruments and supplies for the procedure are pulled. The patient is transported to the procedure suite, positioned on the procedural table, and attached to cardiac electrodes and an oxygen saturation monitor. A sterile table is prepared. The potential access sites are scrubbed in sterile fashion. A sterile drape is placed over the patient. The patient's information is loaded in the hemodynamic monitoring equipment to retain the data from the upcoming study.

Description of Intra-Service Work: Percutaneous arterial access is obtained, typically through the femoral artery or radial artery. A sheath is placed and flushed. Angiography of the access site is performed as needed to assess anatomy of the access vessel and appropriate location of the access site. Intraarterial vasodilators are administered. An appropriate guiding catheter is passed under fluoroscopic guidance to the ascending aorta, engaged into the coronary ostium, and re-positioned as needed to prevent pressure damping. Appropriate antiplatelet therapy treatment is confirmed and anticoagulation administered. Therapeutic anticoagulation is confirmed by testing an activated clotting time (ACT). Additional anticoagulation is administered as needed. Multiple coronary injections are performed in different views to assess the target lesion(s). A coronary guidewire is used to cross the target lesion(s) and its position distally in the artery is confirmed. An appropriate-sized atherectomy device is selected, assembled, and passed through the guide into the target artery. The device is test-activated in the body and adjusted as needed. The device is activated and advanced in a gradual back and forth motion to ablate calcific plaque. Multiple runs are performed until it can progress through the lesion. If a larger device is needed to enlarge the lumen more optimally, the above steps are repeated with the larger device. The device is removed and an angioplasty balloon is passed over the guidewire to the target lesion(s) and used to further dilate the target lesion(s). Final angiography is performed. The entire process of coronary artery imaging, guidewire placement, atherectomy, and balloon inflation may be repeated at multiple stenotic sites in separate locations in the coronary artery or its branches. At

the end of the procedure the guide catheter is disengaged and removed. The sheath is removed, and hemostasis is achieved by appropriate technique. If a vascular closure device cannot be used with femoral access, the sheath is sutured in place for subsequent removal once the ACT level falls to a safe level for manual compression.

Description of Post-Service Work: Films and hemodynamics are reviewed and a formal report is generated. The patient, the patient's family, and the referring physician are notified of the results. A plan of management is developed and discussed with the patient and the patient's family. Additional antiplatelet and antithrombin therapy is administered as necessary. The patient is admitted to ensure no bleeding, to monitor for abrupt vessel closure, and for continued therapy of ischemic heart disease.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2024					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Afnan Tariq, Dr. Mark Hoyer					
Specialty Society(ies):	ACC, SCAI					
CPT Code:	92924					
Sample Size:	2768	**Resp N:**	137			
Description of Sample:	The survey sample was randomly selected from SCAI membership and ACC membership that identify themselves as an "interventional cardiologist"					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	2.00	**15.00**	3.00	300.00
Survey RVW:		1.00	11.25	**12.25**	14.00	25.00
Pre-Service Evaluation Time:				**40.00**		
Pre-Service Positioning Time:				**10.00**		
Pre-Service Scrub, Dress, Wait Time:				**10.00**		
Intra-Service Time:		5.00	45.00	**60.00**	90.00	150.00
Immediate Post Service-Time:	**30.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**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)

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)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	92924	**Recommended Physician Work RVU: 10.13**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**35.00**	**18.00**	**17.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**6.00**	**4.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service 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)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**28.00**	**2.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

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:

Key CPT Code	Global	Work RVU	Time Source
37225	000	11.75	**RUC Time**

CPT Descriptor Revascularization,endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93583	000	13.75	**RUC Time**

CPT Descriptor Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36906	000	10.42	**RUC Time**	8,498

CPT Descriptor 1 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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37244	000	13.75	**RUC Time**	13,397

CPT Descriptor 2 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

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

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: 68 **% of respondents:** 49.6 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 8.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 92924	Top Key Reference CPT Code: 37225	2nd Key Reference CPT Code: **93583**
Median Pre-Service Time	48.00	38.00	48.00
Median Intra-Service Time	60.00	118.00	90.00
Median Immediate Post-service Time	30.00	30.00	40.00
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
Median Total Time	**138.00**	**186.00**	**178.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	22%	46%	32%

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	3%	24%	73%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	30%	70%
Physical effort required	3%	52%	45%

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%	13%	87%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	8%	58%	34%

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	0%	42%	58%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	42%	58%
Physical effort required	0%	42%	58%

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%	25%	75%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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.

CPT Changes

The full family of percutaneous coronary intervention (PCI) codes was last reviewed by the RUC at the January 2012 meeting, when the code family was updated to reflect bundling after CMS identified MPC codes not

reviewed in the prior 5 years as potentially misvalued. The codes were surveyed for the January 2023 RUC meeting after the CPT Editorial Panel approved creation of a single add-on code that describes the work of coronary intravascular lithotripsy (IVL), a technology to modify lesions that did not exist at the time of the prior review. That code change application was submitted by a device manufacturer. The societies had planned to make other revisions to the code family at the following CPT cycle. At the January 2023 RUC meeting the societies proposed that only the new IVL code be valued, and the remainder of the code set be sent to CPT for revision before review. The RUC approved this proposal and, after several code change applications, the revised family was approved at the February 2024 CPT Panel meeting.

The CPT updates included code deletions, revisions, and additions.

- The original code set included additional branch add-on codes for several of the procedures. CMS assigned the branch codes a value of 0 RVUs, rolling a prorated portion of their value into their base codes (more on this later). Due to this lack of RVUs neither CMS nor commercial payers reimbursed these codes from 2013 to present and they were deleted by CPT in February 2024. The deleted codes included 92921, 92925, 92929, 92934, 92938, and 92944.
- CPT amended the base codes to each of these deleted add-on codes (92920, 92924, 92928, 92933, 92937, 92941, and 92943) to include the work, when performed, of potential branch vessels which was not included in the original code definitions and descriptions of work. This essentially matches the code descriptors to CMS's approach to not pay separately for additional branch work.
- Also, in February 2024 CPT created two new codes within the family. First, 92930, was created to allow coding for the work involved in placement of intracoronary stent(s) (currently coded as 92928) that exceeds the typical stenting case. The second new code, 92945, was created to allow coding for revascularization of a chronic total occlusion when both antegrade and retrograde approaches are employed.
- Finally, CPT revised codes 93571 and 93572 to make a correction to the fractional flow reserve (FFR) codes to correct a coding issue relating to instant flow reserve (iFR).

92972 Intravascular Lithotripsy (IVL)

As noted above, the IVL code was surveyed, reviewed by the RUC and issued a value at the January 2023 RUC meeting. The IVL code survey was robust, with 139 respondents. There have been no significant technological or other changes to the IVL procedure since its initial valuation. With the recent survey of this code and in an effort to maximize survey response by keeping it a bit shorter, we did not include the code in this survey and recommend affirmation of current value and time.

Current RVUs and Times

As referenced above, CMS does not recognize the add-on branch codes as separately payable. However, the agency did bundle them into the underlying PCI codes. In doing so, it also added small amounts of work and time, proportionate to predicted utilization. Also, since the last time these codes were valued, moderate sedation was unbundled, removing commensurate work and time. The summary spreadsheet shows the original RUC recommended value, the CMS adjustments for branch code bundling, the adjustments for unbundling of moderate sedation, and finally the current values.

Background: PCI Evolution & Compelling Evidence

Change in Technique

The recommendations for this tab produce an increase in RVUs of less than one half of a percent aggregated across the family of codes. Accordingly, we submit that these services have undergone changes in technique and patient population that substantiate compelling evidence to allow an increase in the aggregate value of the code family. At the time of the 2012 survey, PCI was typically performed via the femoral artery, with a very small minority of cases performed through the radial artery. PCI is now typically performed through the radial artery,

reflecting best practice recommendations from the field. https://onlinelibrary.wiley.com/doi/10.1002/ccd.28672 Radial access is safer for patients despite being technically more challenging for the operator. The main advantage is a significant reduction in bleeding risk as well as decreased mortality for some patient subsets. https://pubmed.ncbi.nlm.nih.gov/33507598/.

Radial access requires additional preservice time that is discussed further below. This approach also requires different skills and techniques that are more difficult to perform than access through the femoral artery. While safer for the patient, the service is more technically challenging for the operator in several respects.

(1) The average radial artery is about 2 mm compared to femoral arteries that average about 9 mm, so entering the artery with a needle is more difficult.
(2) The radial and brachial arteries are smaller and more prone to spasm making catheter advancement or torquing difficult or impossible; many operators give an anti-vasospastic cocktail routinely which takes additional time.
(3) Whereas femoral access requires catheters to traverse one 180-degree bend to reach the heart, radial access requires the catheter to make one-180 degree bend and usually two more 90-degree bends to reach the heart, which makes catheter advancement and torquing more difficult.
(4) Radial access provides more frequent challenging anatomic variants such as radial loop, accessory radial arteries, early take-off radial arteries, and aberrant innominate arteries (arteria lusoria); in contrast anatomy from the femoral artery to the heart has few variants. These problems lead to conversion from radial to femoral access in about 10% of cases, while conversion from femoral to radial is almost non-existent.

Positioning for radial increases the risk of radiation and precautions. More time is spent closer to the image intensifier at different angles as opposed to standing farther back when patient is in the femoral area. Now we are closer to the heart and reaching across the patient's chest.

Change in Patient Population

We also see patients undergoing PCI who generally have more comorbidities than a decade ago. Attention to stricter adherence on statins and other medicines in revascularization and chest pain guidelines has eliminated many patients who otherwise may have been treated with lower acuity PCI, something we see in the declining utilization of these services. Remaining patients are more complex than they were a dozen years ago.

All of these factors lead to services that are both more intense/complex while also successfully decreasing the intra-procedure time the patient is on the table.

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Finally, with the current times and valuation consisting of a mix of RUC recommendations, pro-rated bundling of time and work of PCI in branches by CMS, and reductions of work and time by CMS to apply coding changes related to unbundling moderate sedation, we submit that the current values were derived using a flawed mechanism. CMS bundled the now-deleted branch codes using a type of prorated building block methodology that casts the current values in doubt and provides compelling evidence that the best values for these services should be derived from the robust survey before us.

Recommendations Methodology

We have laid out a rationale above for the intensity/complexity of these codes rising while in some cases the performance time may have decreased. We recommend the survey 25th percentile for all the 000 codes in this family. We chose the survey 25th percentile work RVUs because this approach generally kept the recommended values in line with the trajectory of the reduction or addition of intra-service and total time for the codes while maintaining rank order. While changes to the work RVUs and times are not recommended in exactly

proportional amounts, they do maintain relativity in the magnitude to which they change to the positive or the negative. That is to say, where there is a significant reduction in intra-service time there is a more modest reduction in recommended work RVU and the same is true in the positive direction. Where there is a significant increase in intra-service time there is a more modest recommended increase in work RVU for those codes. RVU.

In developing recommendations for the family, we observed that recommendations for times and values generate WPUT (ie, intensity) values that maintain rank order relationships within the family and align with operators' estimates of work intensity. For instance, 92920 for PTCA has a lower WPUT than 92924 for PTCA with atherectomy, reflecting the higher complication rates of atherectomy and operators' perception that atherectomy is more intense. WPUT for 92941 (PCI of an acute myocardial infarction) has the highest WPUT consistent with operators' perceptions that this is the most intense interventional service. CTO codes 92943 and 92945 have lower WPUTs because they are longer services with multiple catheter changes and techniques being attempted. This consistency of WPUT with current rank order and with operators' perceptions of intensity support the recommendations at the 25th-percentile survey values.

This approach produces the following recommendations for the family that would produce budget increase of 12,342 RVUs out of a baseline of over 3.2 million RVUs (0.38%)

Preservice Time

For each of the 000 codes, we recommend additions to preservice package 2 (Difficult patient/straightforward procedure without anesthesia care) that are supported by the survey. While these are 000 codes provided to patients with short or no hospital stay, there are certain elements of preservice time that are more akin to that of a service which utilizes general anesthesia.

		FACILITY			**PCI**	**Notes**
		2	**3**	**4**	**2+**	
	Total Pre-Service Time	**25**	**51**	**63**	**43**	
	CATEGORY SUBTOTALS					
A	Pre-Service Evaluation (IWPUT =0.0224)	18	33	40	34	
B	Pre-Service Positioning (IWPUT = 0.0224)	1	3	3	3	
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	15	20	6	
	DETAILS					
A	History and Exam (Performance and review of appropriate Pre-Tests)	10	10	15	10	Standard
A	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	4	2	Standard
A	Communicate with patient and/or family (Discuss procedure/ obtain	3	5	5	10	+7 for detailed consenting using multi-page or electronic form.

	consent)					Discuss results of Heart Team consultations (if performed); access site options; pros and cons of various PCI techniques including intra-coronary lithotripsy, atherectomy angioplasty, stenting; and possibility of conversion to emergency surgery. Discuss alternatives to PCI (surgery or medical therapy.) Discuss risks of all 3 approaches. Obtain separate consents for transfusion and moderate sedation.
A	Communicate with other professionals	0	5	5	0	Standard
A	Check/set-up room, supplies and equipment	1	5	5	5	+4 Utilize time similar to procedures with anesthesia to assess complex array of catheter, stents, and other supplies/equipment
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	5	5	6	+5 Left and right radial pulses are evaluated to determine which are available for access (eg not harvested for prior CABG) and which of the two offers better access. Evaluate whether femoral artery is available for access and determine if left, right, or both femoral access sites should be prepped. Time out is performed.
A	Prepare/ review/ confirm procedure	1	1	1	1	Standard
B	Perform/ supervise patient positioning	1	3	3	3	+2 Utilize time similar to procedures with anesthesia to position patient comfortably on the table with arm in uncomfortable position, usually on a special pad. Arm used for radial access must be positioned and supinated with ventral surface oriented up and secured with tape to keep it there for entire procedure. Ultra-sound probe is inserted into sterile sleeve; console is programmed and turned on. Anti-spasm cocktail is prepared for intra-arterial injection.
C	Administer local/topical anesthesia	1	0	0	1	Standard
C	Observe (wait anesthesia care)	0	10	15	0	Standard
C	Dress and scrub for procedure	5	5	5	5	Standard

92924: PTCA + Atherectomy

ACC and SCAI convened a panel of physicians familiar with the services to review the survey data. The survey was robust and was completed by physicians who have experience with the service. Code 92924 will be used to report percutaneous transluminal coronary angioplasty plus atherectomy of a single major coronary artery and/or its branches. The panel reviewed the preservice time and selected package 2 with the modifications described above for a straightforward procedure on a difficult patient without anesthesia in a facility.

The key reference service is 37225, femoral/popliteal revascularization with angioplasty and atherectomy. While procedurally similar, 37225 is a longer, less intense service. 78% of key reference respondents found surveyed code 92924 to be more or much more intense/complex than 37225.

The societies **recommend a wRVU of 11.25 with times of 43/60/28.** The preservice time of 43 was adjusted upward from Package 2 to reflect the enhanced steps described above: 7 additional minutes for complicated consent, 4 additional minutes to setup room similar to a procedure that utilizes anesthesia, 5 additional minutes for double and complex draping and ultrasound for vessel viability, and 2 additional minutes for complex positioning of the arm and heart imaging. The intra-service time of 60 minutes is the survey median. Post-service time is the standard 8B package for a complex procedure under sedation.

This value is below the longer KRS, but also accounts for the increased intensity of working in the coronary arteries (which are always in motion and where rupture can cause immediate death), as well as the increased intensity radial artery access as opposed to the prior typical technique using femoral artery access.

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) The interventional cardiologisty typically also manages moderate sedation, 99152.

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) 92924

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 Cardiology How often? Commonly

Specialty Interventional Cardiology How often? Commonly

Specialty Internal Medicine How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 4839
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This estimate is three times the 2022 traditional Medicare data for usage to account for Medicare Advantage and commerical insurance covered performance.

Specialty Cardiology Frequency 2410 Percentage 49.80 %

Specialty Interventional Cardiology Frequency 2255 Percentage 46.60 %

Specialty Internal Medicine Frequency 121 Percentage 2.50 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,613
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2022 RUC Database data. Recent trends show gradual decline, but we do not know if that will continue.

Specialty Cardiology Frequency 803 Percentage 48.90 %

Specialty Interventional Cardiology Frequency 752 Percentage 46.60 %

Specialty Internal Medicine Frequency 40 Percentage 2.50 %

Do many physicians perform this service across the United States? Yes

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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-Coronary angioplasty (PTCA)

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 92924

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92928 Tracking Number D3 Original Specialty Recommended RVU: **10.41**
Presented Recommended RVU: **10.41**
Global Period: 000 Current Work RVU: **10.96** RUC Recommended RVU: **10.00**

CPT Descriptor: Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed, single major coronary artery and/or its branch(es); one lesion involving one or more coronary segments

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 76-year-old obese male presents with unstable angina consistent with acute coronary syndrome. Coronary arteriography demonstrates about a 30 mm long hazy 90% lesion in the mid and distal segments of the circumflex coronary artery. Percutaneous coronary intervention is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 98% , In the ASC 2%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 68% , Overnight stay-less than 24 hours 31% , Overnight stay-more than 24 hours 1%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 98%

Description of Pre-Service Work: The patient's history, records, laboratory, and diagnostic tests are reviewed. A physical examination is conducted. Appropriate communication is conducted with the patient and the patient's family as well as with other medical professionals as needed(i.e., the “Heart Team approach”). The procedure is reviewed with the patient. The risks and benefits of the procedure are presented, as well as the alternatives. Informed consent is obtained. Hair is removed from the potential access sites. Necessary equipment, instruments, and supplies for the procedure are confirmed to be available and operational. Instruments and supplies for the procedure are pulled. The patient is transported to the procedure suite, positioned on the procedural table, and attached to cardiac electrodes and an oxygen saturation monitor. A sterile table is prepared. The potential access sites are scrubbed in sterile fashion. A sterile drape is placed over the patient. The patient's information is loaded in the hemodynamic monitoring equipment to retain the data from the upcoming study.

Description of Intra-Service Work: Percutaneous arterial access is obtained, typically through the femoral artery or radial artery. Angiography of the access site is performed as needed to assess anatomy of the access vessel and appropriate location of the access site. A sheath is placed and flushed. Intraarterial vasodilators are administered. Angiography of the access site is performed as needed to assess anatomy of the access vessel and appropriate location of the access site. An appropriate guiding catheter is passed under fluoroscopic guidance to the ascending aorta, engaged into the coronary ostium, and re-positioned as needed to prevent pressure damping. Appropriate antiplatelet therapy treatment is confirmed and anticoagulation administered. Therapeutic anticoagulation is confirmed by testing an activated clotting time (ACT). Additional anticoagulation is administered as needed. Multiple coronary injections are performed in different views to assess the target lesion(s). A coronary guidewire is used to cross the target lesion(s) and its position distally in the artery is confirmed. A coronary dilation balloon is advanced over the guidewire to the lesion(s) and dilated, using repeat dilatations as needed to be sure the lesion can be fully expanded with a stent. The angioplasty balloon is then removed. Angiography is performed in multiple views. A stent of appropriate diameter is advanced to the target lesion(s), carefully positioned, and deployed. If the stent fails to cover the entire diseased segment, additional stent(s) are then placed repeating the steps above. The entire process of coronary artery imaging, guidewire placement, and balloon inflation may be repeated at multiple stenotic sites in separate locations in the coronary artery or its branches. At the end of the procedure the guide catheter is disengaged and removed. The sheath is removed, and hemostasis is achieved by an appropriate technique. If a

vascular closure device cannot be used for femoral access, the sheath is sewn in for subsequent removal once the ACT level falls to a safe level for manual compression.

Description of Post-Service Work: Films and hemodynamics are reviewed and a formal report is generated. The patient, the patient's family, and the referring physician are notified of the results. A plan of management is developed and discussed with the patient and the patient's family. Additional antiplatelet and antithrombin therapy is administered as necessary. The patient is admitted to ensure no bleeding, to monitor for abrupt vessel closure, and for continued therapy of ischemic heart disease.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2024					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Afnan Tariq, Dr. Mark Hoyer					
Specialty Society(ies):	ACC, SCA					
CPT Code:	92928					
Sample Size:	2768	**Resp N:**	140			
Description of Sample:	The survey sample was randomly selected from SCAI membership and ACC membership that identify themselves as an "interventional cardiologist"					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	40.00	**95.00**	150.00	3000.00
Survey RVW:		1.50	10.41	**11.45**	13.13	20.00
Pre-Service Evaluation Time:				**37.00**		
Pre-Service Positioning Time:				**12.00**		
Pre-Service Scrub, Dress, Wait Time:				**10.00**		
Intra-Service Time:		4.00	45.00	**60.00**	71.00	125.00
Immediate Post Service-Time:	**28.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**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)

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)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	92928	**Recommended Physician Work RVU: 10.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**35.00**	**18.00**	**17.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**6.00**	**4.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service 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)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**28.00**	**28.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

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:

Key CPT Code	Global	Work RVU	Time Source
37226	000	10.24	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37236	000	8.75	**RUC Time**

CPT Descriptor 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

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36905	000	9.00	**RUC Time**	22,013

CPT Descriptor 1 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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36906	000	10.42	**RUC Time**	8,498

CPT Descriptor 2 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

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

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: 37 **% of respondents:** 26.4 **%**

Number of respondents who choose 2nd Key Reference Code: 24 **% of respondents:** 17.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 92928	Top Key Reference CPT Code: 37226	2nd Key Reference CPT Code: **37236**
Median Pre-Service Time	48.00	38.00	31.00
Median Intra-Service Time	60.00	90.00	90.00
Median Immediate Post-service Time	28.00	30.00	30.00
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
Median Total Time	**136.00**	**158.00**	**151.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	3%	21%	49%	27%

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	3%	35%	62%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	3%	33%	64%
Physical effort required	11%	61%	28%

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%	19%	81%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	54%	38%	8%

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	4%	48%	48%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	4%	48%	48%
Physical effort required	4%	70%	26%

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%	54%	46%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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.

CPT Changes

The full family of percutaneous coronary intervention (PCI) codes was last reviewed by the RUC at the January 2012 meeting, when the code family was updated to reflect bundling after CMS identified MPC codes not reviewed in the prior 5 years as potentially misvalued. The codes were surveyed for the January 2023 RUC meeting after the CPT Editorial Panel approved creation of a single add-on code that describes the work of coronary intravascular lithotripsy (IVL), a technology to modify lesions that did not exist at the time of the prior review. That code change application was submitted by a device manufacturer. The societies had planned to make other revisions to the code family at the following CPT cycle. At the January 2023 RUC meeting the societies proposed that only the new IVL code be valued, and the remainder of the code set be sent to CPT for revision before review. The RUC approved this proposal and, after several code change applications, the revised family was approved at the February 2024 CPT Panel meeting.

The CPT updates included code deletions, revisions, and additions.

- The original code set included additional branch add-on codes for several of the procedures. CMS assigned the branch codes a value of 0 RVUs, rolling a prorated portion of their value into their base codes (more on this later). Due to this lack of RVUs neither CMS nor commercial payers reimbursed these codes from 2013 to present and they were deleted by CPT in February 2024. The deleted codes included 92921, 92925, 92929, 92934, 92938, and 92944.
- CPT amended the base codes to each of these deleted add-on codes (92920, 92924, 92928, 92933, 92937, 92941, and 92943) to include the work, when performed, of potential branch vessels which was not included in the original code definitions and descriptions of work. This essentially matches the code descriptors to CMS's approach to not pay separately for additional branch work.
- Also, in February 2024 CPT created two new codes within the family. First, 92930, was created to allow coding for the work involved in placement of intracoronary stent(s) (currently coded as 92928) that exceeds the typical stenting case. The second new code, 92945, was created to allow coding for revascularization of a chronic total occlusion when both antegrade and retrograde approaches are employed.
- Finally, CPT revised codes 93571 and 93572 to make a correction to the fractional flow reserve (FFR) codes to correct a coding issue relating to instant flow reserve (iFR).

92972 Intravascular Lithotripsy (IVL)

As noted above, the IVL code was surveyed, reviewed by the RUC and issued a value at the January 2023 RUC meeting. The IVL code survey was robust, with 139 respondents. There have been no significant technological or other changes to the IVL procedure since its initial valuation. With the recent survey of this code and in an effort to maximize survey response by keeping it a bit shorter, we did not include the code in this survey and recommend affirmation of current value and time.

Current RVUs and Times

As referenced above, CMS does not recognize the add-on branch codes as separately payable. However, the agency did bundle them into the underlying PCI codes. In doing so, it also added small amounts of work and time, proportionate to predicted utilization. Also, since the last time these codes were valued, moderate sedation was unbundled, removing commensurate work and time. The summary spreadsheet shows the original RUC recommended value, the CMS adjustments for branch code bundling, the adjustments for unbundling of moderate sedation, and finally the current values.

Background: PCI Evolution & Compelling Evidence

Change in Technique

The recommendations for this tab produce an increase in RVUs of less than one half of a percent aggregated across the family of codes. Accordingly, we submit that these services have undergone changes in technique and patient population that substantiate compelling evidence to allow an increase in the aggregate value of the code family. At the time of the 2012 survey, PCI was typically performed via the femoral artery, with a very small minority of cases performed through the radial artery. PCI is now typically performed through the radial artery, reflecting best practice recommendations from the field. https://onlinelibrary.wiley.com/doi/10.1002/ccd.28672 Radial access is safer for patients despite being technically more challenging for the operator. The main advantage is a significant reduction in bleeding risk as well as decreased mortality for some patient subsets. https://pubmed.ncbi.nlm.nih.gov/33507598/.

Radial access requires additional preservice time that is discussed further below. This approach also requires different skills and techniques that are more difficult to perform than access through the femoral artery. While safer for the patient, the service is more technically challenging for the operator in several respects.

(1) The average radial artery is about 2 mm compared to femoral arteries that average about 9 mm, so entering the artery with a needle is more difficult.
(2) The radial and brachial arteries are smaller and more prone to spasm making catheter advancement or torquing difficult or impossible; many operators give an anti-vasospastic cocktail routinely which takes additional time.
(3) Whereas femoral access requires catheters to traverse one 180-degree bend to reach the heart, radial access requires the catheter to make one-180 degree bend and usually two more 90-degree bends to reach the heart, which makes catheter advancement and torquing more difficult.
(4) Radial access provides more frequent challenging anatomic variants such as radial loop, accessory radial arteries, early take-off radial arteries, and aberrant innominate arteries (arteria lusoria); in contrast anatomy from the femoral artery to the heart has few variants. These problems lead to conversion from radial to femoral access in about 10% of cases, while conversion from femoral to radial is almost non-existent.

Positioning for radial increases the risk of radiation and precautions. More time is spent closer to the image intensifier at different angles as opposed to standing farther back when patient is in the femoral area. Now we are closer to the heart and reaching across the patient's chest.

Change in Patient Population

We also see patients undergoing PCI who generally have more comorbidities than a decade ago. Attention to stricter adherence on statins and other medicines in revascularization and chest pain guidelines has eliminated many patients who otherwise may have been treated with lower acuity PCI, something we see in the declining utilization of these services. Remaining patients are more complex than they were a dozen years ago.

All of these factors lead to services that are both more intense/complex while also successfully decreasing the intra-procedure time the patient is on the table.

Incorrect Assumptions

Finally, with the current times and valuation consisting of a mix of RUC recommendations, pro-rated bundling of time and work of PCI in branches by CMS, and reductions of work and time by CMS to apply coding changes related to unbundling moderate sedation, we submit that the current values were derived using a flawed mechanism. CMS bundled the now-deleted branch codes using a type of prorated building block methodology that casts the current values in doubt and provides compelling evidence that the best values for these services should be derived from the robust survey before us.

Recommendations Methodology

We have laid out a rationale above for the intensity/complexity of these codes rising while in some cases the performance time may have decreased. We recommend the survey 25th percentile for all the 000 codes in this family. We chose the survey 25th percentile work RVUs because this approach generally kept the recommended values in line with the trajectory of the reduction or addition of intra-service and total time for the codes while maintaining rank order. While changes to the work RVUs and times are not recommended in exactly proportional amounts, they do maintain relativity in the magnitude to which they change to the positive or the negative. That is to say, where there is a significant reduction in intra-service time there is a more modest reduction in recommended work RVU and the same is true in the positive direction. Where there is a significant increase in intra-service time there is a more modest recommended increase in work RVU for those codes.
RVU.

In developing recommendations for the family, we observed that recommendations for times and values generate WPUT (ie, intensity) values that maintain rank order relationships within the family and align with operators' estimates of work intensity. For instance, 92920 for PTCA has a lower WPUT than 92924 for PTCA with atherectomy, reflecting the higher complication rates of atherectomy and operators' perception that atherectomy is more intense. WPUT for 92941 (PCI of an acute myocardial infarction) has the highest WPUT consistent with operators' perceptions that this is the most intense interventional service. CTO codes 92943 and 92945 have lower WPUTs because they are longer services with multiple catheter changes and techniques being attempted. This consistency of WPUT with current rank order and with operators' perceptions of intensity support the recommendations at the 25th-percentile survey values.

This approach produces the following recommendations for the family that would produce budget increase of 12,342 RVUs out of a baseline of over 3.2 million RVUs (0.38%)

Preservice Time

For each of the 000 codes, we recommend additions to preservice package 2 (Difficult patient/straightforward procedure without anesthesia care) that are supported by the survey. While these are 000 codes provided to patients with short or no hospital stay, there are certain elements of preservice time that are more akin to that of a service which utilizes general anesthesia.

		FACILITY			**PCI**	**Notes**
		2	**3**	**4**	**2+**	
	Total Pre-Service Time	**25**	**51**	**63**	**43**	
	CATEGORY SUBTOTALS					
A	Pre-Service Evaluation (IWPUT =0.0224)	18	33	40	34	
B	Pre-Service Positioning (IWPUT = 0.0224)	1	3	3	3	
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	15	20	6	
	DETAILS					
A	History and Exam (Performance and review of appropriate Pre-Tests)	10	10	15	10	Standard
A	Prepare for Procedure (Check labs,	2	2	4	2	Standard

	plan, assess risks, review procedure)					
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	5	5	10	+7 for detailed consenting using multi-page or electronic form. Discuss results of Heart Team consultations (if performed); access site options; pros and cons of various PCI techniques including intra-coronary lithotripsy, atherectomy angioplasty, stenting; and possibility of conversion to emergency surgery. Discuss alternatives to PCI (surgery or medical therapy.) Discuss risks of all 3 approaches. Obtain separate consents for transfusion and moderate sedation.
A	Communicate with other professionals	0	5	5	0	Standard
A	Check/set-up room, supplies and equipment	1	5	5	5	+4 Utilize time similar to procedures with anesthesia to assess complex array of catheter, stents, and other supplies/equipment
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	5	5	6	+5 Left and right radial pulses are evaluated to determine which are available for access (eg not harvested for prior CABG) and which of the two offers better access. Evaluate whether femoral artery is available for access and determine if left, right, or both femoral access sites should be prepped. Time out is performed.
A	Prepare/ review/ confirm procedure	1	1	1	1	Standard
B	Perform/ supervise patient positioning	1	3	3	3	+2 Utilize time similar to procedures with anesthesia to position patient comfortably on the table with arm in uncomfortable position, usually on a special pad. Arm used for radial access must be positioned and supinated with ventral surface oriented up and secured with tape to keep it there for entire procedure. Ultra-sound probe is inserted into sterile sleeve; console is programmed and turned on. Anti-spasm cocktail is prepared for intra-arterial injection.
C	Administer local/topical anesthesia	1	0	0	1	Standard

C	Observe (wait anesthesia care)	0	10	15	0	Standard
C	Dress and scrub for procedure	5	5	5	5	Standard

92928: PTCA+ stent

ACC and SCAI convened a panel of physicians familiar with the services to review the survey data. The survey was robust and was completed by physicians who have experience with the service. Code 92928 will be used to report percutaneous transluminal coronary angioplasty plus stent placement in a single major coronary artery and/or its branches, one lesion involving one or more coronary segments. The panel reviewed the preservice time and selected package 2 with the modifications described above for a straightforward procedure on a difficult patient without anesthesia in a facility.

The key reference service is 37226, femoral/popliteal revascularization with transluminal stent placement and angioplasty, when performed. While procedurally similar, 37226 is a longer, less intense service. 76% of key reference respondents found surveyed code 92928 to be more or much more intense/complex than 37226.

The societies **recommend a wRVU of 10.41 with times of 43/60/28.** The preservice time of 43 was adjusted upward from Package 2 to reflect the enhanced steps described above: 7 additional minutes for complicated consent, 4 additional minutes to setup room similar to a procedure that utilizes anesthesia, 5 additional minutes for double and complex draping and ultrasound for vessel viability, and 2 additional minutes for complex positioning of the arm and heart imaging. The intra-service time of 60 minutes is the survey median. Post-service time is the standard 8B package for a complex procedure under sedation.

This value is above the longer KRS, yet below the current 92928 value. The recommendation accounts for the increased intensity of working in the coronary arteries, (which are always in motion and where rupture can cause immediate death), as well as the increased intensity of radial artery access as opposed to the prior typical technique using femoral artery access.

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) The interventional cardiologisty typically also manages moderate sedation, 99152.

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) 92928

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 Interventional Cardiology How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Internal Medicine How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 421805
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 data from the CathPCI Registry the new 92930 code would apply to 27% of the stent cases currently performed. As such we anticipate 73% of the previous volume of this service to continue to be reported as 92928. We arrived at this estimate by multiplying the the 2022 traditional Medicare utilization found in the RUC database by three to account for Medicare Advantage and commerical covered performance, then applying 73% of that number.

Specialty Interventional Cardiology Frequency 211325 Percentage 50.10 %

Specialty Cardiology Frequency 195718 Percentage 46.40 %

Specialty Internal Medicine Frequency 10123 Percentage 2.39 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 140,602 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Procedure data from the CathPCI Registry predicts that 73% of the current 92928 procedures would continue to be coded as such after the 92930 code is implemented. This estimate for 92928 is 73% of the 2022 RUC Database data for 92928.

Specialty Interventional Cardiology Frequency 70442 Percentage 50.10 %

Specialty Cardiology Frequency 65239 Percentage 46.39 %

Specialty Internal Medicine Frequency 3375 Percentage 2.40 %

Do many physicians perform this service across the United States? Yes

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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-Coronary angioplasty (PTCA)

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 92928

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92930 Tracking Number D4 Original Specialty Recommended RVU: **12.00**
Presented Recommended RVU: **12.00**
Global Period: 000 Current Work RVU: **N/A** RUC Recommended RVU: **12.00**

CPT Descriptor: Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed, two or more distinct coronary lesions with two or more coronary stents deployed int wo or more coronary segments, or a bifurcation lesion requiring angioplasty and/or stenting in both the main artery and the side branch

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 77-year-old diabetic female presents with accelerated angina despite medical therapy. Coronary angiography demonstrates about a 30 mm long 90% stenosis in the mid segment of the left anterior descending coronary artery at the bifurcation with a large first diagonal artery branch which itself has a 90% focal stenosis. Percutaneous coronary intervention is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 99% , In the ASC 1%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 43% , Overnight stay-less than 24 hours 50% , Overnight stay-more than 24 hours 7%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 97%

Description of Pre-Service Work: The patient's history, records, laboratory, and diagnostic tests are reviewed. A physical examination is conducted. Appropriate communication is conducted with the patient and the patient's family as well as with other medical professionals as needed(i.e., the “Heart Team approach”). The procedure is reviewed with the patient. The risks and benefits of the procedure are presented, as well as the alternatives. Informed consent is obtained. Hair is removed from the potential access sites. Necessary equipment, instruments, and supplies for the procedure are confirmed to be available and operational. Instruments and supplies for the procedure are pulled. The patient is transported to the procedure suite, positioned on the procedural table, and attached to cardiac electrodes and an oxygen saturation monitor. A sterile table is prepared. The potential access sites are scrubbed in sterile fashion. A sterile drape is placed over the patient. The patient's information is loaded in the hemodynamic monitoring equipment to retain the data from the upcoming study.

Description of Intra-Service Work: Percutaneous arterial access is obtained, typically through the femoral artery or radial artery. Angiography of the access site is performed as needed to assess anatomy of the access vessel and appropriate location of the access site. A sheath is placed and flushed. Intra-arterial vasodilators are administered. An appropriate guiding catheter is passed under fluoroscopic guidance to the ascending aorta, engaged into the coronary ostium, and re-positioned as needed to prevent pressure damping. Appropriate antiplatelet therapy treatment is confirmed and anticoagulation administered. Therapeutic anticoagulation is confirmed by testing an activated clotting time (ACT). Additional anticoagulation is administered as needed. Multiple coronary injections are performed in different views to assess the target lesion(s). A coronary guidewire is used to cross the target lesion(s) and its position distally in the artery is confirmed. A second guidewire is manipulated across the lesion(s) into the side branch with the same cautions and confirmed angiographically. An appropriate-sized balloon is advanced into the main branch, dilates it, and is removed. Angiography is performed in multiple views. If the lesion is not fully expanded the procedure is repeated multiple times with progressively larger balloons or higher pressures. Once an adequate expansion is achieved, a balloon is passed over the sidebranch wire half-way into the side branch, and inflated until the side branch is adequately dilated. Then a stent of appropriate diameter and length is advanced half-way into the side branch. A non-compliant balloon is then placed in the

main vessel adjacent to the branch stent. The sidebranch stent is deployed at high pressure, the stent delivery system is withdrawn, and angiography is performed to verify adequate coverage of the lesion dilatation of the lesion. The balloon in the main vessel is immediately inflated to crush the portion of the stent to the side of the main vessel. The main vessel balloon is withdrawn into the guide. A new guidewire is placed through the side of the crushed stent into the side branch and the original sidebranch wire is removed. A new balloon is placed half-way into the side branch through the side of the crushed sidebranch stent. The balloon in the main artery is again advanced to the site of the lesion alongside the proximal half of the sidebranch balloon and both balloons are inflated simultaneously (1st "kissing balloon inflation"). The balloons are withdrawn and angiography is performed to assess interim results. The sidebranch guidewire is removed. A stent is advanced in the main vessel to the target lesion covering the ostium of the sidebranch and deployed at high pressure. The stent delivery balloon is removed over the guidewire. A larger balloon is advanced to the bifurcation point of the main vessel and inflated at the origin of the side branch to optimize the size of the larger proximal portion of the main vessel (1st "Proximal Optimization Technique" or "POT") and then removed. A new guidewire is advanced into the side branch stent through the side of the main vessel stent. A new balloon is passed over the sidebranch wire half-way into the sidebranch, another balloon is passed over the main branch wire to the lesion, and both balloons are inflated simultaneously ("2nd kissing balloon inflation"). These balloons are removed and another larger balloon is passed over the guidewire in the main artery to the bifurcation point. The segment of the main vessel stent just proximal to the bifurcation point is dilated (2nd POT). All guidewires are removed. Final angiography is performed to assess the result and ensure no perforation as well as adequate stent deployment and continuity of coronary flow after administration of vasodilators. The guide catheter is removed and anticoagulation infusion is stopped. The sheath is removed, and hemostasis is achieved by an appropriate technique. If a vascular closure device cannot used for femoral access, the sheath is sutured in place for subsequent removal once the ACT level falls to a safe level for manual compression.

Description of Post-Service Work: Films and hemodynamics are reviewed and a formal report is generated. The patient, the patient's family, and the referring physician are notified of the results. A plan of management is developed and discussed with the patient and the patient's family. Additional antiplatelet and antithrombin therapy is administered as necessary. The patient is admitted to ensure no bleeding, to monitor for abrupt vessel closure, and for continued therapy of ischemic heart disease.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2024					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Afnan Tariq, Dr. Mark Hoyer					
Specialty Society(ies):	ACC, SCAI					
CPT Code:	92930					
Sample Size:	2768	**Resp N:**	138			
Description of Sample:	The survey sample was randomly selected from SCAI membership and ACC membership that identify themselves as an "interventional cardiologist"					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	19.00	**30.00**	50.00	200.00
Survey RVW:		2.00	12.00	**13.88**	16.00	25.00
Pre-Service Evaluation Time:				**41.00**		
Pre-Service Positioning Time:				**13.00**		
Pre-Service Scrub, Dress, Wait Time:				**10.00**		
Intra-Service Time:		5.00	60.00	**75.00**	100.00	220.00
Immediate Post Service-Time:	**29.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**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)

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)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	92930	**Recommended Physician Work RVU: 12.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**35.00**	**18.00**	**17.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**6.00**	**4.00**
Intra-Service Time:		**75.00**		

Please, pick the post-service 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)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**29.00**	**28.00**	**1.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

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:

Key CPT Code	Global	Work RVU	Time Source
93653	000	15.00	**RUC Time**

CPT Descriptor Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; 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

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37225	000	11.75	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36906	000	10.42	**RUC Time**	8,498

CPT Descriptor 1 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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37244	000	13.75	**RUC Time**	13,397

CPT Descriptor 2 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

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

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: 25 **% of respondents:** 18.1 **%**

Number of respondents who choose 2nd Key Reference Code: 21 **% of respondents:** 15.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 92930	Top Key Reference CPT Code: 93653	2nd Key Reference CPT Code: 37225
Median Pre-Service Time	48.00	49.00	38.00
Median Intra-Service Time	75.00	120.00	118.00
Median Immediate Post-service Time	29.00	30.00	30.00
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
Median Total Time	**152.00**	**199.00**	**186.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	24%	56%	20%

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	8%	40%	52%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	75%	25%
Physical effort required	4%	42%	54%

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%	24%	76%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	12%	32%	56%

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	0%	20%	80%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	25%	75%
Physical effort required	4%	29%	67%

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%	12%	88%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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.

CPT Changes

The full family of percutaneous coronary intervention (PCI) codes was last reviewed by the RUC at the January 2012 meeting, when the code family was updated to reflect bundling after CMS identified MPC codes not reviewed in the prior 5 years as potentially misvalued. The codes were surveyed for the January 2023 RUC meeting after the CPT Editorial Panel approved creation of a single add-on code that describes the work of coronary intravascular lithotripsy (IVL), a technology to modify lesions that did not exist at the time of the prior review. That code change application was submitted by a device manufacturer. The societies had planned to make other revisions to the code family at the following CPT cycle. At the January 2023 RUC meeting the societies proposed that only the new IVL code be valued, and the remainder of the code set be sent to CPT for revision before review. The RUC approved this proposal and, after several code change applications, the revised family was approved at the February 2024 CPT Panel meeting.

The CPT updates included code deletions, revisions, and additions.

- The original code set included additional branch add-on codes for several of the procedures. CMS assigned the branch codes a value of 0 RVUs, rolling a prorated portion of their value into their base codes (more on this later). Due to this lack of RVUs neither CMS nor commercial payers reimbursed these codes from 2013 to present and they were deleted by CPT in February 2024. The deleted codes included 92921, 92925, 92929, 92934, 92938, and 92944.
- CPT amended the base codes to each of these deleted add-on codes (92920, 92924, 92928, 92933, 92937, 92941, and 92943) to include the work, when performed, of potential branch vessels which was not included in the original code definitions and descriptions of work. This essentially matches the code descriptors to CMS's approach to not pay separately for additional branch work.
- Also, in February 2024 CPT created two new codes within the family. First, 92930, was created to allow coding for the work involved in placement of intracoronary stent(s) (currently coded as 92928) that exceeds the typical stenting case. The second new code, 92945, was created to allow coding for revascularization of a chronic total occlusion when both antegrade and retrograde approaches are employed.
- Finally, CPT revised codes 93571 and 93572 to make a correction to the fractional flow reserve (FFR) codes to correct a coding issue relating to instant flow reserve (iFR).

92972 Intravascular Lithotripsy (IVL)

As noted above, the IVL code was surveyed, reviewed by the RUC and issued a value at the January 2023 RUC meeting. The IVL code survey was robust, with 139 respondents. There have been no significant technological or other changes to the IVL procedure since its initial valuation. With the recent survey of this code and in an effort to maximize survey response by keeping it a bit shorter, we did not include the code in this survey and recommend affirmation of current value and time.

Current RVUs and Times

As referenced above, CMS does not recognize the add-on branch codes as separately payable. However, the agency did bundle them into the underlying PCI codes. In doing so, it also added small amounts of work and time, proportionate to predicted utilization. Also, since the last time these codes were valued, moderate sedation was unbundled, removing commensurate work and time. The summary spreadsheet shows the original RUC recommended value, the CMS adjustments for branch code bundling, the adjustments for unbundling of moderate sedation, and finally the current values.

Background: PCI Evolution & Compelling Evidence

Change in Technique

The recommendations for this tab produce an increase in RVUs of less than one half of a percent aggregated across the family of codes. Accordingly, we submit that these services have undergone changes in technique and patient population that substantiate compelling evidence to allow an increase in the aggregate value of the code family. At the time of the 2012 survey, PCI was typically performed via the femoral artery, with a very small minority of cases performed through the radial artery. PCI is now typically performed through the radial artery, reflecting best practice recommendations from the field. https://onlinelibrary.wiley.com/doi/10.1002/ccd.28672 Radial access is safer for patients despite being technically more challenging for the operator. The main advantage is a significant reduction in bleeding risk as well as decreased mortality for some patient subsets. https://pubmed.ncbi.nlm.nih.gov/33507598/.

Radial access requires additional preservice time that is discussed further below. This approach also requires different skills and techniques that are more difficult to perform than access through the femoral artery. While safer for the patient, the service is more technically challenging for the operator in several respects.

(1) The average radial artery is about 2 mm compared to femoral arteries that average about 9 mm, so entering the artery with a needle is more difficult.
(2) The radial and brachial arteries are smaller and more prone to spasm making catheter advancement or torquing difficult or impossible; many operators give an anti-vasospastic cocktail routinely which takes additional time.
(3) Whereas femoral access requires catheters to traverse one 180-degree bend to reach the heart, radial access requires the catheter to make one-180 degree bend and usually two more 90-degree bends to reach the heart, which makes catheter advancement and torquing more difficult.
(4) Radial access provides more frequent challenging anatomic variants such as radial loop, accessory radial arteries, early take-off radial arteries, and aberrant innominate arteries (arteria lusoria); in contrast anatomy from the femoral artery to the heart has few variants. These problems lead to conversion from radial to femoral access in about 10% of cases, while conversion from femoral to radial is almost non-existent.

Positioning for radial increases the risk of radiation and precautions. More time is spent closer to the image intensifier at different angles as opposed to standing farther back when patient is in the femoral area. Now we are closer to the heart and reaching across the patient's chest.

Change in Patient Population

We also see patients undergoing PCI who generally have more comorbidities than a decade ago. Attention to stricter adherence on statins and other medicines in revascularization and chest pain guidelines has eliminated many patients who otherwise may have been treated with lower acuity PCI, something we see in the declining utilization of these services. Remaining patients are more complex than they were a dozen years ago.

All of these factors lead to services that are both more intense/complex while also successfully decreasing the intra-procedure time the patient is on the table.

Incorrect Assumptions

Finally, with the current times and valuation consisting of a mix of RUC recommendations, pro-rated bundling of time and work of PCI in branches by CMS, and reductions of work and time by CMS to apply coding changes related to unbundling moderate sedation, we submit that the current values were derived using a flawed mechanism. CMS bundled the now-deleted branch codes using a type of prorated building block methodology that casts the current values in doubt and provides compelling evidence that the best values for these services should be derived from the robust survey before us.

Recommendations Methodology

We have laid out a rationale above for the intensity/complexity of these codes rising while in some cases the performance time may have decreased. We recommend the survey 25th percentile for all the 000 codes in this family. We chose the survey 25th percentile work RVUs because this approach generally kept the recommended values in line with the trajectory of the reduction or addition of intra-service and total time for the codes while maintaining rank order. While changes to the work RVUs and times are not recommended in exactly proportional amounts, they do maintain relativity in the magnitude to which they change to the positive or the negative. That is to say, where there is a significant reduction in intra-service time there is a more modest reduction in recommended work RVU and the same is true in the positive direction. Where there is a significant increase in intra-service time there is a more modest recommended increase in work RVU for those codes.
RVU.

In developing recommendations for the family, we observed that recommendations for times and values generate WPUT (ie, intensity) values that maintain rank order relationships within the family and align with operators' estimates of work intensity. For instance, 92920 for PTCA has a lower WPUT than 92924 for PTCA with atherectomy, reflecting the higher complication rates of atherectomy and operators' perception that atherectomy is more intense. WPUT for 92941 (PCI of an acute myocardial infarction) has the highest WPUT consistent with operators' perceptions that this is the most intense interventional service. CTO codes 92943 and 92945 have lower WPUTs because they are longer services with multiple catheter changes and techniques being attempted. This consistency of WPUT with current rank order and with operators' perceptions of intensity support the recommendations at the 25th-percentile survey values.

This approach produces the following recommendations for the family that would produce budget increase of 12,342 RVUs out of a baseline of over 3.2 million RVUs (0.38%)

Preservice Time

For each of the 000 codes, we recommend additions to preservice package 2 (Difficult patient/straightforward procedure without anesthesia care) that are supported by the survey. While these are 000 codes provided to patients with short or no hospital stay, there are certain elements of preservice time that are more akin to that of a service which utilizes general anesthesia.

		FACILITY			**PCI**	**Notes**
		2	**3**	**4**	**2+**	
	Total Pre-Service Time	**25**	**51**	**63**	**43**	
	CATEGORY SUBTOTALS					
A	Pre-Service Evaluation (IWPUT =0.0224)	18	33	40	34	
B	Pre-Service Positioning (IWPUT = 0.0224)	1	3	3	3	
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	15	20	6	
	DETAILS					
A	History and Exam (Performance and review of appropriate Pre-Tests)	10	10	15	10	Standard
A	Prepare for Procedure (Check labs,	2	2	4	2	Standard

	plan, assess risks, review procedure)					
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	5	5	10	+7 for detailed consenting using multi-page or electronic form. Discuss results of Heart Team consultations (if performed); access site options; pros and cons of various PCI techniques including intra-coronary lithotripsy, atherectomy angioplasty, stenting; and possibility of conversion to emergency surgery. Discuss alternatives to PCI (surgery or medical therapy.) Discuss risks of all 3 approaches. Obtain separate consents for transfusion and moderate sedation.
A	Communicate with other professionals	0	5	5	0	Standard
A	Check/set-up room, supplies and equipment	1	5	5	5	+4 Utilize time similar to procedures with anesthesia to assess complex array of catheter, stents, and other supplies/equipment
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	5	5	6	+5 Left and right radial pulses are evaluated to determine which are available for access (eg not harvested for prior CABG) and which of the two offers better access. Evaluate whether femoral artery is available for access and determine if left, right, or both femoral access sites should be prepped. Time out is performed.
A	Prepare/ review/ confirm procedure	1	1	1	1	Standard
B	Perform/ supervise patient positioning	1	3	3	3	+2 Utilize time similar to procedures with anesthesia to position patient comfortably on the table with arm in uncomfortable position, usually on a special pad. Arm used for radial access must be positioned and supinated with ventral surface oriented up and secured with tape to keep it there for entire procedure. Ultra-sound probe is inserted into sterile sleeve; console is programmed and turned on. Anti-spasm cocktail is prepared for intra-arterial injection.
C	Administer local/topical anesthesia	1	0	0	1	Standard

C	Observe (wait anesthesia care)	0	10	15	0	Standard
C	Dress and scrub for procedure	5	5	5	5	Standard

92930: PTCA + Non-Straightforward Stent

ACC and SCAI convened a panel of physicians familiar with the services to review the survey data. The survey was robust and was completed by physicians who have experience with the service. Code 92930 will be used to report percutaneous transluminal coronary angioplasty plus stent placement in a single major coronary artery and/or its branches, two or more distinct coronary lesions with two or more coronary stents deployed in two or more coronary segments, or a bifurcation lesion requiring angioplasty and/or stenting in both the main artery and the side branch. The panel reviewed the preservice time and selected package 2 with the modifications described above for a straightforward procedure on a difficult patient without anesthesia in a facility.

The key reference service is 93653, Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; 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. While procedurally similar in that it is also a catheter service, 93653 is a longer and different service inside the heart. 76% of key reference respondents found surveyed code 92930 to be more or much more intense/complex than 93653.

The societies **recommend a wRVU of 12.00 with times of 43/75/28.** The preservice time of 43 was adjusted upward from Package 2 to reflect the enhanced steps described above: 7 additional minutes for complicated consent, 4 additional minutes to setup room similar to a procedure that utilizes anesthesia, 5 additional minutes for double and complex draping and ultrasound for vessel viability, and 2 additional minutes for complex positioning of the arm and heart imaging. The intra-service time of 75 minutes is the survey median. Post-service time is the standard 8B package for a complex procedure under sedation.

This value is below the longer KRS, but also accounts for the intensity of working in the coronary arteries(which are always in motion and where rupture can cause immediate death), as well as the increased intensity of radial artery access as opposed to the prior typical technique using femoral artery access.

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) The interventional cardiologisty typically also manages moderate sedation, 99152.

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) 92928

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 Interventional Cardiology How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Internal Medicine How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 156010
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 CathPCI Registry data we anticipate that 27% of the services reported as 92928 will be reported as 92930 when the code is implemented. This estimate is 27% of the 2022 traditional Medicare volume as reported in the RUC database multiplied by three to account for Medicare Advantage and commerical insurance covered performance.

Specialty Interventional Cardiology Frequency 78161 Percentage 50.09 %

Specialty Cardiolgoy Frequency 72389 Percentage 46.40 %

Specialty Internal Medicine Frequency 3744 Percentage 2.39 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 52,003 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. CathPCI Registry data predict that 27% of the services reported as 92928 will be reported as 92930 when the code is implemented. This estimate is 27% of the 2022 utilization of 92928 per the RUC database.

Specialty Interventional Cardiology Frequency 26054 Percentage 50.10 %

Specialty Cardiology Frequency 24129 Percentage 46.39 %

Specialty Internal Medicine Frequency 1248 Percentage 2.39 %

Do many physicians perform this service across the United States? Yes

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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-Coronary angioplasty (PTCA)

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

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. 92928

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92933 Tracking Number D5 Original Specialty Recommended RVU: **11.94**
Presented Recommended RVU: **11.94**
Global Period: 000 Current Work RVU: **12.29** RUC Recommended RVU: **11.94**

CPT Descriptor: Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed, single major coronary artery and/or its branch(es)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old male presents with progressive angina and pharmacologic stress testing showing lateral ischemia. Coronary arteriography shows 50% lesions in the left and right coronary arteries and an 80%, tubular left circumflex coronary artery lesion. The vessels are extremely heavily calcified. Percutaneous coronary intervention is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 100% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 37% , Overnight stay-less than 24 hours 55% , Overnight stay-more than 24 hours 8%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 99%

Description of Pre-Service Work: The patient's history, records, laboratory, and diagnostic tests are reviewed. A physical examination is conducted. Appropriate communication is conducted with the patient and the patient's family as well as with other medical professionals as needed(i.e., the “Heart Team approach”). The procedure is reviewed with the patient. The risks and benefits of the procedure are presented, as well as the alternatives. Informed consent is obtained. Hair is removed from the potential access sites. Necessary equipment, instruments, and supplies for the procedure are confirmed to be available and operational. Instruments and supplies for the procedure are pulled. The patient is transported to the procedure suite, positioned on the procedural table, and attached to cardiac electrodes and an oxygen saturation monitor. A sterile table is prepared. The potential access sites are scrubbed in sterile fashion. A sterile drape is placed over the patient. The patient's information is loaded in the hemodynamic monitoring equipment to retain the data from the upcoming study.

Description of Intra-Service Work: Percutaneous arterial access is obtained, typically through the femoral artery or radial artery. A sheath is placed and flushed. Angiography of the access site is performed as needed to assess anatomy of the access vessel and appropriate location of the access site. Intraarterial vasodilators are administered. An appropriate guiding catheter is passed under fluoroscopic guidance to the ascending aorta, engaged into the coronary ostium, and re-positioned as needed to prevent pressure damping. Appropriate antiplatelet therapy treatment is confirmed and anticoagulation administered. Therapeutic anticoagulation is confirmed by testing an activated clotting time (ACT). Additional anticoagulation is administered as needed. Multiple coronary injections are performed in different views to assess the target lesion(s). A coronary guidewire is used to cross the target lesion(s) and its position distally in the artery is confirmed. An appropriate-sized atherectomy device is selected, assembled, and passed through the guide into the target artery. The device is test-activated in the body and adjusted as needed. The device is activated and advanced in a gradual back and forth motion to ablate calcific plaque. Multiple runs are performed until it can progress through the lesion. If a larger device is needed to enlarge the lumen more optimally, the above steps are repeated with the larger device. The device is removed and an angioplasty balloon is advanced over the guidewire to the lesion(s) and dilated, using repeat dilatations as needed to be sure the lesion can be fully expanded with a stent. A stent of appropriate diameter and length is selected and advanced over the guidewire to the target lesion and deployed. If the stent fails to cover the entire diseased segment, additional

stent(s) are then placed using the same techniques. The stent deployment balloon is removed and a high-pressure, non-compliant balloon is advanced over the wire into the stented segment and inflated at high pressure to ensure stent expansion. The entire process of coronary artery imaging, guidewire placement, atherectomy, stent placement, and balloon inflation may be repeated at multiple stenotic sites in separate locations in the coronary artery or its branches. At the end of the procedure the guide catheter is disengaged and removed. The sheath is removed, and hemostasis is achieved by an appropriate technique. If a vascular closure device cannot be used for femoral access, the sheath is sutured in place for subsequent removal once the ACT level falls to a safe level for manual compression.

Description of Post-Service Work: Films and hemodynamics are reviewed and a formal report is generated. The patient, the patient's family, and the referring physician are notified of the results. A plan of management is developed and discussed with the patient and the patient's family. Additional antiplatelet and antithrombin therapy is administered as necessary. The patient is admitted to ensure no bleeding, to monitor for abrupt vessel closure, and for continued therapy of ischemic heart disease.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2024					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Afnan Tariq, Dr. Mark Hoyer					
Specialty Society(ies):	ACC, SCAI					
CPT Code:	92933					
Sample Size:	2768	**Resp N:**	140			
Description of Sample:	The survey sample was randomly selected from SCAI membership and ACC membership that identify themselves as an "interventional cardiologist"					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	10.00	**20.00**	35.00	500.00
Survey RVW:		1.50	11.94	**13.65**	15.00	26.00
Pre-Service Evaluation Time:				**41.00**		
Pre-Service Positioning Time:				**13.00**		
Pre-Service Scrub, Dress, Wait Time:				**11.00**		
Intra-Service Time:		4.00	55.00	**75.00**	100.00	200.00
Immediate Post Service-Time:	**30.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**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)

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)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	92933	**Recommended Physician Work RVU: 11.94**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**35.00**	**18.00**	**17.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**6.00**	**4.00**
Intra-Service Time:		**75.00**		

Please, pick the post-service 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)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**28.00**	**2.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

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:

Key CPT Code	Global	Work RVU	Time Source
37225	000	11.75	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93583	000	13.75	**RUC Time**

CPT Descriptor Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36906	000	10.42	**RUC Time**	8,498

CPT Descriptor 1 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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37244	000	13.75	**RUC Time**	13,397

CPT Descriptor 2 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

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

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: 58 **% of respondents:** 41.4 **%**

Number of respondents who choose 2nd Key Reference Code: 25 **% of respondents:** 17.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 92933	Top Key Reference CPT Code: 37225	2nd Key Reference CPT Code: **93583**
Median Pre-Service Time	48.00	38.00	48.00
Median Intra-Service Time	75.00	118.00	90.00
Median Immediate Post-service Time	30.00	30.00	40.00
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
Median Total Time	**153.00**	**186.00**	**178.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	19%	45%	36%

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	2%	27%	71%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	4%	28%	68%
Physical effort required	2%	55%	43%

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	2%	7%	91%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	16%	24%	24%	36%

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	12%	42%	46%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	8%	28%	64%
Physical effort required	8%	32%	60%

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	8%	44%	48%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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.

CPT Changes

The full family of percutaneous coronary intervention (PCI) codes was last reviewed by the RUC at the January 2012 meeting, when the code family was updated to reflect bundling after CMS identified MPC codes not

reviewed in the prior 5 years as potentially misvalued. The codes were surveyed for the January 2023 RUC meeting after the CPT Editorial Panel approved creation of a single add-on code that describes the work of coronary intravascular lithotripsy (IVL), a technology to modify lesions that did not exist at the time of the prior review. That code change application was submitted by a device manufacturer. The societies had planned to make other revisions to the code family at the following CPT cycle. At the January 2023 RUC meeting the societies proposed that only the new IVL code be valued, and the remainder of the code set be sent to CPT for revision before review. The RUC approved this proposal and, after several code change applications, the revised family was approved at the February 2024 CPT Panel meeting.

The CPT updates included code deletions, revisions, and additions.

- The original code set included additional branch add-on codes for several of the procedures. CMS assigned the branch codes a value of 0 RVUs, rolling a prorated portion of their value into their base codes (more on this later). Due to this lack of RVUs neither CMS nor commercial payers reimbursed these codes from 2013 to present and they were deleted by CPT in February 2024. The deleted codes included 92921, 92925, 92929, 92934, 92938, and 92944.
- CPT amended the base codes to each of these deleted add-on codes (92920, 92924, 92928, 92933, 92937, 92941, and 92943) to include the work, when performed, of potential branch vessels which was not included in the original code definitions and descriptions of work. This essentially matches the code descriptors to CMS's approach to not pay separately for additional branch work.
- Also, in February 2024 CPT created two new codes within the family. First, 92930, was created to allow coding for the work involved in placement of intracoronary stent(s) (currently coded as 92928) that exceeds the typical stenting case. The second new code, 92945, was created to allow coding for revascularization of a chronic total occlusion when both antegrade and retrograde approaches are employed.
- Finally, CPT revised codes 93571 and 93572 to make a correction to the fractional flow reserve (FFR) codes to correct a coding issue relating to instant flow reserve (iFR).

92972 Intravascular Lithotripsy (IVL)

As noted above, the IVL code was surveyed, reviewed by the RUC and issued a value at the January 2023 RUC meeting. The IVL code survey was robust, with 139 respondents. There have been no significant technological or other changes to the IVL procedure since its initial valuation. With the recent survey of this code and in an effort to maximize survey response by keeping it a bit shorter, we did not include the code in this survey and recommend affirmation of current value and time.

Current RVUs and Times

As referenced above, CMS does not recognize the add-on branch codes as separately payable. However, the agency did bundle them into the underlying PCI codes. In doing so, it also added small amounts of work and time, proportionate to predicted utilization. Also, since the last time these codes were valued, moderate sedation was unbundled, removing commensurate work and time. The summary spreadsheet shows the original RUC recommended value, the CMS adjustments for branch code bundling, the adjustments for unbundling of moderate sedation, and finally the current values.

Background: PCI Evolution & Compelling Evidence

Change in Technique

The recommendations for this tab produce an increase in RVUs of less than one half of a percent aggregated across the family of codes. Accordingly, we submit that these services have undergone changes in technique and patient population that substantiate compelling evidence to allow an increase in the aggregate value of the code family. At the time of the 2012 survey, PCI was typically performed via the femoral artery, with a very small minority of cases performed through the radial artery. PCI is now typically performed through the radial artery,

reflecting best practice recommendations from the field. https://onlinelibrary.wiley.com/doi/10.1002/ccd.28672 Radial access is safer for patients despite being technically more challenging for the operator. The main advantage is a significant reduction in bleeding risk as well as decreased mortality for some patient subsets. https://pubmed.ncbi.nlm.nih.gov/33507598/.

Radial access requires additional preservice time that is discussed further below. This approach also requires different skills and techniques that are more difficult to perform than access through the femoral artery. While safer for the patient, the service is more technically challenging for the operator in several respects.

(1) The average radial artery is about 2 mm compared to femoral arteries that average about 9 mm, so entering the artery with a needle is more difficult.
(2) The radial and brachial arteries are smaller and more prone to spasm making catheter advancement or torquing difficult or impossible; many operators give an anti-vasospastic cocktail routinely which takes additional time.
(3) Whereas femoral access requires catheters to traverse one 180-degree bend to reach the heart, radial access requires the catheter to make one-180 degree bend and usually two more 90-degree bends to reach the heart, which makes catheter advancement and torquing more difficult.
(4) Radial access provides more frequent challenging anatomic variants such as radial loop, accessory radial arteries, early take-off radial arteries, and aberrant innominate arteries (arteria lusoria); in contrast anatomy from the femoral artery to the heart has few variants. These problems lead to conversion from radial to femoral access in about 10% of cases, while conversion from femoral to radial is almost non-existent.

Positioning for radial increases the risk of radiation and precautions. More time is spent closer to the image intensifier at different angles as opposed to standing farther back when patient is in the femoral area. Now we are closer to the heart and reaching across the patient's chest.

Change in Patient Population

We also see patients undergoing PCI who generally have more comorbidities than a decade ago. Attention to stricter adherence on statins and other medicines in revascularization and chest pain guidelines has eliminated many patients who otherwise may have been treated with lower acuity PCI, something we see in the declining utilization of these services. Remaining patients are more complex than they were a dozen years ago.

All of these factors lead to services that are both more intense/complex while also successfully decreasing the intra-procedure time the patient is on the table.

Incorrect Assumptions

Finally, with the current times and valuation consisting of a mix of RUC recommendations, pro-rated bundling of time and work of PCI in branches by CMS, and reductions of work and time by CMS to apply coding changes related to unbundling moderate sedation, we submit that the current values were derived using a flawed mechanism. CMS bundled the now-deleted branch codes using a type of prorated building block methodology that casts the current values in doubt and provides compelling evidence that the best values for these services should be derived from the robust survey before us.

Recommendations Methodology

We have laid out a rationale above for the intensity/complexity of these codes rising while in some cases the performance time may have decreased. We recommend the survey 25th percentile for all the 000 codes in this family. We chose the survey 25th percentile work RVUs because this approach generally kept the recommended values in line with the trajectory of the reduction or addition of intra-service and total time for the codes while maintaining rank order. While changes to the work RVUs and times are not recommended in exactly

proportional amounts, they do maintain relativity in the magnitude to which they change to the positive or the negative. That is to say, where there is a significant reduction in intra-service time there is a more modest reduction in recommended work RVU and the same is true in the positive direction. Where there is a significant increase in intra-service time there is a more modest recommended increase in work RVU for those codes. RVU.

In developing recommendations for the family, we observed that recommendations for times and values generate WPUT (ie, intensity) values that maintain rank order relationships within the family and align with operators' estimates of work intensity. For instance, 92920 for PTCA has a lower WPUT than 92924 for PTCA with atherectomy, reflecting the higher complication rates of atherectomy and operators' perception that atherectomy is more intense. WPUT for 92941 (PCI of an acute myocardial infarction) has the highest WPUT consistent with operators' perceptions that this is the most intense interventional service. CTO codes 92943 and 92945 have lower WPUTs because they are longer services with multiple catheter changes and techniques being attempted. This consistency of WPUT with current rank order and with operators' perceptions of intensity support the recommendations at the 25th-percentile survey values.

This approach produces the following recommendations for the family that would produce budget increase of 12,342 RVUs out of a baseline of over 3.2 million RVUs (0.38%)

Preservice Time

For each of the 000 codes, we recommend additions to preservice package 2 (Difficult patient/straightforward procedure without anesthesia care) that are supported by the survey. While these are 000 codes provided to patients with short or no hospital stay, there are certain elements of preservice time that are more akin to that of a service which utilizes general anesthesia.

		FACILITY			**PCI**	**Notes**
		2	**3**	**4**	**2+**	
	Total Pre-Service Time	**25**	**51**	**63**	**43**	
	CATEGORY SUBTOTALS					
A	Pre-Service Evaluation (IWPUT =0.0224)	18	33	40	34	
B	Pre-Service Positioning (IWPUT = 0.0224)	1	3	3	3	
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	15	20	6	
	DETAILS					
A	History and Exam (Performance and review of appropriate Pre-Tests)	10	10	15	10	Standard
A	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	4	2	Standard
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	5	5	10	+7 for detailed consenting using multi-page or electronic form. Discuss results of Heart Team

						consultations (if performed); access site options; pros and cons of various PCI techniques including intra-coronary lithotripsy, atherectomy angioplasty, stenting; and possibility of conversion to emergency surgery. Discuss alternatives to PCI (surgery or medical therapy.) Discuss risks of all 3 approaches. Obtain separate consents for transfusion and moderate sedation.
A	Communicate with other professionals	0	5	5	0	Standard
A	Check/set-up room, supplies and equipment	1	5	5	5	+4 Utilize time similar to procedures with anesthesia to assess complex array of catheter, stents, and other supplies/equipment
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	5	5	6	+5 Left and right radial pulses are evaluated to determine which are available for access (eg not harvested for prior CABG) and which of the two offers better access. Evaluate whether femoral artery is available for access and determine if left, right, or both femoral access sites should be prepped. Time out is performed.
A	Prepare/ review/ confirm procedure	1	1	1	1	Standard
B	Perform/ supervise patient positioning	1	3	3	3	+2 Utilize time similar to procedures with anesthesia to position patient comfortably on the table with arm in uncomfortable position, usually on a special pad. Arm used for radial access must be positioned and supinated with ventral surface oriented up and secured with tape to keep it there for entire procedure. Ultra-sound probe is inserted into sterile sleeve; console is programmed and turned on. Anti-spasm cocktail is prepared for intra-arterial injection.
C	Administer local/topical anesthesia	1	0	0	1	Standard
C	Observe (wait anesthesia care)	0	10	15	0	Standard
C	Dress and scrub for procedure	5	5	5	5	Standard

92933: PTCA + Atherectomy + Stent

ACC and SCAI convened a panel of physicians familiar with the services to review the survey data. The survey was robust and was completed by physicians who have experience with the service. Code 92933 will be used to report percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed, single major coronary artery and/or its branches. The panel reviewed the preservice time and selected package 2 with the modifications described above for a straightforward procedure on a difficult patient without anesthesia in a facility.

The key reference service is 37225, femoral/popliteal revascularization with angioplasty and atherectomy. While procedurally similar, 37225 is a longer, less intense service. 81% of key reference respondents found surveyed code 92933 to be more or much more intense/complex than 37225.

The societies **recommend a wRVU of 11.94 with times of 43/75/28.** The preservice time of 43 was adjusted upward from Package 2 to reflect the enhanced steps described above: 7 additional minutes for complicated consent, 4 additional minutes to setup room similar to a procedure that utilizes anesthesia, 5 additional minutes for double and complex draping and ultrasound for vessel viability, and 2 additional minutes for complex positioning of the arm and heart imaging. The intra-service time of 77 minutes is the survey median. Post-service time is the standard 8B package for a complex procedure under sedation.

This value is below the longer KRS, but also accounts for the increased intensity of working in the coronary arteries(which are always in motion and where rupture can cause immediate death), as well as the increased intensity of radial artery access as opposed to the prior typical technique using femoral artery access.

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) The interventional cardiologisty typically also manages moderate sedation, 99152.

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) 92933

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 Interventional Cardiology How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Internal Medicine How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 44157
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This estimate is three times the 2022 traditional Medicare data for usage to account for Medicare Advantage and commerical insurance covered performance.

Specialty Interventional Cardiology Frequency 23050 Percentage 52.20 %

Specialty Cardiology Frequency 19562 Percentage 44.30 %

Specialty Internal Medicine Frequency 1016 Percentage 2.30 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
14,719 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2022 RUC Database data. Recent trends show gradual decline, but we do not know if that will continue.

Specialty Interventional Cardiology Frequency 7683 Percentage 52.19 %

Specialty Cardiology Frequency 6521 Percentage 44.30 %

Specialty Internal Medicine Frequency 339 Percentage 2.30 %

Do many physicians perform this service across the United States? Yes

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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-Coronary angioplasty (PTCA)

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 92933

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92937 Tracking Number D6 Original Specialty Recommended RVU: **11.30**
Presented Recommended RVU: **11.30**
Global Period: 000 Current Work RVU: **10.95** RUC Recommended RVU: **11.30**

CPT Descriptor: 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 major coronary artery and/its branches

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 79-year-old female who had bypass surgery 10 years ago presents with unstable angina consistent with an acute coronary syndrome. Coronary arteriography demonstrates that the culprit is a saphenous vein graft to a large left circumflex coronary artery. The vein graft is diffusely diseased and has subtotal occlusion by a 3-mm long thrombus. Percutaneous coronary intervention is
performed.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 99% , In the ASC 1%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 31% , Overnight stay-less than 24 hours 58% , Overnight stay-more than 24 hours 11%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 98%

Description of Pre-Service Work: The patient's history, records, laboratory, and diagnostic tests are reviewed. A physical examination is conducted. Appropriate communication is conducted with the patient and the patient's family as well as with other medical professionals as needed (i.e., the “Heart Team approach”). The procedure is reviewed with the patient. The risks and benefits of the procedure are presented, as well as the alternatives. Informed consent is obtained. Hair is removed from the potential access sites. Necessary equipment, instruments, and supplies for the procedure are confirmed to be available and operational. Instruments and supplies for the procedure are pulled. The patient is transported to the procedure suite, positioned on the procedural table, and attached to cardiac electrodes and an oxygen saturation monitor. A sterile table is prepared. The potential access sites are scrubbed in sterile fashion. A sterile drape is placed over the patient. The patient's information is loaded in the hemodynamic monitoring equipment to retain the data from the upcoming study.

Description of Intra-Service Work: Percutaneous arterial access is obtained, typically through the femoral artery or radial artery. Angiography of the access site is performed as needed to assess anatomy of the access vessel and appropriate location of the access site. A sheath is placed and flushed. Intraarterial vasodilators are administered. An appropriate guiding catheter is passed under fluoroscopic guidance to the ascending aorta, engaged into the coronary or graft ostium, and re-positioned as needed to prevent pressure damping. Appropriate antiplatelet therapy treatment is confirmed and anticoagulation administered. Therapeutic anticoagulation is confirmed by testing an activated clotting time (ACT). Additional anticoagulation is administered as needed. Multiple coronary injections are performed in different views to assess the target lesion(s). A coronary guidewire is used to cross the target lesion(s) and its position distally in the artery is confirmed. A distal protection device is then advanced down the graft over the coronary guidewire to capture embolic debris and help prevent no-reflow. Microvascular vasodilators are administered through the graft to help prevent no-reflow. A stent of appropriate diameter and length is selected, advanced over the guidewire to the target lesion and carefully positioned. The stent is deployed at nominal or high pressure. If the stent fails to cover the entire diseased segment, additional stent(s) are then placed using the same techniques. If there is no-reflow (slow flow of contrast down the vessel,

electrocardiography changes, and chest pain) microvascular vasodilators are administered again and if there is no resolution an aspiration catheter is advanced down into the graft, debris is aspirated to restore flow, and coronary vasodilators are delivered into the distal vessel. Once adequate flow is restored, assessment of the need for further balloon expansion is performed. If needed, an appropriate-sized balloon is selected and the lesion dilated. Intracoronary vasodilators are again administered. If the result is acceptable, the distal protection device is then removed by advancing the recapture catheter over the guidewire. Completion angiography is again performed after repeat administration of intracoronary vasodilators. Inspection of the images is again performed for signs of vessel dissection, perforation, or impaired coronary flow. The guide catheter is disengaged from the coronary ostium and then removed over a guidewire from the body. Anticoagulation infusions are stopped. The sheath is removed, and hemostasis is achieved by an appropriate technique. If a vascular closure device cannot used for femoral access, the sheath is sutured in place for subsequent removal once the ACT level falls to a safe level for manual compression.

Description of Post-Service Work: Films and hemodynamics are reviewed and a formal report is generated. The patient, the patient's family, and the referring physician are notified of the results. A plan of management is developed and discussed with the patient and the patient's family. Additional antiplatelet and antithrombin therapy is administered as necessary. The patient is admitted to ensure no bleeding, to monitor for abrupt vessel closure, and for continued therapy of ischemic heart disease.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2024					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Afnan Tariq, Dr. Mark Hoyer					
Specialty Society(ies):	ACC, SCAI					
CPT Code:	92937					
Sample Size:	2768	**Resp N:**	141			
Description of Sample:	The survey sample was randomly selected from SCAI membership and ACC membership that identify themselves as an "interventional cardiologist"					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	8.00	**15.00**	25.00	600.00
Survey RVW:		2.00	11.30	**12.50**	14.50	26.00
Pre-Service Evaluation Time:				**41.00**		
Pre-Service Positioning Time:				**11.00**		
Pre-Service Scrub, Dress, Wait Time:				**10.00**		
Intra-Service Time:		5.00	51.00	**65.00**	90.00	180.00
Immediate Post Service-Time:	**30.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**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)

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)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	92937	**Recommended Physician Work RVU: 11.30**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**35.00**	**18.00**	**17.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**6.00**	**4.00**
Intra-Service Time:		**65.00**		

Please, pick the post-service 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)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**28.00**	**2.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

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:

Key CPT Code	Global	Work RVU	Time Source
37225	000	11.75	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93583	000	13.75	**RUC Time**

CPT Descriptor Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36906	000	10.42	**RUC Time**	8,498

CPT Descriptor 1 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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37244	000	13.75	**RUC Time**	13,397

CPT Descriptor 2 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

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

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: 43 **% of respondents:** 30.4 **%**

Number of respondents who choose 2nd Key Reference Code: 28 **% of respondents:** 19.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 92937	Top Key Reference CPT Code: 37225	2nd Key Reference CPT Code: **93583**
Median Pre-Service Time	48.00	38.00	48.00
Median Intra-Service Time	65.00	118.00	90.00
Median Immediate Post-service Time	30.00	30.00	40.00
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
Median Total Time	**143.00**	**186.00**	**178.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	2%	14%	40%	44%

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	0%	24%	76%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	29%	71%
Physical effort required	5%	55%	40%

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%	7%	93%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	18%	14%	39%	29%

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	21%	32%	47%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	11%	36%	53%
Physical effort required	7%	43%	50%

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	11%	36%	53%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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.

CPT Changes

The full family of percutaneous coronary intervention (PCI) codes was last reviewed by the RUC at the January 2012 meeting, when the code family was updated to reflect bundling after CMS identified MPC codes not

reviewed in the prior 5 years as potentially misvalued. The codes were surveyed for the January 2023 RUC meeting after the CPT Editorial Panel approved creation of a single add-on code that describes the work of coronary intravascular lithotripsy (IVL), a technology to modify lesions that did not exist at the time of the prior review. That code change application was submitted by a device manufacturer. The societies had planned to make other revisions to the code family at the following CPT cycle. At the January 2023 RUC meeting the societies proposed that only the new IVL code be valued, and the remainder of the code set be sent to CPT for revision before review. The RUC approved this proposal and, after several code change applications, the revised family was approved at the February 2024 CPT Panel meeting.

The CPT updates included code deletions, revisions, and additions.

- The original code set included additional branch add-on codes for several of the procedures. CMS assigned the branch codes a value of 0 RVUs, rolling a prorated portion of their value into their base codes (more on this later). Due to this lack of RVUs neither CMS nor commercial payers reimbursed these codes from 2013 to present and they were deleted by CPT in February 2024. The deleted codes included 92921, 92925, 92929, 92934, 92938, and 92944.
- CPT amended the base codes to each of these deleted add-on codes (92920, 92924, 92928, 92933, 92937, 92941, and 92943) to include the work, when performed, of potential branch vessels which was not included in the original code definitions and descriptions of work. This essentially matches the code descriptors to CMS's approach to not pay separately for additional branch work.
- Also, in February 2024 CPT created two new codes within the family. First, 92930, was created to allow coding for the work involved in placement of intracoronary stent(s) (currently coded as 92928) that exceeds the typical stenting case. The second new code, 92945, was created to allow coding for revascularization of a chronic total occlusion when both antegrade and retrograde approaches are employed.
- Finally, CPT revised codes 93571 and 93572 to make a correction to the fractional flow reserve (FFR) codes to correct a coding issue relating to instant flow reserve (iFR).

92972 Intravascular Lithotripsy (IVL)

As noted above, the IVL code was surveyed, reviewed by the RUC and issued a value at the January 2023 RUC meeting. The IVL code survey was robust, with 139 respondents. There have been no significant technological or other changes to the IVL procedure since its initial valuation. With the recent survey of this code and in an effort to maximize survey response by keeping it a bit shorter, we did not include the code in this survey and recommend affirmation of current value and time.

Current RVUs and Times

As referenced above, CMS does not recognize the add-on branch codes as separately payable. However, the agency did bundle them into the underlying PCI codes. In doing so, it also added small amounts of work and time, proportionate to predicted utilization. Also, since the last time these codes were valued, moderate sedation was unbundled, removing commensurate work and time. The summary spreadsheet shows the original RUC recommended value, the CMS adjustments for branch code bundling, the adjustments for unbundling of moderate sedation, and finally the current values.

Background: PCI Evolution & Compelling Evidence

Change in Technique

The recommendations for this tab produce an increase in RVUs of less than one half of a percent aggregated across the family of codes. Accordingly, we submit that these services have undergone changes in technique and patient population that substantiate compelling evidence to allow an increase in the aggregate value of the code family. At the time of the 2012 survey, PCI was typically performed via the femoral artery, with a very small minority of cases performed through the radial artery. PCI is now typically performed through the radial artery,

reflecting best practice recommendations from the field. https://onlinelibrary.wiley.com/doi/10.1002/ccd.28672 Radial access is safer for patients despite being technically more challenging for the operator. The main advantage is a significant reduction in bleeding risk as well as decreased mortality for some patient subsets. https://pubmed.ncbi.nlm.nih.gov/33507598/.

Radial access requires additional preservice time that is discussed further below. This approach also requires different skills and techniques that are more difficult to perform than access through the femoral artery. While safer for the patient, the service is more technically challenging for the operator in several respects.

(1) The average radial artery is about 2 mm compared to femoral arteries that average about 9 mm, so entering the artery with a needle is more difficult.
(2) The radial and brachial arteries are smaller and more prone to spasm making catheter advancement or torquing difficult or impossible; many operators give an anti-vasospastic cocktail routinely which takes additional time.
(3) Whereas femoral access requires catheters to traverse one 180-degree bend to reach the heart, radial access requires the catheter to make one-180 degree bend and usually two more 90-degree bends to reach the heart, which makes catheter advancement and torquing more difficult.
(4) Radial access provides more frequent challenging anatomic variants such as radial loop, accessory radial arteries, early take-off radial arteries, and aberrant innominate arteries (arteria lusoria); in contrast anatomy from the femoral artery to the heart has few variants. These problems lead to conversion from radial to femoral access in about 10% of cases, while conversion from femoral to radial is almost non-existent.

Positioning for radial increases the risk of radiation and precautions. More time is spent closer to the image intensifier at different angles as opposed to standing farther back when patient is in the femoral area. Now we are closer to the heart and reaching across the patient's chest.

Change in Patient Population

We also see patients undergoing PCI who generally have more comorbidities than a decade ago. Attention to stricter adherence on statins and other medicines in revascularization and chest pain guidelines has eliminated many patients who otherwise may have been treated with lower acuity PCI, something we see in the declining utilization of these services. Remaining patients are more complex than they were a dozen years ago.

All of these factors lead to services that are both more intense/complex while also successfully decreasing the intra-procedure time the patient is on the table.

Incorrect Assumptions

Finally, with the current times and valuation consisting of a mix of RUC recommendations, pro-rated bundling of time and work of PCI in branches by CMS, and reductions of work and time by CMS to apply coding changes related to unbundling moderate sedation, we submit that the current values were derived using a flawed mechanism. CMS bundled the now-deleted branch codes using a type of prorated building block methodology that casts the current values in doubt and provides compelling evidence that the best values for these services should be derived from the robust survey before us.

Recommendations Methodology

We have laid out a rationale above for the intensity/complexity of these codes rising while in some cases the performance time may have decreased. We recommend the survey 25th percentile for all the 000 codes in this family. We chose the survey 25th percentile work RVUs because this approach generally kept the recommended values in line with the trajectory of the reduction or addition of intra-service and total time for the codes while maintaining rank order. While changes to the work RVUs and times are not recommended in exactly

proportional amounts, they do maintain relativity in the magnitude to which they change to the positive or the negative. That is to say, where there is a significant reduction in intra-service time there is a more modest reduction in recommended work RVU and the same is true in the positive direction. Where there is a significant increase in intra-service time there is a more modest recommended increase in work RVU for those codes. RVU.

In developing recommendations for the family, we observed that recommendations for times and values generate WPUT (ie, intensity) values that maintain rank order relationships within the family and align with operators' estimates of work intensity. For instance, 92920 for PTCA has a lower WPUT than 92924 for PTCA with atherectomy, reflecting the higher complication rates of atherectomy and operators' perception that atherectomy is more intense. WPUT for 92941 (PCI of an acute myocardial infarction) has the highest WPUT consistent with operators' perceptions that this is the most intense interventional service. CTO codes 92943 and 92945 have lower WPUTs because they are longer services with multiple catheter changes and techniques being attempted. This consistency of WPUT with current rank order and with operators' perceptions of intensity support the recommendations at the 25th-percentile survey values.

This approach produces the following recommendations for the family that would produce budget increase of 12,342 RVUs out of a baseline of over 3.2 million RVUs (0.38%)

Preservice Time

For each of the 000 codes, we recommend additions to preservice package 2 (Difficult patient/straightforward procedure without anesthesia care) that are supported by the survey. While these are 000 codes provided to patients with short or no hospital stay, there are certain elements of preservice time that are more akin to that of a service which utilizes general anesthesia.

		FACILITY			**PCI**	**Notes**
		2	**3**	**4**	**2+**	
	Total Pre-Service Time	**25**	**51**	**63**	**43**	
	CATEGORY SUBTOTALS					
A	Pre-Service Evaluation (IWPUT =0.0224)	18	33	40	34	
B	Pre-Service Positioning (IWPUT = 0.0224)	1	3	3	3	
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	15	20	6	
	DETAILS					
A	History and Exam (Performance and review of appropriate Pre-Tests)	10	10	15	10	Standard
A	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	4	2	Standard
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	5	5	10	+7 for detailed consenting using multi-page or electronic form. Discuss results of Heart Team

						consultations (if performed); access site options; pros and cons of various PCI techniques including intra-coronary lithotripsy, atherectomy angioplasty, stenting; and possibility of conversion to emergency surgery. Discuss alternatives to PCI (surgery or medical therapy.) Discuss risks of all 3 approaches. Obtain separate consents for transfusion and moderate sedation.
A	Communicate with other professionals	0	5	5	0	Standard
A	Check/set-up room, supplies and equipment	1	5	5	5	+4 Utilize time similar to procedures with anesthesia to assess complex array of catheter, stents, and other supplies/equipment
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	5	5	6	+5 Left and right radial pulses are evaluated to determine which are available for access (eg not harvested for prior CABG) and which of the two offers better access. Evaluate whether femoral artery is available for access and determine if left, right, or both femoral access sites should be prepped. Time out is performed.
A	Prepare/ review/ confirm procedure	1	1	1	1	Standard
B	Perform/ supervise patient positioning	1	3	3	3	+2 Utilize time similar to procedures with anesthesia to position patient comfortably on the table with arm in uncomfortable position, usually on a special pad. Arm used for radial access must be positioned and supinated with ventral surface oriented up and secured with tape to keep it there for entire procedure. Ultra-sound probe is inserted into sterile sleeve; console is programmed and turned on. Anti-spasm cocktail is prepared for intra-arterial injection.
C	Administer local/topical anesthesia	1	0	0	1	Standard
C	Observe (wait anesthesia care)	0	10	15	0	Standard
C	Dress and scrub for procedure	5	5	5	5	Standard

93237: Any PCI in CABG

ACC and SCAI convened a panel of physicians familiar with the services to review the survey data. The survey was robust and was completed by physicians who have experience with the service. Code 93237 will be used to report percutaneous transluminal coronary intervention of/through a coronary artery bypass graft, using any combination of angioplasty, atherectomy, and/or stent in a single major coronary artery and/or its branches. The panel reviewed the preservice time and selected package 2 with the modifications described above for a straightforward procedure on a difficult patient without anesthesia in a facility.

The key reference service is 37225, femoral/popliteal revascularization with angioplasty and atherectomy. While procedurally similar, 37225 is a longer, less intense service. 84% of key reference respondents found surveyed code 93237 to be more or much more intense/complex than 37225.

The societies **recommend a wRVU of 11.30 with times of 43/65/28.** The preservice time of 43 was adjusted upward from Package 2 to reflect the enhanced steps described above: 7 additional minutes for complicated consent, 4 additional minutes to setup room similar to a procedure that utilizes anesthesia, 5 additional minutes for double and complex draping and ultrasound for vessel viability, and 2 additional minutes for complex positioning of the arm and heart imaging. The intra-service time of 77 minutes relies on 70 minutes from the survey plus 7 minutes from bundling of the branch codes. Post-service time is the standard 8B package for a complex procedure under sedation.

This value is below the longer KRS yet above the current value. The change accounts for the increased intensity of working in the coronary arteries(which are always in motion and where rupture can cause immediate death), as well as the increased intensity of radial artery access as opposed to the prior typical technique using femoral artery access. Patients undergoing PCI of bypass graft have higher long term complications than conventional native artery PCI. https://www.practiceupdate.com/content/pci-innative-coronary-arteries-vs-bypassgrafts-in-patients-with-prior-cabg/38087

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) The interventional cardiologisty typically also manages moderate sedation, 99152.

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) 92933

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 Interventional Cardiology How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Internal Medicine How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 37014
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This estimate is three times the 2022 traditonal Medicare data for usage to account for Medicare Advantage and commercial insurance covered performance.

Specialty Interventional Cardiology Frequency 19765 Percentage 53.39 %

Specialty Cardiology Frequency 16138 Percentage 43.59 %

Specialty Internal Medicine Frequency 777 Percentage 2.09 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
12,338 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2022 RUC Database data. Recent trends show gradual decline, but we do not know if that will continue.9

Specialty Interventional Cardiology Frequency 6588 Percentage 53.39 %

Specialty Cardiology Frequency 5379 Percentage 43.59 %

Specialty Internal Medicine Frequency 259 Percentage 2.09 %

Do many physicians perform this service across the United States? Yes

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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-Coronary angioplasty (PTCA)

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 92933

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92941 Tracking Number D7 Original Specialty Recommended RVU: **12.72**
Presented Recommended RVU: **12.72**
Global Period: 000 Current Work RVU: **12.31** RUC Recommended RVU: **12.72**

CPT Descriptor: Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single major coronary artery and/or its branches or single bypass graft and/or its subtended branches

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old male calls 911 for sudden onset of crushing substernal chest pain. Prehospital electrocardiography demonstrates acute anterior myocardial infarction. The emergency medical personnel bypass the emergency department and take the patient directly to the cardiac catheterization laboratory. After rapid assessment, immediate coronary angiography (reported separately), demonstrates thrombotic 100% occlusion of the mid-left anterior descending artery. Percutaneous coronary intervention is planned immediately with the goal of first medical contact-toballoon time under 90 minutes.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 100% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 6% , Overnight stay-less than 24 hours 22% , Overnight stay-more than 24 hours 72%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: The patient's history, records, laboratory, and diagnostic tests are rapidly reviewed. A physical examination is rapidly conducted. Appropriate communication is conducted with the patient and the patient's family as well as with other medical professionals as needed (i.e., the “Heart Team approach”). The procedure is quickly reviewed with the patient. The risks and benefits of the procedure are rapidly presented, as well as the alternatives. Informed consent is obtained. In an emergent fashion, hair is removed from the potential access sites. Necessary equipment, instruments, and supplies for the procedure are confirmed to be available and operational. Instruments and supplies for the procedure are pulled. The patient is rushed to the procedure suite, positioned on the procedural table, and attached to cardiac electrodes and an oxygen saturation monitor. A sterile table is prepared. The potential access sites are scrubbed in sterile fashion. A sterile drape is placed over the patient. The patient's information is loaded in the hemodynamic monitoring equipment to retain the data from the upcoming study.

Description of Intra-Service Work: Percutaneous arterial access is obtained, typically through the femoral artery or radial artery. Angiography of the access site is performed as needed to assess anatomy of the access vessel and appropriate location of the access site. A sheath is placed and flushed. Intraarterial vasodilators are administered. An appropriate guiding catheter is passed under fluoroscopic guidance to the ascending aorta, engaged into the coronary ostium, and re-positioned as needed to prevent pressure damping. Appropriate antiplatelet therapy treatment is confirmed and anticoagulation administered. Therapeutic anticoagulation is confirmed by testing an activated clotting time (ACT). Additional anticoagulation is administered as needed. Multiple coronary injections are performed in different views to assess the target lesion(s). A coronary guidewire is used to cross the target lesion(s) and its position distally in the artery is confirmed. If there is no re-flow down the vessel or significant thrombus, an appropriate aspiration catheter is rapidly advanced to the occluded vessel and thrombus is aspirated. Multiple rounds of intracoronary microvascular vasodilators are administered. If antegrade coronary flow is restored but there is residual thrombus, intravenous and/or intracoronary

antiplatelet agents may be infused to help resolve the thrombus. An appropriate-sized balloon is selected, advanced over the coronary guidewire to the lesion, inflated as needed to open the lesion, and withdrawn. Intracoronary vasodilators are again administered. Angiography is performed in multiple views. Once an adequate expansion is achieved to allow stent deployment, a stent of appropriate diameter and length is selected and advanced to the target lesion and carefully positioned. The stent is deployed but frequently does not cover the entire diseased segment and additional stents are then placed as needed using the same techniques. Next a high-pressure, non-compliant balloon is advanced over the coronary guidewire into the stented segment, and this is inflated at high pressure to ensure stent expansion. If the result is acceptable, the coronary guidewire is then withdrawn back into the guide. The catheter and sheath are removed, and hemostasis is achieved by appropriate means. Closure devices require device/suture deployment. If a vascular closure/suture device is placed, observation of the site is performed to ensure no immediate bleeding and manual pressure is required for a short time to achieve complete hemostasis. If a vascular closure device is not used, typically the sheath is sewn in for subsequent removal once the ACT level falls to a safe level after which manual compression is held for approximately 20 minutes to achieve hemostasis. A full report is dictated or entered into the record.

Description of Post-Service Work: Films and hemodynamics are reviewed and a formal report is generated. The patient, the patient's family, and the referring physician are notified of the results. A plan of management is developed and discussed with the patient and the patient's family. Additional antiplatelet and antithrombin therapy is administered as necessary. The patient is admitted to ensure no bleeding, to monitor for abrupt vessel closure, and for continued therapy of ischemic heart disease.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2024					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Afnan Tariq, Dr. Mark Hoyer					
Specialty Society(ies):	ACC, SCAI					
CPT Code:	92941					
Sample Size:	2768	**Resp N:**	139			
Description of Sample:	The survey sample was randomly selected from SCAI membership and ACC membership that identify themselves as an "interventional cardiologist"					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	20.00	**30.00**	45.00	1200.00
Survey RVW:		1.50	12.72	**14.50**	16.13	30.00
Pre-Service Evaluation Time:				**33.00**		
Pre-Service Positioning Time:				**10.00**		
Pre-Service Scrub, Dress, Wait Time:				**10.00**		
Intra-Service Time:		5.00	50.00	**65.00**	90.00	200.00
Immediate Post Service-Time:	**30.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**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)

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)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	92941	**Recommended Physician Work RVU: 12.72**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**22.00**	**18.00**	**4.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**6.00**	**4.00**
Intra-Service Time:		**65.00**		

Please, pick the post-service 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)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**28.00**	**2.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

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:

Key CPT Code	Global	Work RVU	Time Source
93583	000	13.75	**RUC Time**

CPT Descriptor Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37225	000	11.75	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37244	000	13.75	**RUC Time**	13,397

CPT Descriptor 1 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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36906	000	10.42	**RUC Time**	8,498

CPT Descriptor 2 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

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

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: 36 **% of respondents:** 25.8 **%**

Number of respondents who choose 2nd Key Reference Code: 33 **% of respondents:** 23.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 92941	Top Key Reference CPT Code: 93583	2nd Key Reference CPT Code: **37225**
Median Pre-Service Time	35.00	48.00	38.00
Median Intra-Service Time	65.00	90.00	118.00
Median Immediate Post-service Time	30.00	40.00	30.00
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
Median Total Time	**130.00**	**178.00**	**186.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	3%	14%	30%	53%

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	3%	31%	46%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	28%	66%
Physical effort required	8%	42%	50%

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	3%	19%	78%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	9%	33%	58%

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	0%	9%	91%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	29%	71%
Physical effort required	0%	40%	60%

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%	9%	91%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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.

CPT Changes

The full family of percutaneous coronary intervention (PCI) codes was last reviewed by the RUC at the January 2012 meeting, when the code family was updated to reflect bundling after CMS identified MPC codes not

reviewed in the prior 5 years as potentially misvalued. The codes were surveyed for the January 2023 RUC meeting after the CPT Editorial Panel approved creation of a single add-on code that describes the work of coronary intravascular lithotripsy (IVL), a technology to modify lesions that did not exist at the time of the prior review. That code change application was submitted by a device manufacturer. The societies had planned to make other revisions to the code family at the following CPT cycle. At the January 2023 RUC meeting the societies proposed that only the new IVL code be valued, and the remainder of the code set be sent to CPT for revision before review. The RUC approved this proposal and, after several code change applications, the revised family was approved at the February 2024 CPT Panel meeting.

The CPT updates included code deletions, revisions, and additions.

- The original code set included additional branch add-on codes for several of the procedures. CMS assigned the branch codes a value of 0 RVUs, rolling a prorated portion of their value into their base codes (more on this later). Due to this lack of RVUs neither CMS nor commercial payers reimbursed these codes from 2013 to present and they were deleted by CPT in February 2024. The deleted codes included 92921, 92925, 92929, 92934, 92938, and 92944.
- CPT amended the base codes to each of these deleted add-on codes (92920, 92924, 92928, 92933, 92937, 92941, and 92943) to include the work, when performed, of potential branch vessels which was not included in the original code definitions and descriptions of work. This essentially matches the code descriptors to CMS's approach to not pay separately for additional branch work.
- Also, in February 2024 CPT created two new codes within the family. First, 92930, was created to allow coding for the work involved in placement of intracoronary stent(s) (currently coded as 92928) that exceeds the typical stenting case. The second new code, 92945, was created to allow coding for revascularization of a chronic total occlusion when both antegrade and retrograde approaches are employed.
- Finally, CPT revised codes 93571 and 93572 to make a correction to the fractional flow reserve (FFR) codes to correct a coding issue relating to instant flow reserve (iFR).

92972 Intravascular Lithotripsy (IVL)

As noted above, the IVL code was surveyed, reviewed by the RUC and issued a value at the January 2023 RUC meeting. The IVL code survey was robust, with 139 respondents. There have been no significant technological or other changes to the IVL procedure since its initial valuation. With the recent survey of this code and in an effort to maximize survey response by keeping it a bit shorter, we did not include the code in this survey and recommend affirmation of current value and time.

Current RVUs and Times

As referenced above, CMS does not recognize the add-on branch codes as separately payable. However, the agency did bundle them into the underlying PCI codes. In doing so, it also added small amounts of work and time, proportionate to predicted utilization. Also, since the last time these codes were valued, moderate sedation was unbundled, removing commensurate work and time. The summary spreadsheet shows the original RUC recommended value, the CMS adjustments for branch code bundling, the adjustments for unbundling of moderate sedation, and finally the current values.

Background: PCI Evolution & Compelling Evidence

Change in Technique

The recommendations for this tab produce an increase in RVUs of less than one half of a percent aggregated across the family of codes. Accordingly, we submit that these services have undergone changes in technique and patient population that substantiate compelling evidence to allow an increase in the aggregate value of the code family. At the time of the 2012 survey, PCI was typically performed via the femoral artery, with a very small minority of cases performed through the radial artery. PCI is now typically performed through the radial artery,

reflecting best practice recommendations from the field. https://onlinelibrary.wiley.com/doi/10.1002/ccd.28672 Radial access is safer for patients despite being technically more challenging for the operator. The main advantage is a significant reduction in bleeding risk as well as decreased mortality for some patient subsets. https://pubmed.ncbi.nlm.nih.gov/33507598/.

Radial access requires additional preservice time that is discussed further below. This approach also requires different skills and techniques that are more difficult to perform than access through the femoral artery. While safer for the patient, the service is more technically challenging for the operator in several respects.

(1) The average radial artery is about 2 mm compared to femoral arteries that average about 9 mm, so entering the artery with a needle is more difficult.
(2) The radial and brachial arteries are smaller and more prone to spasm making catheter advancement or torquing difficult or impossible; many operators give an anti-vasospastic cocktail routinely which takes additional time.
(3) Whereas femoral access requires catheters to traverse one 180-degree bend to reach the heart, radial access requires the catheter to make one-180 degree bend and usually two more 90-degree bends to reach the heart, which makes catheter advancement and torquing more difficult.
(4) Radial access provides more frequent challenging anatomic variants such as radial loop, accessory radial arteries, early take-off radial arteries, and aberrant innominate arteries (arteria lusoria); in contrast anatomy from the femoral artery to the heart has few variants. These problems lead to conversion from radial to femoral access in about 10% of cases, while conversion from femoral to radial is almost non-existent.

Positioning for radial increases the risk of radiation and precautions. More time is spent closer to the image intensifier at different angles as opposed to standing farther back when patient is in the femoral area. Now we are closer to the heart and reaching across the patient's chest.

Change in Patient Population

We also see patients undergoing PCI who generally have more comorbidities than a decade ago. Attention to stricter adherence on statins and other medicines in revascularization and chest pain guidelines has eliminated many patients who otherwise may have been treated with lower acuity PCI, something we see in the declining utilization of these services. Remaining patients are more complex than they were a dozen years ago.

All of these factors lead to services that are both more intense/complex while also successfully decreasing the intra-procedure time the patient is on the table.

Incorrect Assumptions

Finally, with the current times and valuation consisting of a mix of RUC recommendations, pro-rated bundling of time and work of PCI in branches by CMS, and reductions of work and time by CMS to apply coding changes related to unbundling moderate sedation, we submit that the current values were derived using a flawed mechanism. CMS bundled the now-deleted branch codes using a type of prorated building block methodology that casts the current values in doubt and provides compelling evidence that the best values for these services should be derived from the robust survey before us.

Recommendations Methodology

We have laid out a rationale above for the intensity/complexity of these codes rising while in some cases the performance time may have decreased. We recommend the survey 25th percentile for all the 000 codes in this family. We chose the survey 25th percentile work RVUs because this approach generally kept the recommended values in line with the trajectory of the reduction or addition of intra-service and total time for the codes while maintaining rank order. While changes to the work RVUs and times are not recommended in exactly

proportional amounts, they do maintain relativity in the magnitude to which they change to the positive or the negative. That is to say, where there is a significant reduction in intra-service time there is a more modest reduction in recommended work RVU and the same is true in the positive direction. Where there is a significant increase in intra-service time there is a more modest recommended increase in work RVU for those codes. RVU.

In developing recommendations for the family, we observed that recommendations for times and values generate WPUT (ie, intensity) values that maintain rank order relationships within the family and align with operators' estimates of work intensity. For instance, 92920 for PTCA has a lower WPUT than 92924 for PTCA with atherectomy, reflecting the higher complication rates of atherectomy and operators' perception that atherectomy is more intense. WPUT for 92941 (PCI of an acute myocardial infarction) has the highest WPUT consistent with operators' perceptions that this is the most intense interventional service. CTO codes 92943 and 92945 have lower WPUTs because they are longer services with multiple catheter changes and techniques being attempted. This consistency of WPUT with current rank order and with operators' perceptions of intensity support the recommendations at the 25th-percentile survey values.

This approach produces the following recommendations for the family that would produce budget increase of 12,342 RVUs out of a baseline of over 3.2 million RVUs (0.38%)

Preservice Time

For each of the 000 codes, we recommend additions to preservice package 2 (Difficult patient/straightforward procedure without anesthesia care) that are supported by the survey. While these are 000 codes provided to patients with short or no hospital stay, there are certain elements of preservice time that are more akin to that of a service which utilizes general anesthesia.

		FACILITY			**PCI**	**Notes**
		2	**3**	**4**	**2+**	
	Total Pre-Service Time	**25**	**51**	**63**	**43**	
	CATEGORY SUBTOTALS					
A	Pre-Service Evaluation (IWPUT =0.0224)	18	33	40	34	
B	Pre-Service Positioning (IWPUT = 0.0224)	1	3	3	3	
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	15	20	6	
	DETAILS					
A	History and Exam (Performance and review of appropriate Pre-Tests)	10	10	15	10	Standard
A	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	4	2	Standard
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	5	5	10	+7 for detailed consenting using multi-page or electronic form. Discuss results of Heart Team

						consultations (if performed); access site options; pros and cons of various PCI techniques including intra-coronary lithotripsy, atherectomy angioplasty, stenting; and possibility of conversion to emergency surgery. Discuss alternatives to PCI (surgery or medical therapy.) Discuss risks of all 3 approaches. Obtain separate consents for transfusion and moderate sedation.
A	Communicate with other professionals	0	5	5	0	Standard
A	Check/set-up room, supplies and equipment	1	5	5	5	+4 Utilize time similar to procedures with anesthesia to assess complex array of catheter, stents, and other supplies/equipment
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	5	5	6	+5 Left and right radial pulses are evaluated to determine which are available for access (eg not harvested for prior CABG) and which of the two offers better access. Evaluate whether femoral artery is available for access and determine if left, right, or both femoral access sites should be prepped. Time out is performed.
A	Prepare/ review/ confirm procedure	1	1	1	1	Standard
B	Perform/ supervise patient positioning	1	3	3	3	+2 Utilize time similar to procedures with anesthesia to position patient comfortably on the table with arm in uncomfortable position, usually on a special pad. Arm used for radial access must be positioned and supinated with ventral surface oriented up and secured with tape to keep it there for entire procedure. Ultra-sound probe is inserted into sterile sleeve; console is programmed and turned on. Anti-spasm cocktail is prepared for intra-arterial injection.
C	Administer local/topical anesthesia	1	0	0	1	Standard
C	Observe (wait anesthesia care)	0	10	15	0	Standard
C	Dress and scrub for procedure	5	5	5	5	Standard

92941: Any PCI of Myocardial Infarction

ACC and SCAI convened a panel of physicians familiar with the services to review the survey data. The survey was robust and was completed by physicians who have experience with the service. Code 92941 will be used to report percutaneous transluminal coronary intervention of an acute occlusion during acute myocardial infarction, using any combination of angioplasty, atherectomy, and/or stent in a single major coronary artery and/or its branches or single bypass graft and/or its subtended branches. This is a race to save as much myocardial tissue as possible during AMI minimizing door-to-balloon time. The panel reviewed the preservice time and selected package 2 with the *some* of the modifications described above for a straightforward procedure on a difficult patient without anesthesia in a facility.

The key reference service is 93583, percutaneous transcatheter septal reduction therapy. While procedurally similar, 93583 is a longer, less intense service. 83% of key reference respondents found surveyed code 92941 to be more or much more intense/complex than 93583.

The societies **recommend a wRVU of 12.72 with times of 30/65/28.** The pre-service time of 30 was adjusted upward from Package 2 to reflect the some, but not all, of the enhanced steps described above: 2 additional minutes for complicated consent of this emergent case, 1 additional minute for complex draping and ultrasound for vessel viability, and 2 additional minutes for complex positioning of the arm and heart imaging. The intra-service time of 65 minutes is the survey median. Post-service time is the standard 8B package for a complex procedure under sedation.

This value is below the longer KRS yet higher than the current value. The change accounts for the increased intensity of working in the coronary arteries(which are always in motion and where rupture can cause immediate death), as well as the increased intensity radial artery access as opposed to the prior typical technique using femoral artery access.

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) The interventional cardiologisty typically also manages moderate sedation, 99152. Since these patients are seen emergently and are unknown to the operator who is focused on door to balloon time, separately reportable diagnostic catheterization codes are typically reported and reduced by multiple procedure payment reduction policy.

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) 92941

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 Interventional Cardiology How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Internal medicine How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 92289
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This estimate is three times the 2022 Medicare data for usage to account for Medicare Advantage and commerical insurance covered performance.

Specialty Interventional Cardiology Frequency 45406 Percentage 49.19 %

Specialty Cardiology Frequency 42914 Percentage 46.49 %

Specialty Internal Medicine Frequency 2861 Percentage 3.10 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 30,763 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2022 RUC Database data. Recent trends show gradual decline, but we do not know if that will continue.

Specialty Interventional Cardiology Frequency 15135 Percentage 49.19 %

Specialty Cardiology Frequency 14305 Percentage 46.50 %

Specialty Internal Medicine Frequency 954 Percentage 3.10 %

Do many physicians perform this service across the United States? Yes

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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-Coronary angioplasty (PTCA)

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 92941

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92943 Tracking Number D8 Original Specialty Recommended RVU: **13.69**
Presented Recommended RVU: **13.69**
Global Period: 000 Current Work RVU: **12.31** RUC Recommended RVU: **13.69**

CPT Descriptor: Percutaneous transluminal revascularization of chronic total occlusion, single coronary artery, coronary artery branch, or coronary artery bypass graft, and/or subtended major coronary artery branches of the bypass graft any combination of intracoronary stent, atherectomy and angioplasty; antegrade approach

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old female presents with six months of exertional angina despite guideline directed medical therapy. Coronary angiography shows 100% left circumflex coronary stenosis. The lesion is on a bend in the circumflex coronary artery with focal calcification at the site and has antegrade bridging collaterals to the distal vessel, consistent with a chronic total occlusion. The patient is referred for percutaneous coronary intervention.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 99% , In the ASC 1%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 17% , Overnight stay-less than 24 hours 64% , Overnight stay-more than 24 hours 19%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: The patient's history, records, laboratory, and diagnostic tests are reviewed. A physical examination is conducted. Appropriate communication is conducted with the patient and the patient's family as well as with other medical professionals as needed (i.e., the “Heart Team approach”). The procedure is reviewed with the patient. The risks and benefits of the procedure are presented, as well as the alternatives. Informed consent is obtained. Hair is removed from the potential access sites. Necessary equipment, instruments, and supplies for the procedure are confirmed to be available and operational. Instruments and supplies for the procedure are pulled. The patient is transported to the procedure suite, positioned on the procedural table, and attached to cardiac electrodes and an oxygen saturation monitor. A sterile table is prepared. The potential access sites are scrubbed in sterile fashion. A sterile drape is placed over the patient. The patient's information is loaded in the hemodynamic monitoring equipment to retain the data from the upcoming study.

Description of Intra-Service Work: Percutaneous arterial access is obtained in two peripheral arteries, typically through the femoral arteries and/or radial artery. Angiography of the access site(s) is performed as needed to assess anatomy of the access vessel(s) and appropriate location of the access site(s). Sheaths are placed and flushed. Intraarterial vasodilators are administered as needed. An appropriate guiding catheter is advanced retrograde to the ascending aorta. The guidewire is removed and the catheter is attached to the pressure manifold and aspirated and pressure measured. The catheter is placed in the left or right coronary ostium. Using this same technique, a second catheter is placed in the other coronary ostium. Appropriate antiplatelet therapy pretreatment is confirmed and anticoagulation is administered. Therapeutic anticoagulation is confirmed by drawing blood from the guide and testing an activated clotting time (ACT). Additional anticoagulation is administered as needed. Intracoronary vasodilators are administered. Multiple coronary injections are performed simultaneously through both guide catheters to determine anatomy of the target lesion and collaterals. A coronary guidewire is then manipulated through the guide catheter in the target artery and down the coronary artery and used to attempt to cross the target lesion or lesions. Typically, the operator uses additional multiple guidewires progressing to increasingly stiff guidewires to puncture through the chronic total occlusion, or more lubricious (hydrophilic) or tapered tip guidewires are used to engage and cross a microchannel. Multiple other techniques may be employed as needed (dual

guidewire, dissection f the arterial wall using microcatheters, re-entry into the true lumen using a specialized balloon catheter). Guidewire position across the lesion is confirmed angiographically by injections through the guide catheter in the artery providing collaterals to the occluded artery. An appropriate-sized balloon is selected and advanced to the lesion. Often, no balloon will cross and guide extension catheters or special microcatheters may be employed to corkscrew through the total occlusion. Plaque modification (atherectomy) may be needed to ablate calcium at the total occlusion site. If balloon crossing is eventually achieved, the angioplasty balloon is inflated then pulled back. Intracoronary vasodilators are administered. Angiography is performed in multiple views. Repeat balloon inflations are performed as needed to allow a stent to pass. An appropriately sized stent is passed across the lesion and deployed at high pressure. If the stent fails to cover the entire diseased segment, additional stent(s) are then placed repeating the steps above. A high-pressure, non-compliant balloon is advanced over the coronary guidewire into the stented segment, inflated at high pressure to ensure stent expansion, and pulled back. The balloon is then exchanged back over the guidewire into the guide. Intracoronary vasodilators are administered. Angiography is performed in multiple views. The artery used for the retrograde technique is carefully imaged to rule out trauma or thrombus. Final angiogram of the target artery and lesion are taken. If the result is acceptable, the guidewire is then withdrawn back into the guide. Completion angiography is again performed after repeat administration of intracoronary vasodilators. Both catheters and sheaths are removed, and hemostasis at both access sites is achieved by appropriate techniques. If a vascular closure device cannot be used for femoral access, the sheath is sutured in place for subsequent removal once the ACT level falls to a safe level for manual compression.

Description of Post-Service Work: Films and hemodynamics are reviewed and a formal report is generated. The patient, the patient's family, and the referring physician are notified of the results. A plan of management is developed and discussed with the patient and the patient's family. Additional antiplatelet and antithrombin therapy is administered as necessary. The patient is admitted to ensure no bleeding, to monitor for abrupt vessel closure, and for continued therapy of ischemic heart disease.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2024					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Afnan Tariq, Dr. Mark Hoyer					
Specialty Society(ies):	ACC, SCAI					
CPT Code:	92943					
Sample Size:	2768	**Resp N:**	132			
Description of Sample:	The survey sample was randomly selected from SCAI membership and ACC membership that identify themselves as an "interventional cardiologist"					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	5.00	**10.00**	20.00	150.00
Survey RVW:		1.50	13.69	**15.63**	18.00	30.00
Pre-Service Evaluation Time:				**54.00**		
Pre-Service Positioning Time:				**15.00**		
Pre-Service Scrub, Dress, Wait Time:				**13.00**		
Intra-Service Time:		5.00	80.00	**120.00**	150.00	240.00
Immediate Post Service-Time:	**30.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**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)

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)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	92943	**Recommended Physician Work RVU: 13.69**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**35.00**	**18.00**	**17.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**6.00**	**4.00**
Intra-Service Time:		**120.00**		

Please, pick the post-service 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)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**28.00**	**2.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

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:

Key CPT Code	Global	Work RVU	Time Source
93653	000	15.00	**RUC Time**

CPT Descriptor Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; 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

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93591	000	17.97	**RUC Time**

CPT Descriptor Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37244	000	13.75	**RUC Time**	13,397

CPT Descriptor 1 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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36906	000	10.42	**RUC Time**	8,498

CPT Descriptor 2 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

Other Reference CPT Code	Global	Work RVU	Time Source
33901	000	14.50	**RUC Time**

CPT Descriptor Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral

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: 36 **% of respondents:** 27.2 **%**

Number of respondents who choose 2nd Key Reference Code: 31 **% of respondents:** 23.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 92943	Top Key Reference CPT Code: 93653	2nd Key Reference CPT Code: **93591**
Median Pre-Service Time	48.00	49.00	58.00
Median Intra-Service Time	120.00	120.00	120.00
Median Immediate Post-service Time	30.00	30.00	30.00
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
Median Total Time	**198.00**	**199.00**	**208.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	6%	17%	19%	58%

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	6%	14%	80%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	17%	83%
Physical effort required	6%	20%	74%

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%	19%	81%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	10%	29%	61%

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	10%	23%	67%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	13%	87%
Physical effort required	7%	20%	73%

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%	10%	90%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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.

CPT Changes

The full family of percutaneous coronary intervention (PCI) codes was last reviewed by the RUC at the January 2012 meeting, when the code family was updated to reflect bundling after CMS identified MPC codes not reviewed in the prior 5 years as potentially misvalued. The codes were surveyed for the January 2023 RUC meeting after the CPT Editorial Panel approved creation of a single add-on code that describes the work of coronary intravascular lithotripsy (IVL), a technology to modify lesions that did not exist at the time of the prior review. That code change application was submitted by a device manufacturer. The societies had planned to make other revisions to the code family at the following CPT cycle. At the January 2023 RUC meeting the societies proposed that only the new IVL code be valued, and the remainder of the code set be sent to CPT for revision before review. The RUC approved this proposal and, after several code change applications, the revised family was approved at the February 2024 CPT Panel meeting.

The CPT updates included code deletions, revisions, and additions.

- The original code set included additional branch add-on codes for several of the procedures. CMS assigned the branch codes a value of 0 RVUs, rolling a prorated portion of their value into their base codes (more on this later). Due to this lack of RVUs neither CMS nor commercial payers reimbursed these codes from 2013 to present and they were deleted by CPT in February 2024. The deleted codes included 92921, 92925, 92929, 92934, 92938, and 92944.
- CPT amended the base codes to each of these deleted add-on codes (92920, 92924, 92928, 92933, 92937, 92941, and 92943) to include the work, when performed, of potential branch vessels which was not included in the original code definitions and descriptions of work. This essentially matches the code descriptors to CMS's approach to not pay separately for additional branch work.
- Also, in February 2024 CPT created two new codes within the family. First, 92930, was created to allow coding for the work involved in placement of intracoronary stent(s) (currently coded as 92928) that exceeds the typical stenting case. The second new code, 92945, was created to allow coding for revascularization of a chronic total occlusion when both antegrade and retrograde approaches are employed.
- Finally, CPT revised codes 93571 and 93572 to make a correction to the fractional flow reserve (FFR) codes to correct a coding issue relating to instant flow reserve (iFR).

92972 Intravascular Lithotripsy (IVL)

As noted above, the IVL code was surveyed, reviewed by the RUC and issued a value at the January 2023 RUC meeting. The IVL code survey was robust, with 139 respondents. There have been no significant technological or other changes to the IVL procedure since its initial valuation. With the recent survey of this code and in an effort to maximize survey response by keeping it a bit shorter, we did not include the code in this survey and recommend affirmation of current value and time.

Current RVUs and Times

As referenced above, CMS does not recognize the add-on branch codes as separately payable. However, the agency did bundle them into the underlying PCI codes. In doing so, it also added small amounts of work and time, proportionate to predicted utilization. Also, since the last time these codes were valued, moderate sedation was unbundled, removing commensurate work and time. The summary spreadsheet shows the original RUC recommended value, the CMS adjustments for branch code bundling, the adjustments for unbundling of moderate sedation, and finally the current values.

Background: PCI Evolution & Compelling Evidence

Change in Technique

The recommendations for this tab produce an increase in RVUs of less than one half of a percent aggregated across the family of codes. Accordingly, we submit that these services have undergone changes in technique and patient population that substantiate compelling evidence to allow an increase in the aggregate value of the code family. At the time of the 2012 survey, PCI was typically performed via the femoral artery, with a very small minority of cases performed through the radial artery. PCI is now typically performed through the radial artery, reflecting best practice recommendations from the field. https://onlinelibrary.wiley.com/doi/10.1002/ccd.28672 Radial access is safer for patients despite being technically more challenging for the operator. The main advantage is a significant reduction in bleeding risk as well as decreased mortality for some patient subsets. https://pubmed.ncbi.nlm.nih.gov/33507598/.

Radial access requires additional preservice time that is discussed further below. This approach also requires different skills and techniques that are more difficult to perform than access through the femoral artery. While safer for the patient, the service is more technically challenging for the operator in several respects.

(1) The average radial artery is about 2 mm compared to femoral arteries that average about 9 mm, so entering the artery with a needle is more difficult.
(2) The radial and brachial arteries are smaller and more prone to spasm making catheter advancement or torquing difficult or impossible; many operators give an anti-vasospastic cocktail routinely which takes additional time.
(3) Whereas femoral access requires catheters to traverse one 180-degree bend to reach the heart, radial access requires the catheter to make one-180 degree bend and usually two more 90-degree bends to reach the heart, which makes catheter advancement and torquing more difficult.
(4) Radial access provides more frequent challenging anatomic variants such as radial loop, accessory radial arteries, early take-off radial arteries, and aberrant innominate arteries (arteria lusoria); in contrast anatomy from the femoral artery to the heart has few variants. These problems lead to conversion from radial to femoral access in about 10% of cases, while conversion from femoral to radial is almost non-existent.

Positioning for radial increases the risk of radiation and precautions. More time is spent closer to the image intensifier at different angles as opposed to standing farther back when patient is in the femoral area. Now we are closer to the heart and reaching across the patient's chest.

Change in Patient Population

We also see patients undergoing PCI who generally have more comorbidities than a decade ago. Attention to stricter adherence on statins and other medicines in revascularization and chest pain guidelines has eliminated many patients who otherwise may have been treated with lower acuity PCI, something we see in the declining utilization of these services. Remaining patients are more complex than they were a dozen years ago.

All of these factors lead to services that are both more intense/complex while also successfully decreasing the intra-procedure time the patient is on the table.

Incorrect Assumptions

Finally, with the current times and valuation consisting of a mix of RUC recommendations, pro-rated bundling of time and work of PCI in branches by CMS, and reductions of work and time by CMS to apply coding changes related to unbundling moderate sedation, we submit that the current values were derived using a flawed mechanism. CMS bundled the now-deleted branch codes using a type of prorated building block methodology that casts the current values in doubt and provides compelling evidence that the best values for these services should be derived from the robust survey before us.

Recommendations Methodology

We have laid out a rationale above for the intensity/complexity of these codes rising while in some cases the performance time may have decreased. We recommend the survey 25th percentile for all the 000 codes in this family. We chose the survey 25th percentile work RVUs because this approach generally kept the recommended values in line with the trajectory of the reduction or addition of intra-service and total time for the codes while maintaining rank order. While changes to the work RVUs and times are not recommended in exactly proportional amounts, they do maintain relativity in the magnitude to which they change to the positive or the negative. That is to say, where there is a significant reduction in intra-service time there is a more modest reduction in recommended work RVU and the same is true in the positive direction. Where there is a significant increase in intra-service time there is a more modest recommended increase in work RVU for those codes.
RVU.

In developing recommendations for the family, we observed that recommendations for times and values generate WPUT (ie, intensity) values that maintain rank order relationships within the family and align with operators' estimates of work intensity. For instance, 92920 for PTCA has a lower WPUT than 92924 for PTCA with atherectomy, reflecting the higher complication rates of atherectomy and operators' perception that atherectomy is more intense. WPUT for 92941 (PCI of an acute myocardial infarction) has the highest WPUT consistent with operators' perceptions that this is the most intense interventional service. CTO codes 92943 and 92945 have lower WPUTs because they are longer services with multiple catheter changes and techniques being attempted. This consistency of WPUT with current rank order and with operators' perceptions of intensity support the recommendations at the 25th-percentile survey values.

This approach produces the following recommendations for the family that would produce budget increase of 12,342 RVUs out of a baseline of over 3.2 million RVUs (0.38%)

Preservice Time

For each of the 000 codes, we recommend additions to preservice package 2 (Difficult patient/straightforward procedure without anesthesia care) that are supported by the survey. While these are 000 codes provided to patients with short or no hospital stay, there are certain elements of preservice time that are more akin to that of a service which utilizes general anesthesia.

		FACILITY			**PCI**	**Notes**
		2	**3**	**4**	**2+**	
	Total Pre-Service Time	**25**	**51**	**63**	**43**	
	CATEGORY SUBTOTALS					
A	Pre-Service Evaluation (IWPUT =0.0224)	18	33	40	34	
B	Pre-Service Positioning (IWPUT = 0.0224)	1	3	3	3	
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	15	20	6	
	DETAILS					
A	History and Exam (Performance and review of appropriate Pre-Tests)	10	10	15	10	Standard
A	Prepare for Procedure (Check labs,	2	2	4	2	Standard

	plan, assess risks, review procedure)					
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	5	5	10	+7 for detailed consenting using multi-page or electronic form. Discuss results of Heart Team consultations (if performed); access site options; pros and cons of various PCI techniques including intra-coronary lithotripsy, atherectomy angioplasty, stenting; and possibility of conversion to emergency surgery. Discuss alternatives to PCI (surgery or medical therapy.) Discuss risks of all 3 approaches. Obtain separate consents for transfusion and moderate sedation.
A	Communicate with other professionals	0	5	5	0	Standard
A	Check/set-up room, supplies and equipment	1	5	5	5	+4 Utilize time similar to procedures with anesthesia to assess complex array of catheter, stents, and other supplies/equipment
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	5	5	6	+5 Left and right radial pulses are evaluated to determine which are available for access (eg not harvested for prior CABG) and which of the two offers better access. Evaluate whether femoral artery is available for access and determine if left, right, or both femoral access sites should be prepped. Time out is performed.
A	Prepare/ review/ confirm procedure	1	1	1	1	Standard
B	Perform/ supervise patient positioning	1	3	3	3	+2 Utilize time similar to procedures with anesthesia to position patient comfortably on the table with arm in uncomfortable position, usually on a special pad. Arm used for radial access must be positioned and supinated with ventral surface oriented up and secured with tape to keep it there for entire procedure. Ultra-sound probe is inserted into sterile sleeve; console is programmed and turned on. Anti-spasm cocktail is prepared for intra-arterial injection.
C	Administer local/topical anesthesia	1	0	0	1	Standard

C	Observe (wait anesthesia care)	0	10	15	0	Standard
C	Dress and scrub for procedure	5	5	5	5	Standard

92943: Any PCI of CTO, Antegrade

ACC and SCAI convened a panel of physicians familiar with the services to review the survey data. The survey was robust and was completed by physicians who have experience with the service. Code 92943 percutaneous transluminal revascularization of chronic total occlusion, single coronary artery, coronary artery branch, or coronary artery bypass graft, and/or subtended major coronary artery branches of the bypass graft with any combination of intracoronary stent, atherectomy and angioplasty; antegrade approach. The panel reviewed the preservice time and selected package 2 with the modifications described above for a straightforward procedure on a difficult patient without anesthesia in a facility.

The key reference service is 93653, comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; 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. The KRS compares reasonably well with the survey times and RVUs here, though 93653 is performed under general anesthesia and represents intracardiac work rather than intracoronary work.

To appropriately reflect the notable increase in time and wRVU found in this survey the societies **recommend a wRVU of 13.69 with times of 43/120/28.** The pre-service time of 43 was adjusted upward from Package 2 to reflect the enhanced steps described above: 7 additional minutes for complicated consent, 4 additional minutes to setup room similar to a procedure that utilizes anesthesia, 5 additional minutes for double and complex draping and ultrasound for vessel viability, and 2 additional minutes for complex positioning of the arm and heart imaging. The intra-service time of 120 minutes is the survey median. Post-service time is the standard 8B package for a complex procedure under sedation.

CTO treatment has evolved since this code was first valued. CTO PCI has now become a dedicated sub-specialty of interventional cardiology, with operators who specialize in CTO PCI and spend more time and try more techniques to reach success, compared to 10 years ago when less experienced operators would often abort procedures when initial attempts failed. Additional catheter tools have been developed in the intervening decade. CTO operators spend more time and deploy more catheters to treat these lesions. The increased time and RVUs estimated from the survey are consistent with the experience of the expert panel.

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) The interventional cardiologisty typically also manages moderate sedation, 99152.

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) 92943

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 Interventional Caridology How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Internal Medicine How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 16814
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 CathPCI Registry data we anticipate that 25% of the services reported as 92943 will be reported as 92945 when the code is implemented. This estimate is 75% of the 2022 traditional Medicare volume of 92943 as reported in the RUC database multiplied by three to account for Medicare Advantage and commerical insurance covered performance.

Specialty Interventional Cardiology Frequency 9096 Percentage 54.09 %

Specialty Cardiology Frequency 7180 Percentage 42.70 %

Specialty Internal Medicine Frequency 370 Percentage 2.20 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 5,605
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on CathPCI Registry data we anticipate that 75% of the services reported as 92943 will continue to be reported as such when the 92945 code is implemented. This estimate is 75% of the 2022 utilization of 92943 per the RUC database.

Specialty Interventional Cardiology Frequency 3032 Percentage 54.09 %

Specialty Cardiology Frequency 2393 Percentage 42.69 %

Specialty Internal Medicine Frequency 123 Percentage 2.19 %

Do many physicians perform this service across the United States? Yes

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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-Coronary angioplasty (PTCA)

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 92943

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92945 Tracking Number D9 Original Specialty Recommended RVU: **15.00**
Presented Recommended RVU: **15.00**
Global Period: 000 Current Work RVU: **N/A** RUC Recommended RVU: **15.00**

CPT Descriptor: Percutaneous transluminal revascularization of chronic total occlusion, single coronary artery, coronary artery branch, or coronary artery bypass graft, and/or subtended major coronary artery branches of the bypass graft any combination of intracoronary stent, atherectomy and angioplasty; combined antegrade and retrograde approaches

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old man is referred for treatment of chronic (greater than 3 months) totally occluded right coronary artery. Antegrade coronary intervention is unsuccessfully attempted using antegrade wire escalation and antegrade dissection re-entry techniques. Retrograde coronary intervention is undertaken via septals from the left anterior descending artery.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 100% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 12% , Overnight stay-less than 24 hours 64% , Overnight stay-more than 24 hours 24%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: The patient's history, records, laboratory, and diagnostic tests are reviewed. A physical examination is conducted. Appropriate communication is conducted with the patient and the patient's family as well as with other medical professionals as needed (i.e., the “Heart Team approach”). The procedure is reviewed with the patient. The risks and benefits of the procedure are presented, as well as the alternatives. Informed consent is obtained. Hair is removed from the potential access sites. Necessary equipment, instruments, and supplies for the procedure are confirmed to be available and operational. Instruments and supplies for the procedure are pulled. The patient is transported to the procedure suite, positioned on the procedural table, and attached to cardiac electrodes and an oxygen saturation monitor. A sterile table is prepared. The potential access sites are scrubbed in sterile fashion. A sterile drape is placed over the patient. The patient's information is loaded in the hemodynamic monitoring equipment to retain the data from the upcoming study.

Description of Intra-Service Work: Percutaneous arterial access is obtained in two peripheral arteries, typically through the femoral arteries and/or radial artery. Angiography of the access site(s) is performed as needed to assess anatomy of the access vessel(s) and appropriate location of the access site(s). Sheaths are placed and flushed. Intraarterial vasodilators are administered as needed. An appropriate guiding catheter is advanced retrograde to the ascending aorta. The guidewire is removed and the catheter is attached to the pressure manifold and aspirated and pressure measured. The catheter is placed in the left or right coronary ostium. Using this same technique, a second catheter is placed in the other coronary ostium. Appropriate antiplatelet therapy pretreatment is confirmed and anticoagulation is administered. Therapeutic anticoagulation is confirmed by drawing blood from the guide and testing an activated clotting time (ACT). Additional anticoagulation is administered as needed. Intracoronary vasodilators are administered. Multiple coronary injections are performed simultaneously through both guide catheters to determine anatomy of the target lesion and collaterals. Antegrade technique: A coronary guidewire is then manipulated down the target coronary artery to attempt to cross the target lesion. A micro-catheter is passed over the guidewire to the lesion to provide extra support to the guidewire. Typically, the operator uses additional multiple guidewires progressing to increasingly stiff guidewires to puncture through the chronic total occlusion, and/or more lubricious (hydrophilic) or tapered tip guidewires to cross a microchannel. Multiple other

techniques may be employed (dual guidewire, dissection using microcatheters). Retrograde technique: If extensive efforts to cross the lesion antegradely are unsuccessful, a retrograde approach is attempted. A guide wire in a micro-catheter is passed into the coronary artery (often the left anterior descending artery) that provides collaterals to the target artery. Various specialized guidewires are advanced into different collateral micro-vessels until one is found that connects with the target artery distal to the target lesion. The wire is passed retrogradely in the target artery to the target lesion and the micro-catheter is advanced over the guidewire to the target lesion. Typically the guidewire is passed into a dissection plane in the target arterial wall to get past the target lesion. At this point an angioplasty balloon is passed over the guidewire in the proximal target artery to the target lesion and inflated to purposefully create a dissection in the wall of the proximal target artery. The antegrade guidewire is advanced antegradely in the dissection plane of the arterial wall and the retrograde wire is advanced retrogradely in the dissection plane of the arterial wall until both connect, allowing the retrograde wire to pass along the dissection plane proximal to the lesion and thence into the true lumen and into the mouth of the target artery guide catheter. The micro-catheter is advanced into the target artery guide catheter. The guidewire is then advanced retrogradely through the target artery guide catheter to the outside of the body (ie, “externalization”). This guidewire is then used to perform balloon angioplasty and stenting of the culprit lesion(s) using standard techniques. After an adequate result is obtained, the microcatheter is again passed into the target artery guide catheter and through it the retrograde guidewire is withdrawn through the retrograde artery catheter, followed by the microcatheter. The artery used for the retrograde technique is carefully imaged to rule out trauma or thrombus. Final angiogram of the target artery and lesion are taken. If the result is acceptable, the guidewire is then withdrawn back into the guide. Completion angiography is again performed after repeat administration of intracoronary vasodilators. Both catheters and sheaths are removed, and hemostasis at both access sites is achieved by appropriate techniques. If a vascular closure device cannot used for femoral access, the sheath is sutured in place for subsequent removal once the ACT level falls to a safe level for manual compression.

Description of Post-Service Work: Films and hemodynamics are reviewed and a formal report is generated. The patient, the patient's family, and the referring physician are notified of the results. A plan of management is developed and discussed with the patient and the patient's family. Additional antiplatelet and antithrombin therapy is administered as necessary. The patient is admitted to ensure no bleeding, to monitor for abrupt vessel closure, and for continued therapy of ischemic heart disease.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2024					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Afnan Tariq, Dr. Mark Hoyer					
Specialty Society(ies):	ACC, SCAI					
CPT Code:	92945					
Sample Size:	2768	**Resp N:**	118			
Description of Sample:	The survey sample was randomly selected from SCAI membership and ACC membership that identify themselves as an "interventional cardiologist"					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	0.00	**3.00**	15.00	95.00
Survey RVW:		2.00	15.00	**17.97**	19.50	35.00
Pre-Service Evaluation Time:				**60.00**		
Pre-Service Positioning Time:				**15.00**		
Pre-Service Scrub, Dress, Wait Time:				**15.00**		
Intra-Service Time:		5.00	90.00	**130.00**	180.00	260.00
Immediate Post Service-Time:	**30.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**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)

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)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	92945	**Recommended Physician Work RVU: 15.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**35.00**	**18.00**	**17.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**6.00**	**4.00**
Intra-Service Time:		**130.00**		

Please, pick the post-service 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)

8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**28.00**	**2.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

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:

Key CPT Code	Global	Work RVU	Time Source
93591	000	17.97	**RUC Time**

CPT Descriptor Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93653	000	15.00	**RUC Time**

CPT Descriptor Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; 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

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37244	000	13.75	**RUC Time**	13,397

CPT Descriptor 1 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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36906	000	10.42	**RUC Time**	8,498

CPT Descriptor 2 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

Other Reference CPT Code	Global	Work RVU	Time Source
33901	000	14.50	**RUC Time**

CPT Descriptor Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral

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: 60 **% of respondents:** 50.8 **%**

Number of respondents who choose 2nd Key Reference Code: 18 **% of respondents:** 15.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 92945	Top Key Reference CPT Code: 93591	2nd Key Reference CPT Code: **93653**
Median Pre-Service Time	48.00	58.00	49.00
Median Intra-Service Time	130.00	120.00	120.00
Median Immediate Post-service Time	30.00	30.00	30.00
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
Median Total Time	**208.00**	**208.00**	**199.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	2%	18%	23%	57%

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	4%	28%	68%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	2%	26%	72%
Physical effort required	5%	36%	59%

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%	22%	78%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	22%	11%	67%

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	0%	28%	72%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	6%	88%
Physical effort required	0%	22%	78%

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%	11%	89%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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.

CPT Changes

The full family of percutaneous coronary intervention (PCI) codes was last reviewed by the RUC at the January 2012 meeting, when the code family was updated to reflect bundling after CMS identified MPC codes not reviewed in the prior 5 years as potentially misvalued. The codes were surveyed for the January 2023 RUC meeting after the CPT Editorial Panel approved creation of a single add-on code that describes the work of coronary intravascular lithotripsy (IVL), a technology to modify lesions that did not exist at the time of the prior review. That code change application was submitted by a device manufacturer. The societies had planned to make other revisions to the code family at the following CPT cycle. At the January 2023 RUC meeting the societies proposed that only the new IVL code be valued, and the remainder of the code set be sent to CPT for revision before review. The RUC approved this proposal and, after several code change applications, the revised family was approved at the February 2024 CPT Panel meeting.

The CPT updates included code deletions, revisions, and additions.

- The original code set included additional branch add-on codes for several of the procedures. CMS assigned the branch codes a value of 0 RVUs, rolling a prorated portion of their value into their base codes (more on this later). Due to this lack of RVUs neither CMS nor commercial payers reimbursed these codes from 2013 to present and they were deleted by CPT in February 2024. The deleted codes included 92921, 92925, 92929, 92934, 92938, and 92944.
- CPT amended the base codes to each of these deleted add-on codes (92920, 92924, 92928, 92933, 92937, 92941, and 92943) to include the work, when performed, of potential branch vessels which was not included in the original code definitions and descriptions of work. This essentially matches the code descriptors to CMS's approach to not pay separately for additional branch work.
- Also, in February 2024 CPT created two new codes within the family. First, 92930, was created to allow coding for the work involved in placement of intracoronary stent(s) (currently coded as 92928) that exceeds the typical stenting case. The second new code, 92945, was created to allow coding for revascularization of a chronic total occlusion when both antegrade and retrograde approaches are employed.
- Finally, CPT revised codes 93571 and 93572 to make a correction to the fractional flow reserve (FFR) codes to correct a coding issue relating to instant flow reserve (iFR).

92972 Intravascular Lithotripsy (IVL)

As noted above, the IVL code was surveyed, reviewed by the RUC and issued a value at the January 2023 RUC meeting. The IVL code survey was robust, with 139 respondents. There have been no significant technological or other changes to the IVL procedure since its initial valuation. With the recent survey of this code and in an effort to maximize survey response by keeping it a bit shorter, we did not include the code in this survey and recommend affirmation of current value and time.

Current RVUs and Times

As referenced above, CMS does not recognize the add-on branch codes as separately payable. However, the agency did bundle them into the underlying PCI codes. In doing so, it also added small amounts of work and time, proportionate to predicted utilization. Also, since the last time these codes were valued, moderate sedation was unbundled, removing commensurate work and time. The summary spreadsheet shows the original RUC recommended value, the CMS adjustments for branch code bundling, the adjustments for unbundling of moderate sedation, and finally the current values.

Background: PCI Evolution & Compelling Evidence

Change in Technique

The recommendations for this tab produce an increase in RVUs of less than one half of a percent aggregated across the family of codes. Accordingly, we submit that these services have undergone changes in technique and patient population that substantiate compelling evidence to allow an increase in the aggregate value of the code family. At the time of the 2012 survey, PCI was typically performed via the femoral artery, with a very small minority of cases performed through the radial artery. PCI is now typically performed through the radial artery, reflecting best practice recommendations from the field. https://onlinelibrary.wiley.com/doi/10.1002/ccd.28672 Radial access is safer for patients despite being technically more challenging for the operator. The main advantage is a significant reduction in bleeding risk as well as decreased mortality for some patient subsets. https://pubmed.ncbi.nlm.nih.gov/33507598/.

Radial access requires additional preservice time that is discussed further below. This approach also requires different skills and techniques that are more difficult to perform than access through the femoral artery. While safer for the patient, the service is more technically challenging for the operator in several respects.

(1) The average radial artery is about 2 mm compared to femoral arteries that average about 9 mm, so entering the artery with a needle is more difficult.
(2) The radial and brachial arteries are smaller and more prone to spasm making catheter advancement or torquing difficult or impossible; many operators give an anti-vasospastic cocktail routinely which takes additional time.
(3) Whereas femoral access requires catheters to traverse one 180-degree bend to reach the heart, radial access requires the catheter to make one-180 degree bend and usually two more 90-degree bends to reach the heart, which makes catheter advancement and torquing more difficult.
(4) Radial access provides more frequent challenging anatomic variants such as radial loop, accessory radial arteries, early take-off radial arteries, and aberrant innominate arteries (arteria lusoria); in contrast anatomy from the femoral artery to the heart has few variants. These problems lead to conversion from radial to femoral access in about 10% of cases, while conversion from femoral to radial is almost non-existent.

Positioning for radial increases the risk of radiation and precautions. More time is spent closer to the image intensifier at different angles as opposed to standing farther back when patient is in the femoral area. Now we are closer to the heart and reaching across the patient's chest.

Change in Patient Population

We also see patients undergoing PCI who generally have more comorbidities than a decade ago. Attention to stricter adherence on statins and other medicines in revascularization and chest pain guidelines has eliminated many patients who otherwise may have been treated with lower acuity PCI, something we see in the declining utilization of these services. Remaining patients are more complex than they were a dozen years ago.

All of these factors lead to services that are both more intense/complex while also successfully decreasing the intra-procedure time the patient is on the table.

Incorrect Assumptions

Finally, with the current times and valuation consisting of a mix of RUC recommendations, pro-rated bundling of time and work of PCI in branches by CMS, and reductions of work and time by CMS to apply coding changes related to unbundling moderate sedation, we submit that the current values were derived using a flawed mechanism. CMS bundled the now-deleted branch codes using a type of prorated building block methodology that casts the current values in doubt and provides compelling evidence that the best values for these services should be derived from the robust survey before us.

Recommendations Methodology

We have laid out a rationale above for the intensity/complexity of these codes rising while in some cases the performance time may have decreased. We recommend the survey 25th percentile for all the 000 codes in this family. We chose the survey 25th percentile work RVUs because this approach generally kept the recommended values in line with the trajectory of the reduction or addition of intra-service and total time for the codes while maintaining rank order. While changes to the work RVUs and times are not recommended in exactly proportional amounts, they do maintain relativity in the magnitude to which they change to the positive or the negative. That is to say, where there is a significant reduction in intra-service time there is a more modest reduction in recommended work RVU and the same is true in the positive direction. Where there is a significant increase in intra-service time there is a more modest recommended increase in work RVU for those codes.
RVU.

In developing recommendations for the family, we observed that recommendations for times and values generate WPUT (ie, intensity) values that maintain rank order relationships within the family and align with operators' estimates of work intensity. For instance, 92920 for PTCA has a lower WPUT than 92924 for PTCA with atherectomy, reflecting the higher complication rates of atherectomy and operators' perception that atherectomy is more intense. WPUT for 92941 (PCI of an acute myocardial infarction) has the highest WPUT consistent with operators' perceptions that this is the most intense interventional service. CTO codes 92943 and 92945 have lower WPUTs because they are longer services with multiple catheter changes and techniques being attempted. This consistency of WPUT with current rank order and with operators' perceptions of intensity support the recommendations at the 25th-percentile survey values.

This approach produces the following recommendations for the family that would produce budget increase of 12,342 RVUs out of a baseline of over 3.2 million RVUs (0.38%)

Preservice Time

For each of the 000 codes, we recommend additions to preservice package 2 (Difficult patient/straightforward procedure without anesthesia care) that are supported by the survey. While these are 000 codes provided to patients with short or no hospital stay, there are certain elements of preservice time that are more akin to that of a service which utilizes general anesthesia.

		FACILITY			**PCI**	**Notes**
		2	**3**	**4**	**2+**	
	Total Pre-Service Time	**25**	**51**	**63**	**43**	
	CATEGORY SUBTOTALS					
A	Pre-Service Evaluation (IWPUT =0.0224)	18	33	40	34	
B	Pre-Service Positioning (IWPUT = 0.0224)	1	3	3	3	
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	15	20	6	
	DETAILS					
A	History and Exam (Performance and review of appropriate Pre-Tests)	10	10	15	10	Standard
A	Prepare for Procedure (Check labs,	2	2	4	2	Standard

	plan, assess risks, review procedure)					
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	5	5	10	+7 for detailed consenting using multi-page or electronic form. Discuss results of Heart Team consultations (if performed); access site options; pros and cons of various PCI techniques including intra-coronary lithotripsy, atherectomy angioplasty, stenting; and possibility of conversion to emergency surgery. Discuss alternatives to PCI (surgery or medical therapy.) Discuss risks of all 3 approaches. Obtain separate consents for transfusion and moderate sedation.
A	Communicate with other professionals	0	5	5	0	Standard
A	Check/set-up room, supplies and equipment	1	5	5	5	+4 Utilize time similar to procedures with anesthesia to assess complex array of catheter, stents, and other supplies/equipment
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	5	5	6	+5 Left and right radial pulses are evaluated to determine which are available for access (eg not harvested for prior CABG) and which of the two offers better access. Evaluate whether femoral artery is available for access and determine if left, right, or both femoral access sites should be prepped. Time out is performed.
A	Prepare/ review/ confirm procedure	1	1	1	1	Standard
B	Perform/ supervise patient positioning	1	3	3	3	+2 Utilize time similar to procedures with anesthesia to position patient comfortably on the table with arm in uncomfortable position, usually on a special pad. Arm used for radial access must be positioned and supinated with ventral surface oriented up and secured with tape to keep it there for entire procedure. Ultra-sound probe is inserted into sterile sleeve; console is programmed and turned on. Anti-spasm cocktail is prepared for intra-arterial injection.
C	Administer local/topical anesthesia	1	0	0	1	Standard

C	Observe (wait anesthesia care)	0	10	15	0	Standard
C	Dress and scrub for procedure	5	5	5	5	Standard

92945: Any PCI of CTO, Antegrade + Retrograde

ACC and SCAI convened a panel of physicians familiar with the services to review the survey data. The survey was robust and was completed by physicians who have experience with the service. Code 92943 percutaneous transluminal revascularization of chronic total occlusion, single coronary artery, coronary artery branch, or coronary artery bypass graft, and/or subtended major coronary artery branches of the bypass graft with any combination of intracoronary stent, atherectomy and angioplasty; combined antegrade and retrograde approaches. The panel reviewed the preservice time and selected package 2 with the modifications described above for a straightforward procedure on a difficult patient without anesthesia in a facility.

The key reference service is 93591, percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve. 93591 is a longer, slightly more intense service based on its time and wRVU versus the survey 25th percentile wRVU and median time. Interestingly, 80% of key reference respondents stated that 92945 was more or much more intense/complex than 93591.

To reflect the slightly greater intra-service time over 92943 and the increased complexity of deploying both antegrade and retrograde therapies, the societies **recommend a wRVU of 15.00 with times of 43/130/28.** The pre-service time of 43 was adjusted upward from Package 2 to reflect the enhanced steps described above: 7 additional minutes for complicated consent, 4 additional minutes to setup room similar to a procedure that utilizes anesthesia, 5 additional minutes for double and complex draping and ultrasound for vessel viability, and 2 additional minutes for complex positioning of the arm and heart imaging. The intra-service time of 130 minutes is the survey median. Post-service time is the standard 8B package for a complex procedure under sedation.

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) The interventional cardiologisty typically also manages moderate sedation, 99152.

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) 92943

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 Interventional Cardiology How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Internal Medicine How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 5605
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 CathPCI Registry data we anticipate that 25% of the services currently reported as 92943 will be reported as 92945 when the code is implemented. This estimate is 25% of the 2022 traditional Medicare volume of 92943 as reported in the RUC database multiplied by three to account for Medicare Advantage and commerical insurance covered performance.

Specialty Interventional Cardiology Frequency 3032 Percentage 54.09 %

Specialty Cardiology Frequency 2393 Percentage 42.69 %

Specialty Internal Medicine Frequency 123 Percentage 2.19 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,868
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on CathPCI Registry data we anticipate that 25% of the services reported as 92943 will be reported as 92945 when the code is implemented. This estimate is 25% of the 2022 utilization of 92943 per the RUC database.

Specialty Interventional Cardiology Frequency 1011 Percentage 54.12 %

Specialty Cardiology Frequency 798 Percentage 42.71 %

Specialty Internal Medicine Frequency 41 Percentage 2.19 %

Do many physicians perform this service across the United States? Yes

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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-Coronary angioplasty (PTCA)

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

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. 92943

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92973 Tracking Number D11 Original Specialty Recommended RVU: **1.75**
Presented Recommended RVU: **1.75**
Global Period: ZZZ Current Work RVU: **3.28** RUC Recommended RVU: **1.75**

CPT Descriptor: Percutaneous transluminal coronary thrombectomy aspiration mechanical (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old male, eight years after coronary artery bypass grafting (CABG), now presents with unstable angina and recent non-Q wave myocardial infarction (MI). Coronary angiography demonstrates a high-grade stenosis in the saphenous vein graft (SVG) to the right coronary artery (RCA) with a large filling defect consistent with fresh thrombus. A coronary mechanical aspiration thrombectomy is performed. [Note: This is an add-on service. Only consider the additional physician work related to percutaneous transluminal coronary mechanical thrombectomy.]

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: After defining the relevant anatomy by coronary angiography, introduce a guiding catheter (reported separately) to the ostium of the vessel to be treated. Through the guiding catheter, use a guidewire to cross the lesion and thrombus (reported separately) and advance the mechanical thrombus aspiration catheter over the guidewire to the thrombotic lesion. Position the catheter appropriately and activate the catheter. Pass the catheter through the thrombus one or more times. Deactivate the catheter, withdraw it, and assess the results by coronary angiography. Treat the remaining lesion as appropriate, usually with additional balloon angioplasty or stent placement (reported separately).

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2024					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Afnan Tariq, Dr. Mark Hoyer					
Specialty Society(ies):	ACC, SCAI					
CPT Code:	92973					
Sample Size:	2768	**Resp N:**	140			
Description of Sample:	The survey sample was randomly selected from SCAI membership and ACC membership that identify themselves as an "interventional cardiologist"					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	5.00	**10.00**	20.00	92973.00
Survey RVW:		1.00	3.00	**4.50**	6.50	26.00
Pre-Service Evaluation Time:				**0.00**		
Pre-Service Positioning Time:				**0.00**		
Pre-Service Scrub, Dress, Wait Time:				**0.00**		
Intra-Service Time:		5.00	15.00	**20.00**	30.00	200.00
Immediate Post Service-Time:	**0.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**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)

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

CPT Code:	92973	**Recommended Physician Work RVU: 1.75**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service 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

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

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:

Key CPT Code	Global	Work RVU	Time Source
37186	ZZZ	4.92	**RUC Time**

CPT Descriptor Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure))

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92974	ZZZ	3.00	**RUC Time**

CPT Descriptor Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36227	ZZZ	2.09	**RUC Time**	15,940

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)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37253	ZZZ	1.44	**RUC Time**	106,729

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)

Other Reference CPT Code	Global	Work RVU	Time Source
36483	ZZZ	1.75	**RUC Time**

CPT Descriptor 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)

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: 52 **% of respondents:** 37.1 **%**

Number of respondents who choose 2nd Key Reference Code: 29 **% of respondents:** 20.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 92973	Top Key Reference CPT Code: 37186	2nd Key Reference CPT Code: **92974**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	20.00	60.00	43.00
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
Median Total Time	**20.00**	**60.00**	**43.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	2%	0%	31%	37%	30%

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	2%	49%	49%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	42%	52%

Physical effort required	6%	51%	43%

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	2%	35%	63%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	7%	41%	45%	7%

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	7%	48%	45%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	4%	59%	37%
Physical effort required	7%	63%	30%

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	7%	39%	54%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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.

CPT Changes

The full family of percutaneous coronary intervention (PCI) codes was last reviewed by the RUC at the January 2012 meeting, when the code family was updated to reflect bundling after CMS identified MPC codes not reviewed in the prior 5 years as potentially misvalued. The codes were surveyed for the January 2023 RUC meeting after the CPT Editorial Panel approved creation of a single add-on code that describes the work of coronary intravascular lithotripsy (IVL), a technology to modify lesions that did not exist at the time of the prior review. That code change application was submitted by a device manufacturer. The societies had planned to make other revisions to the code family at the following CPT cycle. At the January 2023 RUC meeting the societies proposed that only the new IVL code be valued, and the remainder of the code set be sent to CPT for revision before review. The RUC approved this proposal and, after several code change applications, the revised family was approved at the February 2024 CPT Panel meeting.

The CPT updates included code deletions, revisions, and additions.

- The original code set included additional branch add-on codes for several of the procedures. CMS assigned the branch codes a value of 0 RVUs, rolling a prorated portion of their value into their base codes (more on this later). Due to this lack of RVUs neither CMS nor commercial payers reimbursed these codes from 2013 to present and they were deleted by CPT in February 2024. The deleted codes included 92921, 92925, 92929, 92934, 92938, and 92944.
- CPT amended the base codes to each of these deleted add-on codes (92920, 92924, 92928, 92933, 92937, 92941, and 92943) to include the work, when performed, of potential branch vessels which was not included in the original code definitions and descriptions of work. This essentially matches the code descriptors to CMS's approach to not pay separately for additional branch work.
- Also, in February 2024 CPT created two new codes within the family. First, 92930, was created to allow coding for the work involved in placement of intracoronary stent(s) (currently coded as 92928) that exceeds the typical stenting case. The second new code, 92945, was created to allow coding for revascularization of a chronic total occlusion when both antegrade and retrograde approaches are employed.
- Finally, CPT revised codes 93571 and 93572 to make a correction to the fractional flow reserve (FFR) codes to correct a coding issue relating to instant flow reserve (iFR).

92972 Intravascular Lithotripsy (IVL)

As noted above, the IVL code was surveyed, reviewed by the RUC and issued a value at the January 2023 RUC meeting. The IVL code survey was robust, with 139 respondents. There have been no significant technological or other changes to the IVL procedure since its initial valuation. With the recent survey of this code and in an effort to maximize survey response by keeping it a bit shorter, we did not include the code in this survey and recommend affirmation of current value and time.

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family. At the time of the 2012 survey, PCI was typically performed via the femoral artery, with a very small minority of cases performed through the radial artery. PCI is now typically performed through the radial artery, reflecting best practice recommendations from the field. https://onlinelibrary.wiley.com/doi/10.1002/ccd.28672 Radial access is safer for patients despite being technically more challenging for the operator. The main advantage is a significant reduction in bleeding risk as well as decreased mortality for some patient subsets. https://pubmed.ncbi.nlm.nih.gov/33507598/.

Radial access requires additional preservice time that is discussed further below. This approach also requires different skills and techniques that are more difficult to perform than access through the femoral artery. While safer for the patient, the service is more technically challenging for the operator in several respects.

(1) The average radial artery is about 2 mm compared to femoral arteries that average about 9 mm, so entering the artery with a needle is more difficult.
(2) The radial and brachial arteries are smaller and more prone to spasm making catheter advancement or torquing difficult or impossible; many operators give an anti-vasospastic cocktail routinely which takes additional time.
(3) Whereas femoral access requires catheters to traverse one 180-degree bend to reach the heart, radial access requires the catheter to make one-180 degree bend and usually two more 90-degree bends to reach the heart, which makes catheter advancement and torquing more difficult.
(4) Radial access provides more frequent challenging anatomic variants such as radial loop, accessory radial arteries, early take-off radial arteries, and aberrant innominate arteries (arteria lusoria); in contrast anatomy from the femoral artery to the heart has few variants. These problems lead to conversion from radial to femoral access in about 10% of cases, while conversion from femoral to radial is almost non-existent.

Positioning for radial increases the risk of radiation and precautions. More time is spent closer to the image intensifier at different angles as opposed to standing farther back when patient is in the femoral area. Now we are closer to the heart and reaching across the patient's chest.

Change in Patient Population

We also see patients undergoing PCI who generally have more comorbidities than a decade ago. Attention to stricter adherence on statins and other medicines in revascularization and chest pain guidelines has eliminated many patients who otherwise may have been treated with lower acuity PCI, something we see in the declining utilization of these services. Remaining patients are more complex than they were a dozen years ago.

All of these factors lead to services that are both more intense/complex while also successfully decreasing the intra-procedure time the patient is on the table.

Incorrect Assumptions

Finally, with the current times and valuation consisting of a mix of RUC recommendations, pro-rated bundling of time and work of PCI in branches by CMS, and reductions of work and time by CMS to apply coding changes related to unbundling moderate sedation, we submit that the current values were derived using a flawed mechanism. CMS bundled the now-deleted branch codes using a type of prorated building block methodology that casts the current values in doubt and provides compelling evidence that the best values for these services should be derived from the robust survey before us.

Recommendations Methodology

We have laid out a rationale above for the intensity/complexity of these codes rising while in some cases the performance time may have decreased. We recommend the survey 25th percentile for all the 000 codes in this family. We chose the survey 25th percentile work RVUs because this approach generally kept the recommended

values in line with the trajectory of the reduction or addition of intra-service and total time for the codes while maintaining rank order. While changes to the work RVUs and times are not recommended in exactly proportional amounts, they do maintain relativity in the magnitude to which they change to the positive or the negative. That is to say, where there is a significant reduction in intra-service time there is a more modest reduction in recommended work RVU and the same is true in the positive direction. Where there is a significant increase in intra-service time there is a more modest recommended increase in work RVU for those codes. RVU.

In developing recommendations for the family, we observed that recommendations for times and values generate WPUT (ie, intensity) values that maintain rank order relationships within the family and align with operators' estimates of work intensity. For instance, 92920 for PTCA has a lower WPUT than 92924 for PTCA with atherectomy, reflecting the higher complication rates of atherectomy and operators' perception that atherectomy is more intense. WPUT for 92941 (PCI of an acute myocardial infarction) has the highest WPUT consistent with operators' perceptions that this is the most intense interventional service. CTO codes 92943 and 92945 have lower WPUTs because they are longer services with multiple catheter changes and techniques being attempted. This consistency of WPUT with current rank order and with operators' perceptions of intensity support the recommendations at the 25th-percentile survey values.

This approach produces the following recommendations for the family that would produce budget increase of 12,342 RVUs out of a baseline of over 3.2 million RVUs (0.38%)

Preservice Time

For each of the 000 codes, we recommend additions to preservice package 2 (Difficult patient/straightforward procedure without anesthesia care) that are supported by the survey. While these are 000 codes provided to patients with short or no hospital stay, there are certain elements of preservice time that are more akin to that of a service which utilizes general anesthesia.

		FACILITY			**PCI**	**Notes**
		2	**3**	**4**	**2+**	
	Total Pre-Service Time	**25**	**51**	**63**	**43**	
	CATEGORY SUBTOTALS					
A	Pre-Service Evaluation (IWPUT =0.0224)	18	33	40	34	
B	Pre-Service Positioning (IWPUT = 0.0224)	1	3	3	3	
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	15	20	6	
	DETAILS					
A	History and Exam (Performance and review of appropriate Pre-Tests)	10	10	15	10	Standard
A	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	4	2	Standard

A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	5	5	10	+7 for detailed consenting using multi-page or electronic form. Discuss results of Heart Team consultations (if performed); access site options; pros and cons of various PCI techniques including intra-coronary lithotripsy, atherectomy angioplasty, stenting; and possibility of conversion to emergency surgery. Discuss alternatives to PCI (surgery or medical therapy.) Discuss risks of all 3 approaches. Obtain separate consents for transfusion and moderate sedation.
A	Communicate with other professionals	0	5	5	0	Standard
A	Check/set-up room, supplies and equipment	1	5	5	5	+4 Utilize time similar to procedures with anesthesia to assess complex array of catheter, stents, and other supplies/equipment
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	5	5	6	+5 Left and right radial pulses are evaluated to determine which are available for access (eg not harvested for prior CABG) and which of the two offers better access. Evaluate whether femoral artery is available for access and determine if left, right, or both femoral access sites should be prepped. Time out is performed.
A	Prepare/ review/ confirm procedure	1	1	1	1	Standard
B	Perform/ supervise patient positioning	1	3	3	3	+2 Utilize time similar to procedures with anesthesia to position patient comfortably on the table with arm in uncomfortable position, usually on a special pad. Arm used for radial access must be positioned and supinated with ventral surface oriented up and secured with tape to keep it there for entire procedure. Ultra-sound probe is inserted into sterile sleeve; console is programmed and turned on. Anti-spasm cocktail is prepared for intra-arterial injection.
C	Administer local/topical anesthesia	1	0	0	1	Standard
C	Observe (wait anesthesia care)	0	10	15	0	Standard

C	Dress and scrub for procedure	5	5	5	5	Standard

92973: Thrombectomy add-on

This code for mechanical transluminal coronary thrombectomy was reviewed as part of the family of PCI codes. It was not reviewed in 2012 when the rest of the PCI codes were created and last reviewed. This low-volume service was last reviewed when it was added to CPT in 2001.

ACC and SCAI convened a panel of physicians familiar with the services to review the survey data. The survey was robust and was completed by physicians who have experience with the service. The panel reviewed this ZZZ code and recommends the survey median intra-service time with no preservice or post-service time.

The key reference service is 37186, noncoronary transluminal thrombectomy. 67% of respondents found surveyed code 92973 to be of somewhat more or much more intense/complex, while 31% felt it to be identical. The second key reference service is 92974, transcatheter placement of a radiation delivery device for subsequent coronary intravascular brachytherapy.

To account for the significant reduction in time for this code while still maintaining a work intensity above the KRS **we recommend a crosswalk to 36483 for subsequent endovenous ablation of an incompetent vein with a wRVU of 1.75 and 20 minutes intra-service and total 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) 92973

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 Interventional Cardiology How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Internal Medicine How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 6627
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This estimate is three times the 2022 Medicare data for usage to account for Medicare Advantage and commerical insurance covered performance.

Specialty Interventional Cardiology Frequency 3254 Percentage 49.10 %

Specialty Cardiology Frequency 3062 Percentage 46.20 %

Specialty Internal Medicine Frequency 205 Percentage 3.09 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,209
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database for 2022 data. Recent trends show this service being stable between 2,000-2,500.

Specialty Interventional Cardiology Frequency 1085 Percentage 49.11 %

Specialty Cardioloyg Frequency 1021 Percentage 46.22 %

Specialty Internal Medicine Frequency 68 Percentage 3.07 %

Do many physicians perform this service across the United States? Yes

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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-Thromboendarterectomy

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 92973

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93571 Tracking Number D12 Original Specialty Recommended RVU: **1.80**
Presented Recommended RVU: **1.80**
Global Period: ZZZ Current Work RVU: **1.38** RUC Recommended RVU: **1.80**

CPT Descriptor: 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)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: 55-year-old female presents with a three-week history of progressive chest discomfort at rest and with mild exertion. Cardiac catheterization demonstrates a 60% stenosis in the mid left anterior descending artery. To determine the hemodynamic significance of the lesion, intracoronary fractional flow reserve (FFR) measurement testing is performed. [Note: This is an add-on service. Only consider the additional physician work related to intra-coronary FFR testing for the initial vessel.]

Percentage of Survey Respondents who found Vignette to be Typical: 99%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: Exchange diagnostic catheter for a guide catheter and selectively cannulate the coronary artery. Prepare the physiologic testing wire by flushing on the table,
calibrating the pressure sensor outside of the body. Pass the wire through the guide catheter and into the coronary artery. Normalize (equalize) the pressure tracings from the guide catheter and the pressure sensor on the wire, readjusting the guide catheter as needed to provide undamped pressures. Pass the wire across the target lesion(s) until the pressure sensor on the wire is well beyond the lesion(s). Measure the wave free ratio first at rest. If physiologic stress will be performed, reconstitute the appropriate pharmacologic agent and inject it intra-coronary or infuse it intravenously and record pressures from the wire and guide catheter. If tracings contain artifacts, if tracings are disrupted by asystole or complete heart block caused by the drug, or if measurements are of borderline clinical significance, obtain repeat measurements by pulling the wire back proximal to the lesion, re-normalizing, passing it distal to the lesion, and re-measuring pressures. If serial lesions are being assessed, measure pressures distal to the most distal lesion, pull the wire back across the most distal lesion, repeat pressure measurements, then pull the wire proximal to all lesions and check measurements to assess for electronic drift. If electronic drift has occurred, re-normalize the pressure tracings and repeat the above process. When measurements are complete, remove the wire from the guide catheter. Perform coronary arteriography in appropriate views to be sure that the wire has not damaged the coronary artery. If coronary intervention is not undertaken, remove the guide catheter.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2024					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Afnan Tariq, Dr. Mark Hoyer					
Specialty Society(ies):	ACC, SCAI					
CPT Code:	93571					
Sample Size:	2768	**Resp N:**	138			
Description of Sample:	The survey sample was randomly selected from SCAI membership and ACC membership that identify themselves as an "interventional cardiologist"					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	22.00	**50.00**	82.00	540.00
Survey RVW:		1.25	2.00	**3.00**	4.00	23.00
Pre-Service Evaluation Time:				**0.00**		
Pre-Service Positioning Time:				**0.00**		
Pre-Service Scrub, Dress, Wait Time:				**0.00**		
Intra-Service Time:		5.00	15.00	**20.00**	30.00	210.00
Immediate Post Service-Time:	**0.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**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)

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

CPT Code:	93571	**Recommended Physician Work RVU: 1.80**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service 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

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

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:

Key CPT Code	Global	Work RVU	Time Source
37252	ZZZ	1.80	**RUC Time**

CPT Descriptor Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92974	ZZZ	3.00	**RUC Time**

CPT Descriptor Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36227	ZZZ	2.09	**RUC Time**	15,940

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)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37253	ZZZ	1.44	**RUC Time**	106,729

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)

Other Reference CPT Code	Global	Work RVU	Time Source
37252	ZZZ	1.80	**RUC Time**

CPT Descriptor Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial 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: 78 **% of respondents:** 56.5 **%**

Number of respondents who choose 2nd Key Reference Code: 26 **% of respondents:** 18.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 93571	Top Key Reference CPT Code: 37252	2nd Key Reference CPT Code: **92974**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	20.00	20.00	42.50
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
Median Total Time	**20.00**	**20.00**	**42.50**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	13%	41%	24%	22%

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	15%	48%	37%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	10%	48%	42%
Physical effort required	7%	68%	25%

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	10%	45%	45%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	15%	46%	23%	15%

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	28%	36%	36%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	21%	50%	29%
Physical effort required	25%	55%	20%

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	26%	42%	32%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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.

CPT Changes

The full family of percutaneous coronary intervention (PCI) codes was last reviewed by the RUC at the January 2012 meeting, when the code family was updated to reflect bundling after CMS identified MPC codes not

reviewed in the prior 5 years as potentially misvalued. The codes were surveyed for the January 2023 RUC meeting after the CPT Editorial Panel approved creation of a single add-on code that describes the work of coronary intravascular lithotripsy (IVL), a technology to modify lesions that did not exist at the time of the prior review. That code change application was submitted by a device manufacturer. The societies had planned to make other revisions to the code family at the following CPT cycle. At the January 2023 RUC meeting the societies proposed that only the new IVL code be valued, and the remainder of the code set be sent to CPT for revision before review. The RUC approved this proposal and, after several code change applications, the revised family was approved at the February 2024 CPT Panel meeting.

The CPT updates included code deletions, revisions, and additions.

- The original code set included additional branch add-on codes for several of the procedures. CMS assigned the branch codes a value of 0 RVUs, rolling a prorated portion of their value into their base codes (more on this later). Due to this lack of RVUs neither CMS nor commercial payers reimbursed these codes from 2013 to present and they were deleted by CPT in February 2024. The deleted codes included 92921, 92925, 92929, 92934, 92938, and 92944.
- CPT amended the base codes to each of these deleted add-on codes (92920, 92924, 92928, 92933, 92937, 92941, and 92943) to include the work, when performed, of potential branch vessels which was not included in the original code definitions and descriptions of work. This essentially matches the code descriptors to CMS's approach to not pay separately for additional branch work.
- Also, in February 2024 CPT created two new codes within the family. First, 92930, was created to allow coding for the work involved in placement of intracoronary stent(s) (currently coded as 92928) that exceeds the typical stenting case. The second new code, 92945, was created to allow coding for revascularization of a chronic total occlusion when both antegrade and retrograde approaches are employed.
- Finally, CPT revised codes 93571 and 93572 to make a correction to the fractional flow reserve (FFR) codes to correct a coding issue relating to instant flow reserve (iFR).

92972 Intravascular Lithotripsy (IVL)

As noted above, the IVL code was surveyed, reviewed by the RUC and issued a value at the January 2023 RUC meeting. The IVL code survey was robust, with 139 respondents. There have been no significant technological or other changes to the IVL procedure since its initial valuation. With the recent survey of this code and in an effort to maximize survey response by keeping it a bit shorter, we did not include the code in this survey and recommend affirmation of current value and time.

Current RVUs and Times

As referenced above, CMS does not recognize the add-on branch codes as separately payable. However, the agency did bundle them into the underlying PCI codes. In doing so, it also added small amounts of work and time, proportionate to predicted utilization. Also, since the last time these codes were valued, moderate sedation was unbundled, removing commensurate work and time. The summary spreadsheet shows the original RUC recommended value, the CMS adjustments for branch code bundling, the adjustments for unbundling of moderate sedation, and finally the current values.

Background: PCI Evolution & Compelling Evidence

Change in Technique

The recommendations for this tab produce an increase in RVUs of less than one half of a percent aggregated across the family of codes. Accordingly, we submit that these services have undergone changes in technique and patient population that substantiate compelling evidence to allow an increase in the aggregate value of the code family. At the time of the 2012 survey, PCI was typically performed via the femoral artery, with a very small minority of cases performed through the radial artery. PCI is now typically performed through the radial artery,

reflecting best practice recommendations from the field. https://onlinelibrary.wiley.com/doi/10.1002/ccd.28672 Radial access is safer for patients despite being technically more challenging for the operator. The main advantage is a significant reduction in bleeding risk as well as decreased mortality for some patient subsets. https://pubmed.ncbi.nlm.nih.gov/33507598/.

Radial access requires additional preservice time that is discussed further below. This approach also requires different skills and techniques that are more difficult to perform than access through the femoral artery. While safer for the patient, the service is more technically challenging for the operator in several respects.

(1) The average radial artery is about 2 mm compared to femoral arteries that average about 9 mm, so entering the artery with a needle is more difficult.
(2) The radial and brachial arteries are smaller and more prone to spasm making catheter advancement or torquing difficult or impossible; many operators give an anti-vasospastic cocktail routinely which takes additional time.
(3) Whereas femoral access requires catheters to traverse one 180-degree bend to reach the heart, radial access requires the catheter to make one-180 degree bend and usually two more 90-degree bends to reach the heart, which makes catheter advancement and torquing more difficult.
(4) Radial access provides more frequent challenging anatomic variants such as radial loop, accessory radial arteries, early take-off radial arteries, and aberrant innominate arteries (arteria lusoria); in contrast anatomy from the femoral artery to the heart has few variants. These problems lead to conversion from radial to femoral access in about 10% of cases, while conversion from femoral to radial is almost non-existent.

Positioning for radial increases the risk of radiation and precautions. More time is spent closer to the image intensifier at different angles as opposed to standing farther back when patient is in the femoral area. Now we are closer to the heart and reaching across the patient's chest.

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All of these factors lead to services that are both more intense/complex while also successfully decreasing the intra-procedure time the patient is on the table.

Incorrect Assumptions

Finally, with the current times and valuation consisting of a mix of RUC recommendations, pro-rated bundling of time and work of PCI in branches by CMS, and reductions of work and time by CMS to apply coding changes related to unbundling moderate sedation, we submit that the current values were derived using a flawed mechanism. CMS bundled the now-deleted branch codes using a type of prorated building block methodology that casts the current values in doubt and provides compelling evidence that the best values for these services should be derived from the robust survey before us.

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proportional amounts, they do maintain relativity in the magnitude to which they change to the positive or the negative. That is to say, where there is a significant reduction in intra-service time there is a more modest reduction in recommended work RVU and the same is true in the positive direction. Where there is a significant increase in intra-service time there is a more modest recommended increase in work RVU for those codes. RVU.

In developing recommendations for the family, we observed that recommendations for times and values generate WPUT (ie, intensity) values that maintain rank order relationships within the family and align with operators' estimates of work intensity. For instance, 92920 for PTCA has a lower WPUT than 92924 for PTCA with atherectomy, reflecting the higher complication rates of atherectomy and operators' perception that atherectomy is more intense. WPUT for 92941 (PCI of an acute myocardial infarction) has the highest WPUT consistent with operators' perceptions that this is the most intense interventional service. CTO codes 92943 and 92945 have lower WPUTs because they are longer services with multiple catheter changes and techniques being attempted. This consistency of WPUT with current rank order and with operators' perceptions of intensity support the recommendations at the 25th-percentile survey values.

This approach produces the following recommendations for the family that would produce budget increase of 12,342 RVUs out of a baseline of over 3.2 million RVUs (0.38%)

Preservice Time

For each of the 000 codes, we recommend additions to preservice package 2 (Difficult patient/straightforward procedure without anesthesia care) that are supported by the survey. While these are 000 codes provided to patients with short or no hospital stay, there are certain elements of preservice time that are more akin to that of a service which utilizes general anesthesia.

		FACILITY			**PCI**	**Notes**
		2	**3**	**4**	**2+**	
	Total Pre-Service Time	**25**	**51**	**63**	**43**	
	CATEGORY SUBTOTALS					
A	Pre-Service Evaluation (IWPUT =0.0224)	18	33	40	34	
B	Pre-Service Positioning (IWPUT = 0.0224)	1	3	3	3	
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	15	20	6	
	DETAILS					
A	History and Exam (Performance and review of appropriate Pre-Tests)	10	10	15	10	Standard
A	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	4	2	Standard
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	5	5	10	+7 for detailed consenting using multi-page or electronic form. Discuss results of Heart Team

						consultations (if performed); access site options; pros and cons of various PCI techniques including intra-coronary lithotripsy, atherectomy angioplasty, stenting; and possibility of conversion to emergency surgery. Discuss alternatives to PCI (surgery or medical therapy.) Discuss risks of all 3 approaches. Obtain separate consents for transfusion and moderate sedation.
A	Communicate with other professionals	0	5	5	0	Standard
A	Check/set-up room, supplies and equipment	1	5	5	5	+4 Utilize time similar to procedures with anesthesia to assess complex array of catheter, stents, and other supplies/equipment
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	5	5	6	+5 Left and right radial pulses are evaluated to determine which are available for access (eg not harvested for prior CABG) and which of the two offers better access. Evaluate whether femoral artery is available for access and determine if left, right, or both femoral access sites should be prepped. Time out is performed.
A	Prepare/ review/ confirm procedure	1	1	1	1	Standard
B	Perform/ supervise patient positioning	1	3	3	3	+2 Utilize time similar to procedures with anesthesia to position patient comfortably on the table with arm in uncomfortable position, usually on a special pad. Arm used for radial access must be positioned and supinated with ventral surface oriented up and secured with tape to keep it there for entire procedure. Ultra-sound probe is inserted into sterile sleeve; console is programmed and turned on. Anti-spasm cocktail is prepared for intra-arterial injection.
C	Administer local/topical anesthesia	1	0	0	1	Standard
C	Observe (wait anesthesia care)	0	10	15	0	Standard
C	Dress and scrub for procedure	5	5	5	5	Standard

93571: Fractional flow reserve measurement add-on

ACC and SCAI convened a panel of physicians familiar with the services to review the survey data. The survey was robust and was completed by physicians who have experience with the service. The panel reviewed this ZZZ code and recommends the survey median intra-service time with no preservice or post-service time.

The key reference service is 37252, intravascular ultrasound, initial vessel. 46% of respondents found surveyed code 93571 to be of somewhat more or much more intense/complex, while 41% felt it to be identical.

While the time for this code greatly increased in the survey over the current time, the intensity of the code even when applying the 25th percentile survey wRVU seemed too high versus its KRS. As such, our panel felt the KRS itself would serve as an ideal crosswalk. We note that the increase in recommended RVU is almost directly in proportion to the increase in survey time. **We recommend a wRVU of 1.80 for 93571 with 20 minutes intra-service and total time via crosswalk to the survey KRS 37252.**

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) 93571

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 Interventional Cardiology How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Internal Medicine How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 186234

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This estimate is three times the 2022 Medicare data for usage to account for Medicare Advantage and commerical insurance covered performance.

Specialty Interventional Cardiology Frequency 98332 Percentage 52.80 %

Specialty Cardiology Frequency 80826 Percentage 43.40 %

Specialty Internal Medicine Frequency 4842 Percentage 2.59 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 62,078 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database for 2022 data. In recent years this service declined somewhat from a pre-pandemic high. Utilization could tick up in coming years as this service remains a Class I recommendation.

Specialty Interventional Cardiology Frequency 32777 Percentage 52.79 %

Specialty Cardiology Frequency 26942 Percentage 43.40 %

Specialty Internal Medicine Frequency 1614 Percentage 2.59 %

Do many physicians perform this service across the United States? Yes

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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 93571

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93572 Tracking Number D13 Original Specialty Recommended RVU: **1.44**
Presented Recommended RVU: **1.44**
Global Period: ZZZ Current Work RVU: **1.00** RUC Recommended RVU: **1.44**

CPT Descriptor: 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)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old female presents with a 3-week history of progressive chest discomfort at rest and with mild exertion. Cardiac catheterization demonstrates a 60% stenosis in two coronary arteries. After intra-coronary fractional flow reserve measurement (FFR) testing is performed to evaluate the first lesion (coded separately), FFR testing is performed to evaluate the second artery lesion. [Note: This is an add-on service. Only consider the additional physician work related to intracoronary FFR testing for one additional vessel.]

Percentage of Survey Respondents who found Vignette to be Typical: 99%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: After analysis of lesions in the first artery is complete, wipe the wire and prepare it for re-insertion. Typically a different guide catheter is passed to the ascending aorta and positioned in the ostium of the other coronary artery. The wire is passed through the guide catheter and into the coronary artery. Normalize (equalize) the pressure tracings from the guide catheter and the pressure sensor on the wire, readjusting the guide catheter as needed to provide undamped pressures. Pass the wire across the target lesion(s) until the pressure sensor on the wire is well beyond the lesion(s). Measure the wave free ratio first at rest. If physiologic stress will be performed, reconstitute the appropriate pharmacologic agent and inject it intra-coronary or infuse it intravenously and record pressures from the wire and guide catheter. If tracings contain artifacts, if tracings are disrupted by asystole or complete heart block caused by the drug, or if measurements are of borderline clinical significance, obtain repeat measurements by pulling the wire back proximal to the lesion, re-normalizing, passing it distal to the lesion, and re-measuring pressures. If serial lesions are being assessed, measure pressures distal to the most distal lesion, pull the wire back across the most distal lesion, repeat pressure measurements, then pull the wire proximal to all lesions and check measurements to assess for electronic drift. If electronic drift has occurred, re-normalize the pressure tracings and repeat the above process. When measurements are complete, remove the wire from the guide catheter. Perform coronary arteriography in appropriate views to be sure that the wire has not damaged the coronary artery. If coronary intervention is not undertaken, remove the guide catheter.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2024					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Afnan Tariq, Dr. Mark Hoyer					
Specialty Society(ies):	ACC, SCAI					
CPT Code:	93572					
Sample Size:	2768	**Resp N:**	138			
Description of Sample:	The survey sample was randomly selected from SCAI membership and ACC membership that identify themselves as an "interventional cardiologist"					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	10.00	**25.00**	50.00	540.00
Survey RVW:		0.50	1.68	**2.50**	4.00	12.00
Pre-Service Evaluation Time:				**0.00**		
Pre-Service Positioning Time:				**0.00**		
Pre-Service Scrub, Dress, Wait Time:				**0.00**		
Intra-Service Time:		4.00	11.00	**16.00**	30.00	240.00
Immediate Post Service-Time:	**0.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**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)

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

CPT Code:	93572	**Recommended Physician Work RVU: 1.44**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**16.00**		

Please, pick the post-service 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

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

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:

Key CPT Code	Global	Work RVU	Time Source
37252	ZZZ	1.80	**RUC Time**

CPT Descriptor Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37253	ZZZ	1.44	**RUC Time**

CPT Descriptor 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)

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37253	ZZZ	1.44	**RUC Time**	106,729

CPT Descriptor 1 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)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52442	ZZZ	1.01	**RUC Time**	90,771

CPT Descriptor 2 Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
37253	ZZZ	1.44	**RUC Time**

CPT Descriptor 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)

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: 52 **% of respondents:** 37.6 **%**

Number of respondents who choose 2nd Key Reference Code: 50 **% of respondents:** 36.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 93572	Top Key Reference CPT Code: 37252	2nd Key Reference CPT Code: **37253**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	16.00	20.00	20.00
Median Immediate Post-service Time	0.00	1.00	1.00
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
Median Total Time	**16.00**	**21.00**	**21.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	6%	44%	29%	21%

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	4%	53%	43%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	38%	56%
Physical effort required	8%	56%	36%

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	6%	44%	50%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	16%	50%	18%	16%

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	21%	50%	29%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	14%	57%	29%
Physical effort required	9%	70%	21%

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	14%	57%	29%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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.

CPT Changes

The full family of percutaneous coronary intervention (PCI) codes was last reviewed by the RUC at the January 2012 meeting, when the code family was updated to reflect bundling after CMS identified MPC codes not

reviewed in the prior 5 years as potentially misvalued. The codes were surveyed for the January 2023 RUC meeting after the CPT Editorial Panel approved creation of a single add-on code that describes the work of coronary intravascular lithotripsy (IVL), a technology to modify lesions that did not exist at the time of the prior review. That code change application was submitted by a device manufacturer. The societies had planned to make other revisions to the code family at the following CPT cycle. At the January 2023 RUC meeting the societies proposed that only the new IVL code be valued, and the remainder of the code set be sent to CPT for revision before review. The RUC approved this proposal and, after several code change applications, the revised family was approved at the February 2024 CPT Panel meeting.

The CPT updates included code deletions, revisions, and additions.

- The original code set included additional branch add-on codes for several of the procedures. CMS assigned the branch codes a value of 0 RVUs, rolling a prorated portion of their value into their base codes (more on this later). Due to this lack of RVUs neither CMS nor commercial payers reimbursed these codes from 2013 to present and they were deleted by CPT in February 2024. The deleted codes included 92921, 92925, 92929, 92934, 92938, and 92944.
- CPT amended the base codes to each of these deleted add-on codes (92920, 92924, 92928, 92933, 92937, 92941, and 92943) to include the work, when performed, of potential branch vessels which was not included in the original code definitions and descriptions of work. This essentially matches the code descriptors to CMS's approach to not pay separately for additional branch work.
- Also, in February 2024 CPT created two new codes within the family. First, 92930, was created to allow coding for the work involved in placement of intracoronary stent(s) (currently coded as 92928) that exceeds the typical stenting case. The second new code, 92945, was created to allow coding for revascularization of a chronic total occlusion when both antegrade and retrograde approaches are employed.
- Finally, CPT revised codes 93571 and 93572 to make a correction to the fractional flow reserve (FFR) codes to correct a coding issue relating to instant flow reserve (iFR).

92972 Intravascular Lithotripsy (IVL)

As noted above, the IVL code was surveyed, reviewed by the RUC and issued a value at the January 2023 RUC meeting. The IVL code survey was robust, with 139 respondents. There have been no significant technological or other changes to the IVL procedure since its initial valuation. With the recent survey of this code and in an effort to maximize survey response by keeping it a bit shorter, we did not include the code in this survey and recommend affirmation of current value and time.

Current RVUs and Times

As referenced above, CMS does not recognize the add-on branch codes as separately payable. However, the agency did bundle them into the underlying PCI codes. In doing so, it also added small amounts of work and time, proportionate to predicted utilization. Also, since the last time these codes were valued, moderate sedation was unbundled, removing commensurate work and time. The summary spreadsheet shows the original RUC recommended value, the CMS adjustments for branch code bundling, the adjustments for unbundling of moderate sedation, and finally the current values.

Background: PCI Evolution & Compelling Evidence

Change in Technique

The recommendations for this tab produce an increase in RVUs of less than one half of a percent aggregated across the family of codes. Accordingly, we submit that these services have undergone changes in technique and patient population that substantiate compelling evidence to allow an increase in the aggregate value of the code family. At the time of the 2012 survey, PCI was typically performed via the femoral artery, with a very small minority of cases performed through the radial artery. PCI is now typically performed through the radial artery,

reflecting best practice recommendations from the field. https://onlinelibrary.wiley.com/doi/10.1002/ccd.28672 Radial access is safer for patients despite being technically more challenging for the operator. The main advantage is a significant reduction in bleeding risk as well as decreased mortality for some patient subsets. https://pubmed.ncbi.nlm.nih.gov/33507598/.

Radial access requires additional preservice time that is discussed further below. This approach also requires different skills and techniques that are more difficult to perform than access through the femoral artery. While safer for the patient, the service is more technically challenging for the operator in several respects.

(1) The average radial artery is about 2 mm compared to femoral arteries that average about 9 mm, so entering the artery with a needle is more difficult.
(2) The radial and brachial arteries are smaller and more prone to spasm making catheter advancement or torquing difficult or impossible; many operators give an anti-vasospastic cocktail routinely which takes additional time.
(3) Whereas femoral access requires catheters to traverse one 180-degree bend to reach the heart, radial access requires the catheter to make one-180 degree bend and usually two more 90-degree bends to reach the heart, which makes catheter advancement and torquing more difficult.
(4) Radial access provides more frequent challenging anatomic variants such as radial loop, accessory radial arteries, early take-off radial arteries, and aberrant innominate arteries (arteria lusoria); in contrast anatomy from the femoral artery to the heart has few variants. These problems lead to conversion from radial to femoral access in about 10% of cases, while conversion from femoral to radial is almost non-existent.

Positioning for radial increases the risk of radiation and precautions. More time is spent closer to the image intensifier at different angles as opposed to standing farther back when patient is in the femoral area. Now we are closer to the heart and reaching across the patient's chest.

Change in Patient Population

We also see patients undergoing PCI who generally have more comorbidities than a decade ago. Attention to stricter adherence on statins and other medicines in revascularization and chest pain guidelines has eliminated many patients who otherwise may have been treated with lower acuity PCI, something we see in the declining utilization of these services. Remaining patients are more complex than they were a dozen years ago.

All of these factors lead to services that are both more intense/complex while also successfully decreasing the intra-procedure time the patient is on the table.

Incorrect Assumptions

Finally, with the current times and valuation consisting of a mix of RUC recommendations, pro-rated bundling of time and work of PCI in branches by CMS, and reductions of work and time by CMS to apply coding changes related to unbundling moderate sedation, we submit that the current values were derived using a flawed mechanism. CMS bundled the now-deleted branch codes using a type of prorated building block methodology that casts the current values in doubt and provides compelling evidence that the best values for these services should be derived from the robust survey before us.

Recommendations Methodology

We have laid out a rationale above for the intensity/complexity of these codes rising while in some cases the performance time may have decreased. We recommend the survey 25th percentile for all the 000 codes in this family. We chose the survey 25th percentile work RVUs because this approach generally kept the recommended values in line with the trajectory of the reduction or addition of intra-service and total time for the codes while maintaining rank order. While changes to the work RVUs and times are not recommended in exactly

proportional amounts, they do maintain relativity in the magnitude to which they change to the positive or the negative. That is to say, where there is a significant reduction in intra-service time there is a more modest reduction in recommended work RVU and the same is true in the positive direction. Where there is a significant increase in intra-service time there is a more modest recommended increase in work RVU for those codes. RVU.

In developing recommendations for the family, we observed that recommendations for times and values generate WPUT (ie, intensity) values that maintain rank order relationships within the family and align with operators' estimates of work intensity. For instance, 92920 for PTCA has a lower WPUT than 92924 for PTCA with atherectomy, reflecting the higher complication rates of atherectomy and operators' perception that atherectomy is more intense. WPUT for 92941 (PCI of an acute myocardial infarction) has the highest WPUT consistent with operators' perceptions that this is the most intense interventional service. CTO codes 92943 and 92945 have lower WPUTs because they are longer services with multiple catheter changes and techniques being attempted. This consistency of WPUT with current rank order and with operators' perceptions of intensity support the recommendations at the 25th-percentile survey values.

This approach produces the following recommendations for the family that would produce budget increase of 12,342 RVUs out of a baseline of over 3.2 million RVUs (0.38%)

Preservice Time

For each of the 000 codes, we recommend additions to preservice package 2 (Difficult patient/straightforward procedure without anesthesia care) that are supported by the survey. While these are 000 codes provided to patients with short or no hospital stay, there are certain elements of preservice time that are more akin to that of a service which utilizes general anesthesia.

		FACILITY			**PCI**	**Notes**
		2	**3**	**4**	**2+**	
	Total Pre-Service Time	**25**	**51**	**63**	**43**	
	CATEGORY SUBTOTALS					
A	Pre-Service Evaluation (IWPUT =0.0224)	18	33	40	34	
B	Pre-Service Positioning (IWPUT = 0.0224)	1	3	3	3	
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	15	20	6	
	DETAILS					
A	History and Exam (Performance and review of appropriate Pre-Tests)	10	10	15	10	Standard
A	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	4	2	Standard
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	5	5	10	+7 for detailed consenting using multi-page or electronic form. Discuss results of Heart Team

						consultations (if performed); access site options; pros and cons of various PCI techniques including intra-coronary lithotripsy, atherectomy angioplasty, stenting; and possibility of conversion to emergency surgery. Discuss alternatives to PCI (surgery or medical therapy.) Discuss risks of all 3 approaches. Obtain separate consents for transfusion and moderate sedation.
A	Communicate with other professionals	0	5	5	0	Standard
A	Check/set-up room, supplies and equipment	1	5	5	5	+4 Utilize time similar to procedures with anesthesia to assess complex array of catheter, stents, and other supplies/equipment
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	5	5	6	+5 Left and right radial pulses are evaluated to determine which are available for access (eg not harvested for prior CABG) and which of the two offers better access. Evaluate whether femoral artery is available for access and determine if left, right, or both femoral access sites should be prepped. Time out is performed.
A	Prepare/ review/ confirm procedure	1	1	1	1	Standard
B	Perform/ supervise patient positioning	1	3	3	3	+2 Utilize time similar to procedures with anesthesia to position patient comfortably on the table with arm in uncomfortable position, usually on a special pad. Arm used for radial access must be positioned and supinated with ventral surface oriented up and secured with tape to keep it there for entire procedure. Ultra-sound probe is inserted into sterile sleeve; console is programmed and turned on. Anti-spasm cocktail is prepared for intra-arterial injection.
C	Administer local/topical anesthesia	1	0	0	1	Standard
C	Observe (wait anesthesia care)	0	10	15	0	Standard
C	Dress and scrub for procedure	5	5	5	5	Standard

93572: Additional fractional flow reserve measurement add-on

ACC and SCAI convened a panel of physicians familiar with the services to review the survey data. The survey was robust and was completed by physicians who have experience with the service. The panel reviewed this ZZZ code and recommends the survey median intra-service time with no preservice or post-service time.

The key reference service is 37252, intravascular ultrasound, initial vessel. 50% of respondents found surveyed code 93572 to be of somewhat more or much more intense/complex, while 44% felt it to be identical. The second key reference code was 37253, intravascular ultrasound, each additional vessel. 34% of respondents found the 2nd KRS to be somewhat more or much more intense/complex than the survey code 93572 while 50% found it to be identical.

While the time for this code notably increased in the survey over the current, the intensity of the code, even when applying the 25th percentile survey wRVU, seemed too high versus its KRS and 2nd KRS. In order to address the increase in time, keep the intensity at an appropriate level and maintain rank order in relation to the 93571 code we recommend a crosswalk to the 2nd KRS code 37253. **We recommend a wRVU of 1.44 for 93571 with 16 minutes intra-service and total time via crosswalk to the survey 2nd KRS 37253.**

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) 93572

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 Interventional Cardiology How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Internal Medicine How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 35634
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This estimate is three times the 2022 Medicare data for usage to account for Medicare Advantage and commerical insurance covered performance.

Specialty Interventional Cardiology Frequency 19706 Percentage 55.30 %

Specialty Cardiology Frequency 14503 Percentage 40.69 %

Specialty Internal Medicine Frequency 891 Percentage 2.50 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 11,878 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC Database for 2022 data. In recent years this service declined somewhat from a pre-pandemic high. Utilization could tick up in coming years as this service remains a Class I recommendation.

Specialty Interventional Cardiology Frequency 6569 Percentage 55.30 %

Specialty Cardiology Frequency 4834 Percentage 40.69 %

Specialty Internal Medicine Frequency 297 Percentage 2.50 %

Do many physicians perform this service across the United States? Yes

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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 93572

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

ISSUE: Coronary Therapeutic Services and Procedures

TAB: 6

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	37236	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for	000	2013	34	0.083	0.058			8.75			151	23	3	5			90			30					
2nd REF	37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral,	000	2010	32	0.103	0.068			10.75			158	30	3	5			90			30					
2012 RUC rec	92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	000	2012	79	0.125	0.070			9.00			129	33	1	5			60			30					
CMS Bundled 27.4% of RUC	CMS Bundled	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery	ZZZ	2012 (RUC rec of	80	0.138	0.138			1.10			8						8								
Moderate Sedation		*Moderate Sedation Systematic Unbundling*		2015						-0.25			-10	-10													
CURRENT	92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	000	2012		0.126	0.078			9.85			127	23	1	5			68			30					
SVY	92920	Percutaneous transluminal coronary angioplasty, single major coronary artery and/or	000		140	0.173	0.077	1.00	9.00	10.00	11.21	20.00	130	35	10	10	2	30	48	60	120	27	0	10	20	61	2000
REC	92920	Percutaneous transluminal coronary angioplasty, single major coronary artery and/or	000			0.142	0.068			8.35			123	35	3	10			48			27					
XWALK	49013	Preperitoneal pelvic packing for hemorrhage associated with pelvic trauma, including local	010			0.134	0.054			8.35			155	30	10	10			45			60					

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	37225	Revascularization,endovascular, open or percutaneous, femoral, popliteal artery(s),	000	2010	68	0.087	0.063			11.75			186	30	3	5			118			30					
2nd REF	93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including	000	2013	12	0.133	0.077			13.75			178	30	3	15			90			40					
2012 RUC rec	92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single	000	2012	73	0.127	0.076			11.00			144	33	1	5			75			30					
CMS Bundled 19.8% of RUC	CMS Bundled	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each	ZZZ	2012 (RUC rec of	71	0.110	0.110			0.99			9						9								
Moderate Sedation		*Moderate Sedation Systematic Unbundling*		2015						-0.25			-10	-10													
CURRENT	92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single	000	2012		0.125	0.082			11.74			143	23	1	5			84			30					
SVY	92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when	000		137	0.173	0.082	1.00	11.25	12.25	14.00	25.00	150	40	10	10	5	45	60	90	150	30	0	2	15	30	300
REC	92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when	000			0.142	0.073			10.13			138	35	3	10			60			30					
XWALK	33530	Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original	ZZZ			0.115	-			10.13			112						70								
SUPPORT	33986	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS)	000			0.103	-			10.00			205	30	15	15			60			30					

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s),	000	2010	37	0.098	0.065			10.24			158	30	3	5			90			30					
2nd REF	37236	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for	000	2013	24	0.083	0.058			8.75			151	23	3	5			90			30					
2012 RUC rec	92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty	000	2012	80	0.127	0.075			10.49			140	33	1	5			71			30					
CMS Bundled 16.2% of RUC	CMS Bundled	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty	ZZZ	2012 (RUC rec of wRVU=4.44	80	0.144	0.144			0.72			5						5								

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	AJ	AK	AL	AM	AN
4					RUC Review Year			Work Per Unit Time	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
5	Source	CPT	DESC	Global		Resp	IWPUT		MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
35	*Moderate Sedation*		*Moderate Sedation Systematic Unbundling*		2015						-0.25			-10	-10													
36	CURRENT	92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty	000	2012		0.128	0.081			10.96			135	23	1	5			76			30					
37	SVY	92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary	000		140	0.161	0.078	1.50	10.41	11.45	13.13	20.00	147	37	12	10	4	45	60	71	125	28	0	40	95	150	3000
38	REC	92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary	000			0.141	0.074			10.00			136	35	3	10			60			28					
39	XWALK	33986	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS)	000			0.103	-			10.00			205	30	15	15			60			30					
40																												
41					RUC Review Year			Work Per Unit Time	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
42	Source	CPT	DESC	Global		Resp	IWPUT		MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
43	1st REF	93653	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode	000	2021	25	0.112	0.075			15.00			199	31	3	15			120			30					
44	2nd REF	37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s),	000	2010	21	0.087	0.063			11.75			186	30	3	5			118			30					
45	CURRENT	92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty	000	2012		0.128	0.081			10.96			135	23	1	5			76			30					
46	SVY	92930	Percutaneous transcatheter placement of intracoronary stent(s), with coronary	000		138	0.159	0.083	2.00	12.00	13.88	16.00	25.00	168	41	13	10	5	60	75	100	220	29	0	19	30	5	200
47	REC	92930	Percutaneous transcatheter placement of intracoronary stent(s), with coronary	000			0.139	0.079			12.00			152	35	3	10			75			29					
48																												
49					RUC Review Year			Work Per Unit Time	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
50	Source	CPT	DESC	Global		Resp	IWPUT		MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
51	1st REF	37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s),	000	2010	58	0.087	0.063			11.75			186	30	3	5			118			30					
52	2nd REF	93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including	000	2013	25	0.133	0.077			13.75			178	30	3	15			90			40					
53	2012 RUC rec	92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty	000	2012	73	0.128	0.080			12.32			154	33	1	5			85			30					
54	CMS Bundled 4.0% of RUC	CMS Bundled	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty	ZZZ	2012 (RUC rec of wRVU=5.50	73	0.110	0.110			0.22			2						2								
55	*Moderate Sedation*		*Moderate Sedation Systematic Unbundling*		2015						-0.25			-10	-10													
56	CURRENT	92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty	000	2012		0.127	0.084			12.29			146	23	1	5			87			30					
57	SVY	92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with	000		140	0.156	0.080	1.50	11.94	13.65	15.00	26.00	170	41	13	11	4	55	75	100	200	30	0	10	20	35	500
58	REC	92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with	000			0.138	0.078			11.94			153	35	3	10			75			30					
59																												
60					RUC Review Year			Work Per Unit Time	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
61	Source	CPT	DESC	Global		Resp	IWPUT		MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
62	1st REF	37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s),	000	2010	43	0.087	0.063			11.75			186	30	3	5			118			30					
63	2nd REF	93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including	000	2013	28	0.133	0.077			13.75			178	30	3	15			90			40					
64	2012 RUC rec	92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal	000	2012	66	0.150	0.081			10.49			129	33	1	5			60			30					
65	CMS Bundled 11.8% of RUC	CMS Bundled	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal	ZZZ	2012 (RUC rec of wRVU=6.00	67	0.101	0.101			0.71			7						7								

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	AJ	AK	AL	AM	AN
4					RUC Review Year			Work Per Unit Time	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
5	Source	CPT	DESC	Global		Resp	IWPUT		MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
66	*Moderate Sedation*		*Moderate Sedation Systematic Unbundling*		2015						-0.25			-10	-10													
67	CURRENT	92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal	000	2012		0.145	0.087			10.95			126	23	1	5			67			30					
68	SVY	92937	Percutaneous transluminal revascularization of or through coronary artery bypass	000		141	0.163	0.080	2.00	11.30	12.50	14.50	26.00	157	41	11	10	5	51	65	90	180	30	0	8	15	25	600
69	REC	92937	Percutaneous transluminal revascularization of or through coronary artery bypass	000			0.149	0.079			11.30			143	35	3	10			65			30					
70																												
71					RUC Review Year			Work Per Unit Time	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
72	Source	CPT	DESC	Global		Resp	IWPUT		MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
73	1st REF	93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including	000	2013	36	0.133	0.077			13.75			178	30	3	15			90			40					
74	2nd REF	37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s),	000	2010	33	0.087	0.063			11.75			186	30	3	5			118			30					
75	CURRENT	92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute	000	2012		0.155	0.089			12.31			139	23	1	5			70			40					
76	SVY	92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during	000		139	0.197	0.098	1.50	12.72	14.50	16.13	30.00	148	33	10	10	5	50	65	90	200	30	0	20	30	45	1200
77	REC	92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during	000			0.175	0.098			12.72			130	22	3	10			65			30					
78																												
79					RUC Review Year			Work Per Unit Time	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
80	Source	CPT	DESC	Global		Resp	IWPUT		MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
81	1st REF	93653	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode	000	2021	36	0.112	0.075			15.00			199	31	3	15			120			30					
82	2nd REF	93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic	000	2016	31	0.135	0.086			17.97			208	40	3	15			120			30					
83	2012 RUC rec	92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary	000	2012	65	0.121	0.077			12.32			159	33	1	5			90			30					
84	CMS Bundled 4.0% of RUC	CMS Bundled	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary	ZZZ	2012 (RUC rec of	64	0.120	0.120			0.24			2						2								
85	*Moderate Sedation*		*Moderate Sedation Systematic Unbundling*		2015						-0.25			-10	-10													
86	CURRENT	92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary	000	2012		0.120	0.082			12.31			151	23	1	5			92			30					
87	SVY	92943	Percutaneous transluminal revascularization of chronic total occlusion, single	000		132	0.111	0.067	1.50	13.69	15.63	18.00	30.00	232	54	15	13	5	80	120	150	240	30	0	5	10	20	150
88	REC	92943	Percutaneous transluminal revascularization of chronic total occlusion, single	000			0.101	0.069			13.69			198	35	3	10			120			30					
89																												
90					RUC Review Year			Work Per Unit Time	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
91	Source	CPT	DESC	Global		Resp	IWPUT		MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
92	1st REF	93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic	000	2016	60	0.135	0.086			17.97			208	40	3	15			120			30					
93	2nd REF	93653	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode	000	2021	18	0.112	0.075			15.00			199	31	3	15			120			30					
94	CURRENT	92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary	000	2012		0.120	0.082			12.31			151	23	1	5			92			30					
95	SVY	92945	Percutaneous transluminal revascularization of chronic total occlusion, single	000		118	0.119	0.072	2.00	15.00	17.97	19.50	35.00	250	60	15	15	5	90	130	180	260	30	0	0	3	15	95
96	REC	92945	Percutaneous transluminal revascularization of chronic total occlusion, single	000			0.103	0.072			15.00			208	35	3	10			130			30					
97																												

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	AJ	AK	AL	AM	AN
4					RUC Review Year			Work Per Unit Time	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
5	Source	CPT	DESC	Global		Resp	IWPUT		MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
98					RUC Review Year			Work Per Unit Time	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
99	Source	CPT	DESC	Global		Resp	IWPUT		MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
100	1st REF	37186	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare	ZZZ	2005	52	0.082	0.082			4.92			60						60								
101	2nd REF	92974	Transcatheter placement of radiation delivery device for subsequent coronary intravascular	ZZZ	2001	29	0.071	0.071			3.00			42.5						43								
102	CURRENT	92973	Percutaneous transluminal coronary thrombectomy aspiration mechanical (List	ZZZ	2001		0.082	0.082			3.28			40						40								
103	SVY	92973	Percutaneous transluminal coronary thrombectomy aspiration mechanical (List	ZZZ		140	0.225	0.225	1.00	3.00	4.50	6.50	26.00	20				5	15	20	30	200		0	5	10	20	92973
104	REC	92973	Percutaneous transluminal coronary thrombectomy aspiration mechanical (List	ZZZ			0.088	0.088			1.75			20						20								
105	XWLK	36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical	ZZZ			0.088	0.088			1.75			20						20								
106																												
107					RUC Review Year			Work Per Unit Time	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
108	Source	CPT	DESC	Global		Resp	IWPUT		MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
109	1st REF	37252	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic	ZZZ	2018	78	0.088	0.082			1.80			22	1					20			1					
110	2nd REF	92974	Transcatheter placement of radiation delivery device for subsequent coronary intravascular	ZZZ	2001	26	0.071	0.071			3.00			42.5						43								
111	CURRENT	93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement	ZZZ	2017		0.092	0.092			1.38			15						15								
112	SVY	93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve	ZZZ		138	0.150	0.150	1.25	2.00	3.00	4.00	23.00	20	0	0	0	5	15	20	30	210	0	0	22	50	82	540
113	REC	93571	Intravascular Doppler velocity and/or pressure derived coronary flow reserve	ZZZ			0.090	0.090			1.80			20						20								
114	XWLK	37252	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic	ZZZ			0.088	0.082			1.80			22	1					20			1					
115																												
116					RUC Review Year			Work Per Unit Time	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
117	Source	CPT	DESC	Global		Resp	IWPUT		MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
118	1st REF	37252	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic	ZZZ	2018	52	0.088	0.082			1.80			22	1					20			1					
119	2nd REF	37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic	ZZZ	2018	50	0.071	0.069			1.44			21						20			1					
120	CURRENT	93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement	ZZZ	2017		0.091	0.091			1.00			11						11								
121	SVY	93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve	ZZZ		138	0.156	0.156	0.50	1.68	2.50	4.00	12.00	16	0	0	0	4	11	16	30	240	0	0	10	25	50	540
122	REC	93572	Intravascular Doppler velocity and/or pressure derived coronary flow reserve	ZZZ			0.090	0.090			1.44			16						16								
123	XWLK	37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic	ZZZ			0.071	0.069			1.44			21						20			1					
124																												
125					RUC Review Year			Work Per Unit Time	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
126	Source	CPT	DESC	Global		Resp	IWPUT		MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
127	CURRENT	92972	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary	ZZZ	2023	139*	0.099	0.099			2.97			30						30								
128	REC	92972	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary	ZZZ			0.099	0.099			2.97			30						30								
129	Recommend reaffirmation of value determined at January 2023 RUC Meeting *= respondents to Jan. 2023 survey																											

April 1, 2024

Scott Manaker, MD
AMA/RVS Update PE Subcommittee
American Medical Association
330 N. Wabash Avenue
Chicago, IL 60611

Re: Tab 6 Coronary Therapeutic Services and Procedures

Dear Dr. Manaker:

Tab 6 on the April 2024 RUC agenda addresses 13 codes for percutaneous coronary interventions (PCIs). This family of codes was referred to the CPT Editorial Panel for modification after a new code for coronary intravascular lithotripsy (IVL), code 92972, was valued at the January 2023 RUC meeting.

All of the codes in this tab are exclusively performed in the facility setting with either a 000 or ZZZ global period. As such, the Society for Cardiovascular Angiography and Interventions and the American College of Cardiology recommend no direct practice expense inputs for these codes in Tab 6.

Thank you for your consideration of this information as you prepare for the upcoming meeting. Please contact Matt Minnella at mminnella@acc.org if you have any questions.

Sincerely,

Afnan Tariq, MD
SCAI RUC Advisor

Richard Wright, MD
ACC RUC Advisor

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2023

Percutaneous Coronary Interventions – Tab 12

Referral to the CPT Editorial Panel
In October 2010, CPT code 92980 *Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel* was identified by the Relativity Assessment Workgroup (RAW) via the MPC List screen. The RAW requested that the specialty societies survey this code for RUC review. Subsequently, the specialty society referred the code to the CPT Editorial Panel to revise the family of procedures to more accurately describe the current physician work involved in PCI. At the October 2011 CPT meeting, the Panel approved 13 new codes to describe PCI services. The societies surveyed the family and the RUC submitted recommendations to the Centers for Medicare & Medicaid Services (CMS) in January 2012. Instead of accepting the RUC recommendations, CMS opted to assign bundled status to all the add-on codes for the additional branches off the major coronary arteries (codes 92921, 92929, 92934, 92938, 92944). In addition, CMS increased values and intra-times of all the base codes using a mathematical formula to include a fraction of the time and value of the add-on codes, based on the billed together data available at the time. For example, using 2011 Medicare claims data, CMS anticipated that the service described by add-on code 92921 would be performed with the procedure described by base code 92920 27.4% of the time. To bundle the work value of the add-on code into base code 92920, CMS multiplied the RUC recommendation for the add-on code of 4.00 by 27.4% (or 1.10) and added that fractional value to the RUC recommendation for the base code (9.00+1.10=10.10). The value of moderate sedation, which was bundled into the base codes, was systematically removed when separate moderate sedation CPT codes were created for CPT 2017.

In September 2022, the CPT Editorial Panel created one new Category I CPT code for percutaneous coronary lithotripsy. Sixteen other percutaneous coronary intervention (PCI) codes were considered part of the code family.

For the January 2023 RUC meeting, the specialty societies opted to survey nine of the sixteen codes. The specialty societies opted to not survey the add-on codes in the family that describe intervention in additional branches off major coronary arteries. CMS and payers have never recognized these add-on codes as separately payable services, therefore they have no Medicare utilization. The specialty societies noted they did not want to confuse respondents by asking them to survey codes with which they are not familiar or to lengthen the survey for services that are not separately reportable. As part of the societies' plans for future updates to this family of codes, the societies noted their intention is to delete add-on codes for PCI in additional branches.

After reviewing the survey results in preparation for the January 2023 RUC meeting, the surveying specialty societies requested, and the RUC agreed, to submit a recommendation only for the new add-on code 92972 for CPT 2024 and referred the entire percutaneous coronary intervention code family to the CPT Editorial Panel for restructuring for the CPT 2025 cycle.

The specialty societies noted that their intent is to update the CPT code structure for PCI services to incorporate the bundling of the branch services and to account for modern technology and changes in the techniques used to provide these services.

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The specialties also explained that PCI is now typically performed through the radial artery, reflecting best practice recommendations from the field. Research has shown the radial approach to be safer for patients despite being technically more challenging for the operator. The main advantage is a significant reduction in the risk of patient bleeding. At the time of the prior survey, PCI was typically performed via the femoral artery, with a very small minority of cases performed through the radial artery; PCI via the radial artery was just emerging in this country.

The RUC recommends that existing CPT codes 92920, 92921, 92924, 92925, 92928, 92929, 92933, 92934, 92937, 92938, 92941, 92943, 92944, 92973, 92975, 92977 and new add-on code 92972 be referred to the CPT Editorial Panel for revision in the 2025 CPT cycle. It is the expectation of the RUC that the specialties will submit their code change application for the September 2023 CPT meeting and survey new and/or revised codes within the 2025 CPT cycle.

92972 ***Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 139 interventional cardiologists and noted that the survey respondents overestimated the typical physician work required to perform this add-on code. Therefore, the RUC recommended a direct work RVU crosswalk to CPT Code 37249 *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)* (work RVU= 2.97, intra-service and total time of 30 minutes) and noted that both services typically involve the same amount of intra-service and total time and similar physician work intensity.

Code 92972 is a new Category I code to report intravascular lithotripsy (IVL) as an add-on to other PCI services. IVL is a new revascularization treatment option, in which pulsating sonic pressure waves pass through soft tissue and selectively interact strongly with high-density calcium, producing significant shear stresses that have the ability to fracture the calcium. Arterial calcification is associated with increased cardiovascular risks. Intimal arterial calcification (IAC), considered a representation of underlying atherosclerotic plaque burden, has long been held responsible for this association, whereas increasing interest is directed towards medial arterial calcification (MAC). IVL is designed to modify both intimal and medial calcium across a wide range of vascular applications to increase vessel compliance, restore vessel mobility and provide new versatile treatment options for patients. Coronary IVL received pre-market approval on February 12, 2021 from the FDA for lithotripsy-enabled, low-pressure balloon dilatation of severely calcified, stenotic de novo coronary arteries prior to stenting.

The RUC compared the surveyed code to reference CPT code 67335 *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)* (work RVU= 3.23, intra-service and total time of 30 minutes) and CPT code 32668 *Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)* (work RVU= 3.00, intra-service and total time of 30 minutes) and noted that all three services typically involve an identical amount of time and similar physician work intensities to perform. The RUC concluded that CPT code 92972 should be valued based on a direct work RVU crosswalk to CPT code 37249 and agreed the crosswalk value below the survey 25th percentile was appropriate. **The RUC recommends a work RVU of 2.97 for CPT code 92972.**

Practice Expense
No direct practice expense inputs are recommended for CPT code 92972 as it is a facility-based add-on service.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Cardiovascular
Therapeutic Services and Procedures
Coronary Therapeutic Services and Procedures

Codes 92920-92944, describe percutaneous revascularization services performed for occlusive disease of the coronary vessels (major coronary arteries, coronary artery branches, or coronary artery bypass grafts). These percutaneous coronary intervention (PCI) codes are built on progressive hierarchies with more intensive services inclusive of lesser intensive services. These PCI codes all include the work of accessing and selectively catheterizing the vessel, traversing the lesion, radiological supervision and interpretation directly related to the intervention(s) performed, closure of the arteriotomy when performed through the access sheath, and imaging performed to document completion of the intervention in addition to the intervention(s) performed. These codes include angioplasty (eg, balloon, cutting balloon, wired balloons, cryoplasty), atherectomy (eg, directional, rotational, laser), and stenting (eg, balloon expandable, self-expanding, bare metal, drug eluting, covered). Each code in this family includes balloon angioplasty, when performed. Diagnostic coronary angiography may be reported separately under specific circumstances. Percutaneous transluminal coronary lithotripsy may be reported using ~~0715T~~ 92972 in conjunction with 92920, 92924, 92928, 92933, 92937, 92941, 92943, 92975, as appropriate.

Diagnostic coronary angiography codes (93454-93461)and injection procedure codes (93563-93564) should notbe used with percutaneous coronary revascularizationservices (92920-92944) to report:

1. Contrast injections, angiography, roadmapping, and/or fluoroscopic guidance for the coronaryintervention,
2. Vessel measurement for the coronary intervention, or
3. Post-coronary angioplasty/stent/atherectomyangiography, as this work is captured in thepercutaneous coronary revascularization services codes (92920-92944).

Diagnostic angiography performed at the time of a coronary interventional procedure may be separately reportable if:

1. No prior catheter-based coronary angiography study is available, and a full diagnostic study is performed, and a decision to intervene is based on the diagnostic angiography, or
2. A prior study is available, but as documented in the medical record:
    a. The patient's condition with respect to the clinical indication has changed since the prior study, or
    b. There is inadequate visualization of the anatomy and/or pathology, or
    c. There is a clinical change during the procedure that requires new evaluation outside the target area of intervention.

Diagnostic coronary angiography performed at a separate session from an interventional procedure is separately reportable.

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Major coronary arteries: The major coronary arteries are the left main, left anterior descending, left circumflex, right, and ramus intermedius arteries. All PCI procedures performed in all segments (proximal, mid, distal) of a single major coronary artery through the native coronary circulation are reported with one code. When one segment of a major coronary artery is treated through the native circulation and treatment of another segment of the same artery requires access through a coronary artery bypass graft, the intervention through the bypass graft is reported separately.

Coronary artery branches: Up to two coronary artery branches of the left anterior descending (diagonals), left circumflex (marginals), and right (posterior descending, posterolaterals) coronary arteries are recognized. The left main and ramus intermedius coronary arteries do not have recognized branches for reporting purposes. All PCI(s) performed in any segment (proximal, mid, distal) of a coronary artery branch is reported with one code. PCI is reported for up to two branches of a major coronary artery. Additional PCI in a third branch of the same major coronary artery is not separately reportable.

Coronary artery bypass grafts: Each coronary artery bypass graft represents a coronary vessel. A sequential bypass graft with more than one distal anastomosis represents only one graft. A branching bypass graft (eg, Y graft) represents a coronary vessel for the main graft, and each branch off the main graft constitutes an additional coronary vessel. PCI performed on major coronary arteries or coronary artery branches by access through a bypass graft is reported using the bypass graft PCI codes. All bypass graft PCI codes include the use of coronary artery embolic protection devices when performed.

Only one base code from this family may be reported for revascularization of a major coronary artery and its recognized branches. Only one base code should be reported for revascularization of a coronary artery bypass graft, its subtended coronary artery, and recognized branches of the subtended coronary artery. If one segment of a major coronary artery and its recognized branches is treated through the native circulation, and treatment of another segment of the same vessel requires access through a coronary artery bypass graft, an additional base code is reported to describe the intervention performed through the bypass graft. The PCI base codes are 92920, 92924, 92928, 92933, 92937, 92941, and 92943. The PCI base code that includes the most intensive service provided for the target vessel should be reported. The hierarchy of these services is built on an intensity of service ranked from highest to lowest as 92943 = 92941 = 92933 > 92924 > 92937 = 92928 > 92920.

PCI performed during the same session in additional recognized branches of the target vessel should be reported using the applicable add-on code(s). The add-on codes are 92921, 92925, 92928, 92934, 92938, and 92944 and follow the same principle in regard to reporting the most intensive service provided. The intensity of service is ranked from highest to lowest as 92944 = 92938 > 92934 > 92925 > 92929 > 92921.

PCI performed during the same session in additional major coronary or in additional coronary artery bypass grafts should be reported using the applicable additional base code(s). PCI performed during the same session in additional coronary artery branches should be reported using the applicable additional add-on code(s).

If a single lesion extends from one target vessel (major coronary artery, coronary artery bypass graft, or coronary artery branch) into another target vessel, but can be revascularized with a single intervention bridging the two vessels, this PCI should be reported with a single code despite treating more than one vessel. For example, if a left main coronary lesion extends into the proximal left circumflex coronary artery and a single stent is placed to treat the entire lesion, this PCI should be reported as a single vessel stent (92928). In this example, a code for additional vessel treatment (92929) would not be additionally reported.

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When bifurcation lesions are treated, PCI is reported for both vessels treated. For example, when a bifurcation lesion involving the left anterior descending artery and the first diagonal artery is treated by stenting both vessels, 92928 and 92929 are both reported. Target vessel PCI for acute myocardial infarction is inclusive of all balloon angioplasty, atherectomy, stenting, manual aspiration thrombectomy, distal protection, and intracoronary rheolytic agent administration performed. Mechanical thrombectomy is reported separately. Chronic total occlusion of a coronary vessel is present when there is no antegrade flow through the true lumen, accompanied by suggestive angiographic and clinical criteria (eg, antegrade "bridging" collaterals present, calcification at the occlusion site, no current presentation with ST elevation or Q wave acute myocardial infarction attributable to the occluded target lesion). Current presentation with ST elevation or Q wave acute myocardial infarction attributable to the occluded target lesion, subtotal occlusion, and occlusion with dye staining at the site consistent with fresh thrombus are not considered chronic total occlusion. Codes 92973 (percutaneous transluminal coronary thrombectomy, mechanical), 92974 (coronary brachytherapy), 92978 and 92979 (intravascular ultrasound/optical coherence tomography), 93571 and 93572 (intravascular Doppler velocity and/or pressure [fractional flow reserve (FFR) or coronary flow reserve (CFR)]), and ~~0715T~~ 92972 (percutaneous transluminal coronary lithotripsy), are add-on codes for reporting procedures performed in addition to coronary and bypass graft diagnostic and interventional services, unless included in the base code. Non-mechanical, aspiration thrombectomy is not reported with 92973, and is included in the PCI code for acute myocardial infarction (92941), when performed. (To report transcatheter placement of radiation delivery device for coronary intravascular brachytherapy, use 92974) (For intravascular radioelement application, see 77770, 77771, 77772) (For nonsurgical septal reduction therapy [eg, alcohol ablation], use 93799)				
(f)92920	Q1	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch ~~(For percutaneous transluminal coronary lithotripsy, use 0715T)~~	000	Refer to CPT September 2023
(f)+92921	Q2	each additional branch of a major coronary artery (List separately in addition to code for primary procedure) (Use 92921 in conjunction with 92920, 92924, 92928, 92933, 92937, 92941, 92943)	ZZZ	Refer to CPT September 2023
(f)92924	Q3	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch ~~(For percutaneous transluminal coronary lithotripsy, use 0715T)~~	000	Refer to CPT September 2023

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(f)+92925	Q4	each additional branch of a major coronary artery (List separately in addition to code for primary procedure) (Use 92925 in conjunction with 92924, 92928, 92933, 92937, 92941, 92943)	ZZZ	Refer to CPT September 2023
(f)92928	Q5	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch ~~(For percutaneous transluminal coronary lithotripsy, use 0715T)~~	000	Refer to CPT September 2023
(f)+92929	Q6	each additional branch of a major coronary artery (List separately in addition to code for primary procedure) (Use 92929 in conjunction with 92928, 92933, 92937, 92941, 92943)	ZZZ	Refer to CPT September 2023
(f)92933	Q7	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch ~~(For percutaneous transluminal coronary lithotripsy, use 0715T)~~	000	Refer to CPT September 2023
(f)+92934	Q8	each additional branch of a major coronary artery (List separately in addition to code for primary procedure) (Use 92934 in conjunction with 92933, 92937, 92941, 92943)	ZZZ	Refer to CPT September 2023
(f)92937	Q9	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 ~~(For percutaneous transluminal coronary lithotripsy, use 0715T)~~	000	Refer to CPT September 2023

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(f)+92938	Q10	each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure) (Use 92938 in conjunction with 92937)	ZZZ	Refer to CPT September 2023
(f)92941	Q11	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 (For additional vessels treated, see 92920-92938, 92943, 92944) (For transcatheter intra-arterial hyperoxemic reperfusion/supersaturated oxygen therapy [SSO_2], use 0659T) ~~(For percutaneous transluminal coronary lithotripsy, use 0715T)~~	000	Refer to CPT September 2023
(f)92943	Q12	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 ~~(For percutaneous transluminal coronary lithotripsy, use 0715T)~~	000	Refer to CPT September 2023
(f)+92944	Q13	each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure) (Use 92944 in conjunction with 92924, 92928, 92933, 92937, 92941, 92943) (To report transcatheter placement of radiation delivery device for coronary intravascular brachytherapy, use 92974) (For intravascular radioelement application, see 77770, 77771, 77772)	ZZZ	Refer to CPT September 2023
+●92972	Q14	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure) (Use 92972 in conjunction with 92920, 92924, 92928, 92933, 92937, 92941, 92943, 92975)	ZZZ	**2.97** Refer to CPT September 2023

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(f)✚92973	Q15	Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure) (Use 92973 in conjunction with 92920, 92924, 92928, 92933, 92937, 92941, 92943, 92975, 93454-93461, 93563, 93564) (Do not report 92973 for aspiration thrombectomy)	ZZZ	Refer to CPT September 2023
#✚*92974*	*Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)* *(Use 92974 in conjunction with 92920, 92924, 92928, 92933, 92937, 92941, 92943, 93454-93461)* *(For intravascular radioelement application, see 77770, 77771, 77772)*			
(f)92975	Q16	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography ~~(For percutaneous transluminal coronary lithotripsy, use 0715T)~~	000	Refer to CPT September 2023
(f)92977	Q17	by intravenous infusion (For thrombolysis of vessels other than coronary, see 37211-37214) (For cerebral thrombolysis, use 37195)	XXX	Refer to CPT September 2023
Category III Codes				
0659T	*Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy), angiography, and radiologic supervision and interpretation* *(Use 0659T in conjunction with 92941)* *(Do not report 0659T in conjunction with 92920, 92924, 92928, 92933, 92937, 92943)*			
~~✚●0715T~~	~~Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)~~ ~~(Use 0715T in conjunction with 92920, 92924, 92928, 92933, 92937, 92941, 92943, 92975)~~ (0715T has been deleted) (To report percutaneous transluminal coronary lithotripsy, use 92972)			

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:92972 Tracking Number Q14 Original Specialty Recommended RVU: **3.90**
Presented Recommended RVU: **3.90**
Global Period: ZZZ Current Work RVU: **NA** RUC Recommended RVU: **2.97**

CPT Descriptor: Percutaneous transluminal coronary lithotripsy (list separately in addition to code for primary procedure) (use 9x070 in conjunction with 92920, 92924, 92928, 92933, 92937, 92941, 92943, 92975)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: a 62-year-old male with a history of left anterior descending coronary stent placement presents with exertional chest pain despite appropriate medical therapy. coronary angiography (coded separately) reveals severe in-stent restenosis, and imaging shows a circumferential calcified ring in the distal portion of the stent. he is sent to an angioplasty center and the lesion is treated with intravascular lithotripsy to allow appropriate stent expansion with balloon dilation.
[note: this is an add-on service. only consider the additional physician work related to percutaneous transluminal coronary lithotripsy.]

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 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:

Description of Intra-Service Work: Based on separately reportable diagnostic coronary angiography, the presence of severe coronary artery calcium (CAC) is observed. The appropriate diameter coronary IVL catheter is selected. The coronary IVL catheter is inserted over the standard guidewire and advanced to the target location using fluoroscopy and marker bands. Once the coronary IVL catheter is placed, the integrated balloon is inflated to 4-atm, or enough pressure to make contact with the vessel wall. The first lithotripsy cycle of pulses is then delivered. Once the cycle is complete, the integrated balloon is then inflated to its nominal pressure of 6-atm. The balloon is then deflated. The mid LAD segment is also treated with the 3.0 mm × 20 mm balloon inflated at 8 atmosphere for 50 seconds. Final angiogram shows good angiographic results in LAD with residual stenosis of 30%, no overt dissection and TIMI 3 flow. No special patient care is needed post-op.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2023					
Presenter(s):	Dr. Richard Wright, Dr. Ed Tuohy, Dr. Mark Hoyer, Dr. Afnan Tariq					
Specialty Society(ies):	ACC, SCAI					
CPT Code:	92972					
Sample Size:	2500	**Resp N:**	139			
Description of Sample:	Random sample of ACC and SCAI members that identified as interventional cardiologists					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	5.00	**10.00**	20.00	100.00
Survey RVW:		1.00	3.90	**5.00**	9.49	40.00
Pre-Service Evaluation Time:				**0.00**		
Pre-Service Positioning Time:				**0.00**		
Pre-Service Scrub, Dress, Wait Time:				**0.00**		
Intra-Service Time:		7.00	20.00	**30.00**	45.00	130.00
Immediate Post Service-Time:	**0.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	92972	**Recommended Physician Work RVU: 2.97**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service 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

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
92974	ZZZ	3.00	**RUC Time**

CPT Descriptor Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37233	ZZZ	6.50	**RUC Time**

CPT Descriptor 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)

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34812	ZZZ	4.13	**RUC Time**	9,013

CPT Descriptor 1 Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
63048	ZZZ	3.47	**RUC Time**	128,927

CPT Descriptor 2 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 vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

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: 42 **% of respondents:** 30.2 **%**

Number of respondents who choose 2nd Key Reference Code: 31 **% of respondents:** 22.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 92972	Top Key Reference CPT Code: 92974	2nd Key Reference CPT Code: 37233
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	30.00	42.50	60.00
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
Median Total Time	**30.00**	**42.50**	**60.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	2%	7%	43%	29%	19%

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	16%	52%	32%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	10%	54%	36%
Physical effort required	12%	49%	39%

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	7%	40%	53%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	3%	29%	32%	35%

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	3%	27%	70%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	10%	37%	53%
Physical effort required	7%	41%	52%

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	3%	17%	80%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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.

CPT Changes

The family of percutaneous coronary intervention (PCI) codes was last reviewed by the RUC at the January 2012 meeting, when the code family was updated to reflect bundling after CMS identified MPC codes not reviewed in the prior 5 years as potentially misvalued. The codes were reviewed for this meeting after the CPT Editorial Panel approved creation of a single add-on code that describes the work of coronary intravascular lithotripsy (IVL), a technology to modify lesions that did not exist at the time of the prior review. That code change application was submitted by a device manufacturer, and the societies worked aggressively to execute a survey that was not anticipated. Work to incorporate this technology was slated by our CPT committees for the subsequent cycle.

Survey Approach

One result of the unanticipated review was a decision to streamline the survey in order to increase the likelihood of completion. In consultation with RUC staff, we opted to not survey the add-on codes in the family that describe intervention in additional branches off major coronary arteries. CMS and payers have never recognized these add-on codes as separately payable services and they have no utilization. We did not want to confuse respondents by asking them to survey codes with which they are not familiar, or to lengthen the survey for services that are not actually paid. As part of the societies' plans for future updates to this family of codes, we intended to delete those add-on codes for PCI in additional branches. Therefore, we recommend affirmation or contractor pricing or bundling for those codes, whichever is most appropriate for the circumstances.

Current RVUs

As referenced above, CMS does not recognize the add-on codes as separately payable. However, the agency did bundle them into the underlying PCI codes. In doing so, it also added small amounts of work and time, proportionate to predicted utilization. Also, since the last time these codes were valued, work and time were removed when changes were made for moderate sedation billing. The summary spreadsheet shows the original RUC recommended value, the CMS adjustments for bundling, the adjustments for moderate sedation, and finally the current values.

Background: PCI Evolution

The recommendations for this tab do not produce an increase in RVUs and do not require a compelling evidence argument. However, these services have changed in a way that merits consideration of a change in technique that informs the results of the survey. PCI is now typically performed through the radial artery, reflecting best practice recommendations from the field. https://onlinelibrary.wiley.com/doi/10.1002/ccd.28672 Research has shown the radial approach to be safer for patients despite being technically more challenging for the operator. The main advantage is a significant reduction in bleeding risk as well as some improvement in other factors. https://pubmed.ncbi.nlm.nih.gov/33507598/ At the time of the prior survey, PCI was typically performed via the femoral artery, with a very small minority of cases performed through the radial artery; PCI via the radial artery was just emerging in this country. PCI via the radial artery requires additional preservice time that is discussed further below. This approach also requires different skills and techniques that are more difficult to perform than access through the femoral artery. While safer for the patient, the service is more technically challenging for the operator. In contrast to the femoral approach, using the radial access creates more potential roadblocks in terms of procedural execution that requires additional catheter manipulations. The radial artery cannot connect directly to the heart in a straight-line fashion, having a loop in it. This can influence the catheter availability and support for doing angioplasty. In some instances, one will fall back to a femoral position. There can also be trouble getting the catheter into the aorta and then into ascending aorta, so it goes into coronaries and not the valve as opposed to into the leg. Catheters don't always have ability to support push and backup in the same way as femoral access, making those manipulations more challenging. Some catheters also can't engage anomalous coronary arteries.

There have been some changes in catheters have improved certain elements of procedures that may also explain some reduction in time, such as catheters that allow us to access things radially that we didn't have previously and others that allow for easier canulation of a vessel without as many catheter changes as in the past, reducing lower acuity procedure time. These allow access to lesions that were previously not able to be treated, such as certain grafts, anomalous coronaries, or tortuous anatomy. There has been a procedural shift to more comprehensive lesion preparation. We also see patients undergoing PCI who are generally older and have more comorbidities than a decade ago. Attention to stricter appearance on statins and other medicines has eliminated many patients who otherwise may have been treated with lower acuity PCI. Those remaining are more complex. Positioning for radial increases the risk of radiation and precautions. More time is

spent closer to the image intensifier at different angles as opposed to standing farther back when patient is in the femoral area. Now we are closer to the heart and reaching across the patient's chest.

All of these factors lead to services that are both more intense/complex while also successfully decreasing the intra-procedure time the patient is on the table.

Recommendations Methodology

We struggled with how best to incorporate the bundling of the add-on branch codes. Because of the lack of recognition of the CPT-defined and previously RUC-valued add-on codes for interventions in branch vessels, we offer work recommendations at the survey 25th-percentile values for these codes with the addition of the same work increments CMS added when it bundled the branch intervention services into the base codes in 2013. We chose the survey 25th-percentile work RVUs as the starting point because this approach generally kept the recommended values below the current values. In instances where this approach did not keep the recommendations below the current values and times were similar or lower, we recommend the current value. As we move to the codes that are based on patient characteristics with use of any intervention—of/through a CABG, during AMI, and of a chronic total occlusion—where times are similar or higher, we recommend the current values for two codes where the survey 25th would be an increase and the survey 25th with a higher value for one code that shows a significant increase in time that reflects a different patient population than a decade ago. (Though that recommendation doesn't require a compelling evidence argument since the overall recommendations are budget neutral, we'll discuss that change in patient population for the chronic total occlusion code later.) In a similar manner, we added the bundled times to our recommendations in the same manner that CMS did in 2013 to account for work in the branch codes that would otherwise go unrecognized.

This approach produces the following recommendations for the family that would produce budget neutral savings of nearly 94,000 RVUs.

Code	Description	Rec.	Curr. Value	Rec. Pre	Rec. Intra	Rec. Post	Rec. Total
92920	Angioplasty	9.60	9.85	43	53	28	124
92921	Angioplasty, additional	0.00	0.00		30		30
92924	Atherectomy w/ angioplasty	11.74	11.74	43	69	28	140
92925	Atherectomy w/ angioplasty, additional	0.00	0.00		45		45
92928	Stent w/ angioplasty	10.57	10.96	43	60	28	131
92929	Stent w/ angioplasty, additional	0.00	0.00		30		30
92933	Atherectomy w/ stent w/ angioplasty	11.97	12.29	43	77	28	148
92934	Atherectomy w/ stent w/ angioplasty, additional	0.00	0.00		45		45
92937	Any revasc of CABG w/ w/out distal protection	10.95	10.95	43	77	28	148
92938	Any revasc of CABG w/ w/out distal protection, additional	0.00	0.00		60		60
92941	Any revasc of AMI total/subtotal occlusion	12.31	12.31	43	70	28	141
92943	Any revasc of chronic total occlusion w/ w/out thrombectomy	14.24	12.31	43	122	28	193
92944	Any revasc of chronic total occlusion w/ w/out thrombectomy, additional	0.00	0.00		60		60
92973	Thrombectomy add-on	2.97	3.28		30		30

Obsolete Codes

The RUC also identified codes 92975 and 92977 for thrombolysis as part of this family. With the extremely low volume and obsolete nature of these codes (78 and 2 units, respectively), the societies did not survey these. Instead, we recommend contractor pricing until they can be updated to reflect current practice or deleted.

Preservice Time

For each of the codes, we recommend additions to preservice package 2 (Difficult patient/straightforward procedure without anesthesia care). While these are 000 codes provided to patients with short or no hospital stay, the certain elements of preservice time are more akin to that of a service that utilizes general anesthesia.

		FACILITY			PCI	Notes
		2	**3**	**4**	**2+**	
	Total Pre-Service Time	**25**	**51**	**63**	**43**	
	CATEGORY SUBTOTALS					
A	Pre-Service Evaluation (IWPUT =0.0224)	18	33	40	34	
B	Pre-Service Positioning (IWPUT = 0.0224)	1	3	3	3	
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	15	20	6	
	DETAILS					
A	History and Exam (Performance and review of appropriate Pre-Tests)	10	10	15	10	Standard
A	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	4	2	Standard
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	5	5	10	+7 for elaborate consenting on multi-page form discussing PCI variabilities and possibility of conversion to surgery
A	Communicate with other professionals	0	5	5	0	Standard
A	Check/set-up room, supplies and equipment	1	5	5	5	+4 Utilize time similar to procedures with anesthesia to assess complex array of catheter, stents, and other supplies/equipment
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	5	5	6	+5 Both radial and femoral approaches are draped and ultrasound is performed to assess viability of sites.
A	Prepare/ review/ confirm procedure	1	1	1	1	Standard
B	Perform/ supervise patient positioning	1	3	3	3	+2 Utilize time similar to procedures with anesthesia to position patient comfortably on the table with arm in uncomfortable position. Heart is positioned to allow for intraprocedural imaging. Additional gowning procedures to minimize radiation.
C	Administer local/topical anesthesia	1	0	0	1	Standard
C	Observe (wait anesthesia care)	0	10	15	0	Standard
C	Dress and scrub for procedure	5	5	5	5	Standard

92972

This is a new Category I code to report intravascular lithotripsy (IVL) as an add-on to other PCI services. IVL is a new revascularization treatment option that pulsatile sonic pressure waves that pass through soft tissue and selectively interact strongly with high-density calcium, producing significant shear stresses that have the ability to fracture the calcium. Arterial calcification is associated with increased cardiovascular risks. Intimal arterial calcification (IAC),

considered a representation of underlying atherosclerotic plaque burden, has long been held responsible for this association, whereas increasing interest is directed towards medial arterial calcification (MAC). IVL is designed to modify both intimal and medial calcium across a wide range of vascular applications to increase vessel compliance, restore vessel mobility and provide new versatile treatment options for patients. Coronary IVL received PMA approval February 12, 2021 from the FDA for lithotripsy-enabled, low-pressure balloon dilatation of severely calcified, stenotic de novo coronary arteries prior to stenting.

ACC and SCAI convened a panel of physicians familiar with the services to review the survey data. The survey was robust and was completed by physicians who have experience with the service. The panel reviewed this ZZZ code and recommends the survey median intra-service time with no preservice or post-service time.

The key reference service is 92974, transcatheter placement of a radiation delivery device for subsequent coronary intravascular brachytherapy. 43% of key reference respondents found surveyed code 92972 to be of similar intensity/complexity, while 48% found it to be somewhat more or much more intense/complex. The second key reference service is 37233, angioplasty and atherectomy of an additional tibial/peroneal additional vessel. 68% of respondents found surveyed code 92972 to be of somewhat more or much more intense/complex, while 29% felt it to be identical.

The second KRS is helpful in valuing the new code for coronary IVL. We can determine from the survey that if 92972 is half the time of 37233, that value is 3.25. With respondents indicating 92972 to be more intense, that would comport with a higher value. The survey 25th-percentile wRVU would make sense from that perspective. We did seek and find additional 30-minute procedural add-on codes that suggest 3.90 may be about right for this new technology and newly defined service. A thoracoscopy code and stereotactic radiosurgery code that both have 30 minutes of time bracket the 25th-percentile value at 4.12 and 3.48, respectively, as shown in the summary spreadsheet.

As such, the societies **recommend the survey 25th-percentile wRVU of 3.90 with times of 0/30/0** for this add-on code**.**

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) 93799

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 Interventional Cardiology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 41489
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The IVL manufacturer reported this amount as the number of IVL procedures performed in the most recently available 12 month period (June 2021-May 2022) in their CPT Code Change Application.

Specialty Interventional Cardiology Frequency 41489 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 34,021 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The IVL manufacturer reported this amount as the number of IVL procedures performed on Medicare patients in the most recently available 12 month period (June 2021-May 2022) in their CPT Code Change Application.

Specialty Interventional Cardiology Frequency 34021 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage %

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-Coronary angioplasty (PTCA)

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

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. 92928

SS Rec Summary

ISSUE: Percutaneous Coronary Interventions
TAB: 12

Source	CPT	Global	DESC	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	92974	ZZZ	Transcatheter placement of radiation deliv	2001	42	0.071	0.071			3.00			42.5	0	0	0			43			0					
2nd REF	37233	ZZZ	Revascularization, endovascular, open or	2010	31	0.108	0.105			6.50			62	1	0	0			60			1					
CURRENT	92799		Unlisted cardiovascular service or procedure			-	-						0														
SVY	92972	ZZZ	Percutaneous transluminal coronary lithotripsy (list separately in addition to code for primary procedure)		139	0.167	0.167	1.00	3.90	5.00	9.49	40.00	30	0	0	0	7	20	30	45	130		0	5	10	20	100
REC	92972	ZZZ	Percutaneous transluminal coronary lithotripsy (list separately in addition to code for primary procedure) (use 92972 in conjunction with 92920, 92924, 92928, 92933, 92937, 92941, 92943, 92975)			0.099	0.099			2.97			30						30								
XWALK	37249	ZZZ	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the			0.099	0.099			2.97			30						30								

December 13, 2022

Scott Manaker, MD
AMA/RVS Update PE Subcommittee
American Medical Association
330 N. Wabash Avenue
Chicago, IL 60611

Re: Tab 12 Percutaneous Coronary Interventions

Dear Dr. Manaker:

Tab 12 on the January 2023 RUC agenda addresses 17 codes. One of these is a new code, which describes intravascular lithotripsy, 92972. This code will be provided exclusively in the facility setting with a ZZZ global period. As such, the Society for Cardiovascular Angiography and Interventions and the American College of Cardiology recommend no direct practice expense inputs for this code in Tab 12.

The RUC also identified 16 established codes as part of this family. These include 92920, 92921, 92924, 92925, 92928, 92929, 92933, 92934, 92937, 92938, 92941, 92943, 92973, 92975 and 92977. All of these codes are exclusively performed in the facility setting with either a 000, XXX, or ZZZ global periods. As such, the Society for Cardiovascular Angiography and Interventions and the American College of Cardiology recommend no direct practice expense inputs for these codes in Tab 12.

Thank you for your consideration of this information as you prepare for the upcoming meeting. Please contact Matt Minnella at mminnella@acc.org if you have any questions.

Sincerely,

Afnan Tariq, MD
SCAI RUC Advisor

Richard Wright, MD
ACC RUC Advisor

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2024

Respiratory Syncytial Virus (RSV) Monoclonal Antibody Administration – Tab 07

In September 2023, the CPT Editorial Panel created two codes to report administration of respiratory syncytial virus (RSV), monoclonal antibody and seasonal dose, with and without counseling. These two administration codes were created following FDA approval of Nirsevimab to protect against severe disease caused by RSV, which is common throughout the fall and winter seasons and highly contagious, sometimes deadly, for infants. CPT codes 96380 and 96381 were effective October 6, 2023, for immediate use. CPT codes 96380 and 96381 were reviewed and valued with interim recommendations to CMS the following week at the September 28-30, 2023, RUC meeting. Following that expedited review, CPT codes 96380 and 96381 were surveyed for the April 2024 RUC meeting after more widespread use occurred. These codes are not subject to compelling evidence since the September RUC recommendations were interim.

96380 ***Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional***
The RUC reviewed the survey results from 112 pediatricians and nurse practitioners and determined the survey median work RVU of 0.28 appropriately accounts for the work required to perform this service. The RUC recommends 8 minutes intra-service and total time. There is no pre-service or post-service time as this service is typically reported with an Evaluation and Management (E/M) office visit.

The RUC compared code 96380 to the top key reference service CPT code 90460 *Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered* (work RVU = 0.24- and 7-minutes intra-service and total time). The RUC agreed that the surveyed code requires slightly more physician work and time than CPT code 90460. The counseling associated with administering the RSV monoclonal antibodies is distinct in that, beyond discussing whether the infant/child should receive the product, counseling also needs to address how this product differs from traditional pediatric vaccines and optimal product administration timing. Therefore, an additional minute of intra-service time for that additional discussion beyond that of what is included in CPT code 90460 is justified. However, infants born to mothers who are administered RSV monoclonal antibodies at least two weeks before delivery will have protection and, in most cases, should not also need RSV monoclonal antibodies directly.

The RUC noted that although the vignette described a 6-month-old, the specialty societies and the RUC believe that the typical patient receiving the RSV monoclonal antibody will be much younger than a 6-month-old. Additionally, the specialty societies indicated that currently, this monoclonal antibody is not typical for patients over 8 months old unless they are in a specific high-risk category, which is less than 2% of infants nationally. Further, it is typical that patients will only receive this antibody once in their lifetime.

For additional support, the RUC referenced MPC code 96413 *Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug* (work RVW = 0.28, 7 minutes intra-service time and 13 minutes total time), CPT code 77073 *Bone length studies*

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(orthoroentgenogram, scanogram) (work RVU = 0.26, 5 minutes intra-service time and 7 minutes total time), CPT code 71110 *Radiologic examination, ribs, bilateral; 3 views* (work RVU = 0.29, 6 minutes intra-service and 8 minutes total time), and MPC code 71111 *Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views* (work RVW = 0.32, 7 minutes intra-service time and 9 minutes total time). The RUC determined that the median work value of 0.28 appropriately places CPT code 96380 relative to other services in the MFS based on time, work, intensity and complexity. **The RUC recommends a work RVU of 0.28 for CPT code 96380.**

96381 ***Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection***
The RUC reviewed the survey results from 97 pediatricians and nurse practitioners and determined that the survey 25th percentile work RVU of 0.17 appropriately accounts for the work required to perform this service. The RUC recommends 3 minutes intra-service and total time. There is no pre-service or post-service time as this service is typically reported with an Evaluation and Management (E/M) office visit.

The RUC compared the surveyed code to the top key reference service CPT code 90471 *Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)* (work RVU = 0.17, 7 minutes intra-service and total time) and determined that the physician work required to perform these services are the same. The RUC noted when 90471 was last surveyed, the specialties survey time data was disparate, based on the specialty completing the survey. After much discussion, the RUC agreed that the time and work for 90471 and 96381 are comparable.

For additional support, the RUC referenced CPT code 96372 *Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular (*work RVW = 0.17, 3 minutes intra-service time and 7 minutes total time). CPT code 96372 was recently valued by the RUC in 2017 and is the code that would have been used to report this service before the creation of this new code. The RUC also referenced CPT code 73080 (work RVU = 0.17, 3 minutes intra-service time and 5 minutes total time), MPC code 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* (work RVW = 0.18, 5 minutes intra-service time and 7 minutes total time), and CPT code 90970 *End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older* (work RVU = 0.18, 3.2 minutes intra-service and total time). The RUC determined that the survey 25th percentile work RVU of 0.17 appropriately places CPT code 96381 relative to other services in the MFS based on time, work, intensity and complexity. **The RUC recommends a work RVU of 0.17 for CPT code 96381.**

Practice Expense
The Practice Expense (PE) Subcommittee reviewed the direct inputs for CPT codes 96380 and 96381 and made one modification. Clinical staff activity CA005 *Complete pre-procedure phone calls and prescription* was removed as this time is already captured in the typically associated E/M service. The Subcommittee accepted 5 minutes for CA007 *Review patient clinical extant information and questionnaire*. Four additional minutes of clinical staff time were recommended by the surveying societies to complete the monoclonal antibody pre-check eligibility process (see attachment Nirsevimab Visual Guide). The PE Subcommittee agreed that the time required to check the mother's RSV immunization status and timing of dose in the typical patient is a minimum of 5 minutes. Clinical staff have the expertise and access to non-patient (i.e., the mother) information. This activity requires looking up the mother's records at the birthing hospital or physician office as it is not typical for this information to be sent to the state immunization registry. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

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New Technology/New Services List
CPT codes 96380 and 96381 will be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions. The RUC noted that the Relativity Assessment Workgroup may want to examine the typical patient since the specialty societies and RUC agreed that the typical patient receiving the RSV monoclonal antibody to be much younger than 6 months old.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Category I
Evaluation and Management Services
Preventive Medicine Services

The following codes are used to report the preventive medicine evaluation and management of infants, children, adolescents, and adults.

The extent and focus of the services will largely depend on the age of the patient.

Immunization/vaccine/toxoid products, immunization administrations, ancillary studies involving laboratory, radiology, other procedures, or screening tests (eg, vision, hearing, developmental) identified with a specific CPT code are reported separately. For immunization administration and ~~vaccine~~ immunization risk/benefit counseling, see 90460, 90461, 90471-90474, *90480*, 96380, 96381 ~~*, 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A*~~. For immunization/vaccine/toxoid products, see *91304, 91318, 91319, 91320, 91321, 91322,* 90380, 90381, 90476-90759~~*, 91300-91317*~~.

Medicine
Immune Globulins, Serum or Recombinant Products

Codes 90281-90399 identify the serum globulins . . .

In recognition of public health interest in immune globulin products, the CPT Editorial Panel has chosen to publish new immune globulin product codes prior to approval by the US Food and Drug Administration (FDA). These codes are indicated with the ✓ symbol and will be tracked by the AMA to monitor FDA approval status. Once the FDA status changes to approved, the ✓ symbol will be removed. CPT code users should refer to the AMA CPT website (ama-assn.org/cpt-cat-i-immunization-codes) for the most up-to-date information on codes with the ✓ symbol.

90378 Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each

90380 Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use

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90381 *1 mL dosage, for intramuscular use*

(Do not report 90380, 90381 in conjunction with 96372)

(For administration of respiratory syncytial virus, monoclonal antibody, seasonal dose, see 96380, 96381)

90384 *Rho(D) immune globulin (RhIg), human, full-dose, for intramuscular use*

Immunization Administration for Vaccines/Toxoids

Report vaccine immunization . . .

. . .

A component refers to all antigens in a vaccine that prevent disease(s) caused by one organism (90460 and 90461). Multi-valent antigens or multiple serotypes of antigens against a single organism are considered a single component of vaccines. Combination vaccines are those vaccines that contain multiple vaccine components. Conjugates or adjuvants contained in vaccines are not considered to be component parts of the vaccine as defined above.

For immune globulins and monoclonal antibodies immunizations, see 90281-90399. For administration of immune globulins and monoclonal antibodies immunizations, see 96365, 96366, 96367, 96368, 96369, 96370, 96371, 96372, 96374, 96380, 96381.

(For allergy testing, see 95004 et seq)

(For skin testing of bacterial, viral, fungal extracts, see 86485-86580)

(For therapeutic or diagnostic injections, see 96372- 96379)

Vaccines, Toxoids

To assist users to report the most recent new or revised vaccine product codes, the American Medical Association (AMA) currently uses the CPT website (ama-assn.org/ cpt-cat-i-immunization-codes), which features updates of CPT Editorial Panel actions regarding these products. See the Introduction section of the CPT code set for a complete list of the dates of release and implementation.

The CPT Editorial Panel, in recognition of the public health interest in vaccine products, has chosen to publish new vaccine product codes prior to approval by the US Food and Drug Administration (FDA). These codes are indicated with the ⌿ symbol and will be tracked by the AMA to monitor FDA approval status. Once the FDA status changes to approval, the ⌿ symbol will be removed. CPT users should refer to the AMA CPT website (ama-assn.org/cpt-cat-i-immunization-codes) for the most up-to-date information on codes with the ⌿ symbol.

[…]

Separate codes are available for combination vaccines (eg, Hib-HepB, DTap-IPV/Hib). It is inappropriate to code each component of a combination vaccine separately. If a specific vaccine code is not available, the unlisted procedure code should be reported, until a new code becomes available.

The immunization/vaccine/toxoid abbreviations listed in codes 90380, 90381, 90476-90759, 91304, 91318, 91319, 91320, 91321, 91322 ~~91300-91317~~ reflect the most recent US vaccine abbreviation references used in the Advisory Committee on Immunization Practices (ACIP) recommendations at the time of CPT code set publication. Interim updates to vaccine code descriptors will be made following abbreviation approval

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by the ACIP on a timely basis via the AMA CPT website (ama-assn.org/cpt-cat-i-immunization-codes). The accuracy of the ACIP vaccine abbreviation designations in the CPT code set does not affect the validity of the vaccine code and its reporting function.

~~*For the purposes of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccinations, codes 0003A, 0013A, 0053A, 0073A, 0083A, 0093A, 0113A, and 0173A represent the administration of a third dose in the primary series (eg, patient with immunocompromising condition or patient age 6 months through 4 years). In contrast, the booster or additional dose codes 0004A, 0034A, 0044A, 0054A, 0064A, 0074A, 0094A, 0104A, 0124A, 0134A, 0144A, 0154A, 0164A, and 0174A represent the administration of a dose of vaccine when the initial immune response to a primary vaccine series was sufficient, but has likely waned over time.*~~

(For immune globulins and monoclonal antibodies immunizations, see 90281-90399)

(For administration of immune globulins and monoclonal antibodies immunizations, with the exception of respiratory syncytial virus, monoclonal antibody, seasonal product, see 96365-96375)

(For administration of respiratory syncytial virus, monoclonal antibody, seasonal product, see 96380, 96381)

(91303 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

#91304 *Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, 5 mcg/0.5 mL dosage, for intramuscular use*

(Report 91304 with administration codes 90480)

90683 *Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use*

(For seasonal respiratory syncytial virus [RSV] monoclonal antibodies immunization codes, see 90380, 90381. For administration of seasonal RSV monoclonal antibodies immunizations, ~~use 96372~~ see 96380, 96381)

90680 *Rotovirus vaccine, pentavalent*

Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration

Therapeutic, Prophylactic, and Diagnostic Injections and Infusions (Excludes Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration)

A therapeutic, prophylactic, or diagnostic IV infusion or injection (other than hydration) is for the administration of substances/drugs. When fluids are used to administer the drug(s), the administration of the fluid is considered incidental hydration and is not separately reportable. These services typically require direct supervision for any or all purposes of patient assessment, provision of consent, safety oversight, and intra-service supervision of staff. Typically, such infusions require special consideration to prepare, dose or dispose of, require practice training and competency for staff who administer the infusions, and require periodic patient assessment with vital sign monitoring during the infusion. These codes are not intended to be reported by the physician or other qualified health care professional in the facility setting.

Passive immunizations, such as an immune globulin or monoclonal antibody, provide long-term passive immunization to the patient.

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See codes 96401-96549 for the administration of chemotherapy or other highly complex drug or highly complex biologic agent services. These highly complex services require advanced practice training and competency for staff who provide these services; special considerations for preparation, dosage or disposal; and commonly, these services entail significant patient risk and frequent monitoring. Examples are frequent changes in the infusion rate, prolonged presence of nurse administering the solution for patient monitoring and infusion adjustments, and frequent conferring with the physician or other qualified health care professional about these issues. *(Do not report 96365-96379 with codes for which IV push or infusion is an inherent part of the procedure [eg, administration of contrast material for a diagnostic imaging study])* *(For mechanical scalp cooling, see 0662T, 0663T)* *96365 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour* *96372 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular* *(For administration of vaccines/toxoids, see 90460, 90461, 90471, 90472, 90473, 90474, 90480 ~~0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A~~)* *(Report 96372 for non-antineoplastic hormonal therapy injections)* *(Report 96401 for anti-neoplastic nonhormonal injection therapy)* *(Report 96402 for anti-neoplastic hormonal injection therapy)* *(For intradermal cancer immunotherapy injection, see 0708T, 0709T)* *(Do not report 96372 for injections given without direct physician or other qualified health care professional supervision. To report, use 99211. Hospitals may report 96372 when the physician or other qualified health care professional is not present)* *(96372 does not include injections for allergen immunotherapy. For allergen immunotherapy injections, see 95115-95117)* *96377 Application of on-body injector (includes cannula insertion) for timed subcutaneous injection*				
●96380	E1	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional (Report 96380 for administration of respiratory syncytial virus, monoclonal antibody, seasonal dose [90380, 90381])	XXX	0.28

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●96381	E2	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection (Report 96381 for administration of respiratory syncytial virus, monoclonal antibody, seasonal dose [90380, 90381])	XXX	0.17

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96380 Tracking Number E1 Original Specialty Recommended RVU: **0.28**
Presented Recommended RVU: **0.28**
Global Period: XXX Current Work RVU: **0.24** RUC Recommended RVU: **0.28**

CPT Descriptor: Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 6-month-old female presents during the fall season. The physician or other qualified healthcare professional provides benefit and risk counseling on immunization for the seasonal respiratory syncytial virus to the parents and answers all their questions. The parent agrees to have their child receive the product.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated 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 physician or qualified health care professional recommends passive immunization with the respiratory syncytial virus (RSV) immune globulin seasonal product for protection against RSV during the infant's vulnerable first year. The physician or QHP provides benefit and risk counseling to the parents and answers all their questions. Consent is obtained from the parent or guardian. Following the administration of the injection the patient is monitored for any adverse reaction. The physician or QHP then discusses the care plan for the child in the days to follow specific to the anticipated or possible side effects (eg, soreness and pain at the injection site, fever) and reviews the signs or symptoms that warrant a call back.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2024					
Presenter(s):	Steven Krug, MD (AAP); Suzanne Berman, MD (AAP); Korinne Van Keuren, DNP, APRN, NP-BC, RNFA (ANA)					
Specialty Society(ies):	American Academy of Pediatrics (AAP); American Nurses Association (ANA)					
CPT Code:	96380					
Sample Size:	6414	**Resp N:**	112			
Description of Sample:	Random sample of applicable subsets AAP and ANA					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	3.00	**10.00**	30.00	600.00
Survey RVW:		0.01	0.24	**0.28**	0.35	1.00
Pre-Service Evaluation Time:				**0.00**		
Pre-Service Positioning Time:				**0.00**		
Pre-Service Scrub, Dress, Wait Time:				**0.00**		
Intra-Service Time:		2.00	6.00	**8.00**	11.00	30.00
Immediate Post Service-Time:	**0.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**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)

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)

XXX Global Code

CPT Code:	96380	**Recommended Physician Work RVU: 0.28**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**8.00**		

Please, pick the post-service 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)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

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? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
90460	XXX	0.24	**RUC Time**

CPT Descriptor Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99212	XXX	0.70	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
96413	XXX	0.28	**RUC Time**	1,619,733

CPT Descriptor 1 Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
71111	XXX	0.32	**RUC Time**	27,294

CPT Descriptor 2 Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

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: 83 **% of respondents:** 74.1 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 10.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 96380	Top Key Reference CPT Code: 90460	2nd Key Reference CPT Code: **99212**
Median Pre-Service Time	0.00	0.00	2.00
Median Intra-Service Time	8.00	7.00	11.00
Median Immediate Post-service Time	0.00	0.00	3.00
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
Median Total Time	**8.00**	**7.00**	**16.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	2%	0%	25%	59%	14%

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	2%	32%	66%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	1%	83%	16%
Physical effort required	2%	83%	15%

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	5%	36%	59%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	50%	33%	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	8%	50%	42%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	17%	75%	8%
Physical effort required	8%	75%	17%

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%	25%	75%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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.

Background

New CPT codes for an immune globulin product protecting against respiratory syncytial virus for seasonal duration, Nirsevimab, were approved during the May 2023 CPT meeting. There was discussion surrounding the fact that the current administration code used for intramuscular injection of an immune globulin product, 96372, was not sufficient for this product, which will be administered to all infants prophylactically as a passive immunization. Subsequent to the May 2023 CPT meeting, the Food and Drug

Administration (FDA) and the FDA's Pediatric Advisory Committee approved Nirsevimab via their Fast Track process and the CDC's Advisory Committee on Immunization Practices (ACIP) recommended single dose of Nirsevimab for all infants younger than 8 months born during or entering their first RSV season and infants and for children aged 8 through 19 months who are at increased risk of severe RSV disease and entering their second RSV season.

At the September 2023 meeting, the CPT Editorial Panel created two new CPT codes to report the passive immunization administration of respiratory syncytial virus, monoclonal antibody, seasonal dose, with and without counseling. The new administration codes were developed for this product to support the increased physician and other qualified healthcare provider (QHP) work involved in parent/caretaker counseling regarding this novel vaccine-like product as well as address efforts that are commonly associated with the administration of an immunization (in this case, a passive immunization) in a preventive care setting and practice expenses associated with product storage and entry into the state immunization registry. These codes fell under the CPT Panel's Early Release Policy and became effective on October 6, 2023. This expedited process was to protect against severe disease caused by RSV, which is common, highly contagious, and sometimes deadly. RSV is one of the leading causes of death for otherwise healthy young infants and for young and older infants with underlying medical concerns, creating the urgency to get this countermeasure approved.

Interim Valuation at the September 2023 RUC Meeting
Based on the urgent need for the RUC to value these passive immunization administration codes and forward recommendations to CMS so children could immediately begin to receive this potentially life-saving intervention, at the September 2023 meeting, the AAP proposed, and the RUC agreed to assign interim work and time valuations to the two new CPT codes (96380, 96381) using crosswalk methodology.

For CPT code 96380, the RUC recommended a work RVU of 0.24 based on a direct crosswalk to CPT code 90460 *Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered* (work RVU = 0.24 and 7 minutes intra-service and total time), which maintained relativity within the Medicare Physician Payment Schedule. The RUC recommended 7 minutes intra-service and total time. There is no pre-service or post-service time as this service is typically reported with an Evaluation and Management (E/M) office visit.

For additional support, the RUC compared code 96380 to MPC code 99406 *Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes* (work RVU = 0.24 and 7 minutes intra-service time and total time), code 88311 *Decalcification procedure (List separately in addition to code for surgical pathology examination*) (work RVU = 0.24, 5 minutes intra-service time and 7 minutes total time), 77073 *Bone length studies (orthoroentgenogram, scanogram)* (work RVU = 0.26, 5 minutes intra-service time and 7 minutes total time) and 92202 *Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral* (work RVU = 0.26, 5 minutes intra-service time and 7 minutes total time).

The RUC determined that an interim work value of 0.24 appropriately placed 96380 relative to other services based on the anticipated time, work, intensity, and complexity for this new service. The specialty societies agreed to survey this service for the April 2024 RUC meeting after more widespread use had occurred.

The RUC also noted at this time that since interim values were established at the September 2023 RUC meeting, compelling evidence would NOT be required if the society recommended a value higher than the interim value at the April 2024 RUC meeting.

The societies found that gaining experience with the service during this period was extremely informative in developing recommendations for the April 2024 meeting. The societies found that the impact of the documented growth in vaccine hesitancy, a legacy of the COVID-19 pandemic, impacts the administration of this vaccine. Providers must spend time communicating the needs and benefits to patients. Another factor that came to light is that unique to this vaccine is the need to confirm if the mother has received the vaccine during the window (at least two weeks before delivery), which would negate the need for the infant to receive the vaccine. Confirming these details takes additional time especially since mothers typically do not present with their immunization records.

Survey Process
In late February/early March, ANA and AAP conducted a survey to value CPT code 96380, with 112 survey respondents. Both societies used a random sample of applicable subsets of their members. The societies established an expert panel to review the survey results. The vignette of the typical patient used for the survey was provided by the CPT Editorial Panel. 90% of respondents found the vignette to be typical.

Recommendations
Based on the review of the survey data, the specialties recommend the survey median of 0.28 work RVUs and the survey median of 8 minutes intra-service time, which also serves as the total time.

Intensity Measures
The median RVUs of 0.28 is supported by the intensity/complexity measures, where 73% of survey respondents indicated the service overall was more intense/complex than the top key reference service code, 90460, Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid, which has an RVW of 0.24.

Comparison Codes
CPT code 90460: CPT code 90460 is valued at 0.24 work RVUs and has an intra service time of 7 minutes. The specialties believed that the higher work valuation and time for surveyed code 96380 is justified based on the need to address ongoing vaccine hesitancy that has intensified with COVID-19. Surveys on the impact of the COVID-19 pandemic on vaccine confidence indicate vaccine hesitancy overall has increased (CDC's State of Vaccine Confidence Insights Report, KFF COVID-19 Vaccine Monitor, American Academy of Family Physicians, American College Health Association, Pediatrics, Journal of Community Health).

The counseling associated with administering the RSV monoclonal antibodies is unique in that, beyond discussing whether the infant/child should receive the product, counseling also needs to address optimal product administration timing. Babies born to mothers who get RSV vaccine at least 2 weeks before delivery will have protection and, in most cases, should not need an RSV vaccine. Therefore, an additional minute of intra-service time for that additional discussion beyond that of the KRS is justified.

CPT code 96413: The recommended valuation is also supported by MPC code 96413 Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug (work RVW = 0.28; 7 minutes intra-service time and 13 minutes total time) and 71111 Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views (work RVW = 0.31; 7 minutes intra-service time and 9 minutes total time). The recommended time is supported by the primary key reference service, 90460, Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid, which has an intra-service time of 7 minutes.

Other comparison codes: There are multiple other RUC-reviewed services with an XXX global period that have comparable times and work RVUs:

Code	Descriptor	Global	Work RVU	Pre-Time	Intra-Time	Post-Time	Total Time
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered	XXX	0.24	0	7	0	7
77073	Bone length studies (orthoroentgenogram, scanogram)	XXX	0.26	1	5	1	7
92202	Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral)	XXX	0.26	1	5	1	7
96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional	XXX	0.28	0	8	0	8
71110	Radiologic examination, ribs, bilateral; 3 views	XXX	0.29	1	6	1	8

Code	Descriptor	Global	Work RVU	Pre-Time	Intra-Time	Post-Time	Total Time
73523	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views	XXX	0.31	1	6	1	8

These examples illustrate that the recommended value and time for code 96380 are properly positioned in the resource-based relative value scale compared to services of other specialties.

Conclusion
For code 96380, Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional, **the societies recommend the survey median, an RVU of 0.28 and intra-service time of 8 minutes**.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☒ Other reason (please explain) Code 96380 is typically reported in addition to an office visit E/M

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.

		Code	Global	Work RVU	Pre-Time	Intra-Time	Post-Time
3.	3.	99213	XXX	1.30	5	20	5
4.	4.	96380	XXX	0.28	0	8	0
5.	5.	Total		1.58	5	28	5

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) New service

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 Pediatricians How often? Commonly

Specialty Nurse Practitioners How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 2025000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. There are 3.6 million births in the US annually; we estimated that 900,000 or 25% of

these parents either refused early immunizations or the mother received the RSV shot during the appropriate time period, and the infant did not need to be separately immunized. This leaves us with 2,700,000 births; we estimated that 75% of these, or 2,025,000, will provide immunization with counseling, and 25%, or 675,000, will not provide counseling with immunization. Of those provided with counseling, 85%, or 1,721,250, will be provided by Pediatricians, and 15%, or 303,750, will be provided by Nurse Practitioners.

Specialty Pediatricians Frequency 1721250 Percentage 85.00 %

Specialty Nurse Practitioners Frequency 303750 Percentage 15.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 30 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This estimate was derived from a crosswalked to the 2022 utilization for CPT code 90461, Immunization through 18 years of age with counseling.

Specialty Pediatricians Frequency 26 Percentage 86.66 %

Specialty Nurse Practitioners Frequency 4 Percentage 13.33 %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? Yes

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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:
Other

BETOS Sub-classification:
Immunizations/Vaccinations

BETOS Sub-classification Level II:
NA

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

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. 90460

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96381 Tracking Number E2 Original Specialty Recommended RVU: **0.17**
Presented Recommended RVU: **0.17**
Global Period: XXX Current Work RVU: **0.17** RUC Recommended RVU: **0.17**

CPT Descriptor: Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 6-month-old female presents during the fall season for immunization against seasonal respiratory syncytial virus. The parent is offered and accepts an intramuscular injection of the RSV monoclonal antibody for their child.

Percentage of Survey Respondents who found Vignette to be Typical: 87%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated 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 physician or qualified health care professional recommends passive immunization with the respiratory syncytial virus (RSV) immune globulin seasonal product for protection against RSV during the infant's vulnerable first year. Consent is obtained from the parent or guardian. Following the administration of the injection the patient is monitored for any adverse reaction. The physician or QHP then discusses the care plan for the child in the days to follow specific to the anticipated or possible side effects (eg, soreness and pain at the injection site, fever) and reviews the signs or symptoms that warrant a call back.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2024					
Presenter(s):	Steven Krug, MD (AAP); Suzanne Berman, MD (AAP); Korinne Van Keuren, DNP, APRN, NP-BC, RNFA (ANA)					
Specialty Society(ies):	American Academy of Pediatrics (AAP); American Nurses Association (ANA)					
CPT Code:	96381					
Sample Size:	6414	**Resp N:**	97			
Description of Sample:	Random sample of applicable subsets AAP and ANA					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	0.00	**4.00**	10.00	600.00
Survey RVW:		0.00	0.17	**0.20**	0.25	1.00
Pre-Service Evaluation Time:				**0.00**		
Pre-Service Positioning Time:				**0.00**		
Pre-Service Scrub, Dress, Wait Time:				**0.00**		
Intra-Service Time:		0.00	2.00	**3.00**	6.00	20.00
Immediate Post Service-Time:	**0.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**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)

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)

XXX Global Code

CPT Code:	96381	**Recommended Physician Work RVU: 0.17**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service 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)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

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? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
90471	XXX	0.17	**RUC Time**

CPT Descriptor Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
90460	XXX	0.24	**RUC Time**

CPT Descriptor Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99211	XXX	0.18	**RUC Time**	2,857,279

CPT Descriptor 1 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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
96402	XXX	0.19	**RUC Time**	368,463

CPT Descriptor 2 Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic

Other Reference CPT Code	Global	Work RVU	Time Source
96372	XXX	0.17	**RUC Time**

CPT Descriptor Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

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: 67 **% of respondents:** 69.0 **%**

Number of respondents who choose 2nd Key Reference Code: 18 **% of respondents:** 18.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 96381	Top Key Reference CPT Code: 90471	2nd Key Reference CPT Code: **90460**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	3.00	7.00	7.00
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
Median Total Time	**3.00**	**7.00**	**7.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	5%	5%	41%	45%	4%

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	12%	44%	44%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	3%	83%	14%
Physical effort required	4%	84%	12%

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	7%	50%	43%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	11%	44%	39%	6%

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	11%	56%	33%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	89%	5%
Physical effort required	6%	83%	11%

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	11%	33%	56%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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.

Background

New CPT codes for an immune globulin product protecting against respiratory syncytial virus for seasonal duration, Nirsevimab, were approved during the May 2023 CPT meeting. There was discussion surrounding the fact that the current administration code used for intramuscular injection of an immune globulin product, 96372, was not sufficient for this product, which will be administered to all infants prophylactically as a passive immunization. Subsequent to the May 2023 CPT meeting, the Food and Drug

Administration (FDA) and the FDA's Pediatric Advisory Committee approved Nirsevimab via their Fast Track process and the CDC's Advisory Committee on Immunization Practices (ACIP) recommended single dose of Nirsevimab for all infants younger than 8 months born during or entering their first RSV season and infants and for children aged 8 through 19 months who are at increased risk of severe RSV disease and entering their second RSV season.

At the September 2023 meeting, the CPT Editorial Panel created two new CPT codes to report the passive immunization administration of respiratory syncytial virus, monoclonal antibody, seasonal dose, with and without counseling. The new administration codes were developed for this product to support the increased physician and other qualified healthcare provider (QHP) work involved in parent/caretaker counseling regarding this novel vaccine-like product as well as address efforts that are commonly associated with the administration of an immunization (in this case, a passive immunization) in a preventive care setting and practice expenses associated with product storage and entry into the state immunization registry. These codes fell under the CPT Panel's Early Release Policy and became effective on October 6, 2023. This expedited process was to protect against severe disease caused by RSV, which is common, highly contagious, and sometimes deadly. RSV is one of the leading causes of death for otherwise healthy young infants and for young and older infants with underlying medical concerns, creating the urgency to get this countermeasure approved.

Interim Valuation at the September 2023 RUC Meeting
Based on the urgent need for the RUC to value these passive immunization administration codes and forward recommendations to CMS so children could immediately begin to receive this potentially life-saving intervention, at the September 2023 meeting the AAP proposed, and the RUC agreed to assign interim work and time valuations to the two new CPT codes (96380, 96381) using crosswalk methodology.

For CPT code 96381, the RUC recommended a work RVU of 0.17 based on a direct crosswalk to CPT code 90471 *Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)* (work RVU = 0.17, 7 minutes intra-service and total time), which maintained relativity within Medicare Physician Payment Schedule. The RUC recommended 7 minutes intra-service and total time. There is no pre-service or post-service time as this service is typically reported with an Evaluation and Management (E/M) office visit.

For additional support, the RUC compared code 96381 to MPC code 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* (work RVU = 0.18 and 5 minutes intra-service time and 7 minutes total time) and code 90970 *End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older* (work RVU = 0.18, 3.2 minutes intra-service and total time).

The RUC determined that an interim work value of 0.17 appropriately placed 96381 relative to other services based on the anticipated time, work, intensity, and complexity for this new service. The specialty societies agreed to survey this service for the April 2024 RUC meeting after more widespread use had occurred.

It was also noted at this time that since the values established at the September 2023 meeting were interim values, compelling evidence would NOT be required if the society recommended a value higher than the interim value at the April 2024 meeting.

Survey Process
In late February/early March, ANA and AAP conducted a survey to value CPT code 96381, with 97 survey respondents. Both societies used a random sample of applicable subsets of their members. The societies established an expert panel to review the survey results. The CPT Editorial Panel provided the vignette of the typical patient used for the survey. 87% of respondents found the vignette to be typical. Most respondents indicated that the vignette was not typical and noted that it was unusual not to provide counseling as part of the service.

Recommendations
Based on the review of the survey data, the specialties recommend the survey 25th percentile of 0.17 work RVUs and the survey median of 3 minutes intra-service time, which also serves as the total time.

Comparison Codes
CPT code 96372: These values are supported by CPT code 96372 *Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular (*work RVW = 0.17; 3 minutes intra-service time and 7 minutes total time). CPT code 96372 was recently valued by the RUC (2017) and is the code that would have been used to report this service before the creation of this new code.

CPT code 90471: The recommended work RVW is supported by the top key reference service code, 90471 *Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid*), which has a work RVW of 0.17.

CPT codes 99211 and 99212: It is also supported by MPC codes 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* (work RVW = 0.18) and 99212 *Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded* (work RVW= 0.70; 11 minutes intra-service time and 16 minutes total time). The specialties' recommended values for CPT code 96381 align well by taking ¼ of the work RVW and time values of the latter MPC code.

Other comparison codes: The expert panel also looked at other RUC-reviewed services with an XXX global period that have comparable times and work RVUs:

Code	Descriptor	Global	Work RVU	Pre-Time	Intra-Time	Post-Time	Total Time
72020	Radiologic examination, spine, single view, specify level	XXX	0.16	1	3	1	5
73080	Radiologic examination elbow; complete, minimum of 3 views	XXX	0.17	1	3	1	5
96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection	XXX	0.17	0	3	0	3
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	XXX	0.17	2	3	2	7
74018	Radiologic examination, abdomen; 1 view	XXX	0.18	1	3	1	5
72070	Radiologic examination, spine; thoracic, 2 views	XXX	0.20	1	3	1	5

These examples illustrate that the recommended value and time for code 96381 are properly positioned when compared to other services of other specialties in the resource-based relative value scale.

Conclusion

For code 96381 Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, **the societies recommend the survey 25th percentile, an RVU of 0.17 and intra-service time of 3 minutes.**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☒ Other reason (please explain) Code 96381 is typically reported in addition to an office visit E/M

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.

		Code	Global	Work RVU	Pre-Time	Intra-Time	Post-Time
3.	3.	99213	XXX	1.30	5	20	5
4.	4.	96381	XXX	0.17	0	7	0
5.	5. Total			1.47	5	27	5

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) New service

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 Pediatrics How often? Commonly

Specialty Nurse Practitioners How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 675000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. There are 3.6 million births in the US annually; we estimated that 900,000 or 25% of these parents either refused early immunizations or the mother received the shot during the appropriate time period. This leaves us with 2,700,000 births; we estimate that 75% of these, or 2,025,000, will provide immunization with counseling, and 25%, or 675,000, will not provide counseling. Of those provided without counseling, 85%, or 573,750, will be provided by Pediatricians, and 15%, or 101,250, will be provided by Nurse Practitioners.

Specialty Pediatricians Frequency 573750 Percentage 85.00 %

Specialty Nurse Practitioner Frequency 101250 Percentage 15.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 8 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This estimate was derived from a crosswalked to the 2022 utilization for CPT code 90461, Immunization through 18 years of age with counseling. We estimate the volume of 96381 to be 25% of the volume of 90461.

Specialty Pediatricians Frequency 6 Percentage 75.00 %

Specialty Nurse Practitioner Frequency 2 Percentage 25.00 %

Specialty Frequency 0 Percentage %

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:
Other

BETOS Sub-classification:
Immunizations/Vaccinations

BETOS Sub-classification Level II:
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

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. 90471

SS Rec Summary

ISSUE: Respiratory Syncytial Virus (RSV) Monoclonal Antibody Administration

TAB: 7

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	90460	Immunization administration through 18 years of age via any route of administration, with	XXX	2021	83	0.034	0.034			0.24			7		0				7			0					
2nd REF	99212	Office or other outpatient visit for the evaluation and management of an established	XXX	2019	12	0.044	0.044			0.70			16		2				11			3					
INTERIM	96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by	XXX	2023		0.034	0.034			0.24			7						7								
SVY	96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by	XXX		112	0.035	0.035	0.01	0.24	0.28	0.35	1.00	8		0		2	6	8	11	30	0	0	3	10	30	600
AAP	96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by			108	0.035	0.035	0.01	0.24	0.28	0.35	1.00	8		0		2	6	8	11	30	0	0	3	12	30	600
ANA	96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by			4	0.042	0.042	0.17	0.22	0.25	0.26	0.30	6		0		3	5	6	12	25	0	0	0	3	7	10
REC	96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by				0.035	0.035			0.28			8		0				8			0					
1st REF	90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or	XXX	2021	67	0.024	0.024			0.17			7		0				7			0					
2nd REF	90460	Immunization administration through 18 years of age via any route of administration, with	XXX	2021	18	0.034	0.034			0.24			7		0				7			0					
INTERIM	96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by	XXX	2023		0.024	0.024			0.17			7						7								
SVY	96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by	XXX		97	0.067	0.067	0.00	0.17	0.20	0.25	1.00	3		0		0	2	3	6	20	0	0	0	4	10	600
AAP	96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by			94	0.067	0.067	0.00	0.17	0.20	0.25	1.00	3		0		0	2	3	6	20	0	0	0	4	13	600
ANA	96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by			3	0.034	0.034	0.17	0.17	0.17	0.21	0.25	5		0		3	4	5	10	15	0	0	3	5	6	6
REC	96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection				0.057	0.057			0.17			3		0				3			0					

NON-FACILITY DIRECT PE INPUTS **CPT CODE(S): 96380-96381**

SPECIALTY SOCIETY(IES): AAP, ANA

PRESENTER(S): Steven Krug, MD (AAP), Suzanne Berman, MD (AAP) , Korinne Van Keuren, DNP, APRN, NP-BC, RNFA (ANA)

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: April 2024

CPT Code	Long Descriptor	Global Period
96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional	XXX
96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
96380	A 6-month-old female presents during the fall season. The physician or other qualified healthcare professional provides benefit and risk counseling on immunization for the seasonal respiratory syncytial virus to the parents and answers all their questions. The parent agrees to have their child receive the product.
96381	A 6-month-old female presents during the fall season for immunization against seasonal respiratory syncytial virus. The parent is offered and accepts an intramuscular injection of the RSV monoclonal antibody for their child.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   RUC Advisors from AAP and ANA and several AAP members from large pediatric practices with expertise in immunization administration acted as an expert panel and communicated via email to develop the recommended PE inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   We are utilizing CPT code 90460 *Immunization administration through 18 years of age via any route of administration, with counseling by physician or other QHP; first or only component of each vaccine or toxoid administered* as our base reference code for 96380 due to the inherent similarity between the service described by 90460 and this new service. Code 90460 is a recently PE reviewed IA service. To the base of 90460 direct PE inputs, we are recommending incremental direct PE inputs as established by manufacturers and the CDC Advisory Committee on Immunization Practices for administering the Nirsevemab vaccine and Expert Panel input.

   We are utilizing CPT code 90471 *Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)* as our base reference code for 96381 due to the inherent similarity between the service described by 90471 and this new service. Code 90471 is a recently PE reviewed IA service. To the base of 90471 direct PE inputs, we are recommending incremental direct PE inputs as

established by manufacturers and the CDC Advisory Committee on Immunization Practices for administering the Nirsevemab vaccine and Expert Panel input.

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?

   Codes 96380 and 96381 are typically reported with an E/M service. Codes 96380 and 96381 are typically reported with an E/M service in the NF setting.

   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

   The dominant provider for new CPT Codes 96380 and 96381 in the facility and nonfacility is not known at this time.

   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

   N/A

   See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

   N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

Pre Service
CA005 Complete pre-procedure phone calls and prescription.
Specialties are recommending 3 minutes (standard time for phone calls) to account for the clinical staff time spent calling parent of eligible infant/child to schedule appointment for E/M visit and product administration when stock of RSV monoclonal antibody product is available from the manufacturer and at the practice. Activity requires expertise of clinical staff to review patient waiting list for the product to determine specific patient eligibility for the size of the dose available (50 mg vs 100 mg) and answering parent questions.

CA007 Review patient clinical extant information and questionnaire
Used for imaging service. 1 minute standard.
Specialties are recommending 5 minutes to account for the clinical staff time to review the patient immunization questionnaire and complete the required pre-check eligibility process (see attachment Nirsevemab Visual Guide). Expert Panel members experienced with administering this product report that the time required to check the mother's RSV immunization status and timing of dose in the typical patient is a minimum of 5 minutes. Clinical staff have the expertise and access to non-patient (i.e., the mother) information. This activity requires looking up the mother's records at the birthing hospital as it is not typical for this information to be sent to the state immunization registry.

CA008
Perform regulatory mandated quality assurance activity (pre-service)
Standard is 0 for XXX services.
Specialties are recommending 1 minute to account for the clinical staff time to ensure the vaccine stock is viable.

Service
CA014 Confirm order, protocol exam
Used for imaging service. 1 minute standard.
Specialties are recommending 2 minutes to account for the clinical staff time to compute the correct dose based on patient's age and weight. Additional calculation complexity based on the "If baby is under X kg or over age Y" component of formula.

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

CA005: Determining appropriateness of available vaccine for patient. Calling parent to notify them of availability of product and scheduling appointment for E/M visit and product administration. Answering parent questions.

CA007: Confirming vaccine order/checking appropriateness for patient. Complete vaccine pre-check eligibility process (see attachment Nirsevemab Visual Guide).

CA008: Checking historical and current temperatures for vaccine refrigerator; recording temperatures; reporting temperatures; vaccine inventorying; ordering vaccines; completing required Vaccines for Children (VFC) paperwork; receiving vaccines; inspecting/logging vaccines and putting them in the vaccine refrigerator; creating lot numbers in EHR

    b. Service period (includes pre, intra and post):

CA011: Giving Vaccine Information Sheet (VIS) to patient/family; getting informed consent and signature if applicable

CA014: Going to laboratory and taking vaccine vials out of vaccine refrigerator; computing dose based on patient's age and weight; drawing up vaccine into syringe; going back to patient room and preparing patient/parent, confirming that this is correct patient-correct vaccine

CA021: Actual administration of vaccine; bandage application

CA022: Watching patient after vaccine is administered

CA024: Disposal of vaccine-specific medical waste

CA034: Charting administered immunizations in the patient chart and EMR; preparing patient record/immunization card

    c. Post-service period:

CA037: Contacting patient/parent to follow up on immunization administration

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

CA021: RN/LPN/MTA prepares the vaccine, instructs the patient (or parent) on proper positioning, selects and prepares the injection site, administers the vaccine, and applies a bandage to the injection site. The patient is then monitored for potential anaphylaxis response to the vaccine.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

N/A

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

N/A

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?

a. If yes, please explain how the computer is used for this service(s).
b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

The specialty societies included the following equipment items:

EF049 refrigerator, vaccine medical grade, 2-data logger single glass door
ED043 refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates

The specialties used the 'default' equipment formula for both EF049 and ED043.

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

Equipment
ED043: While its description begins with "refrigerator, vaccine," it is the temperature monitor with alarm for the vaccine medical grade refrigerator. The specialties do not have two vaccine refrigerators included as part of the recommendations.

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

NON-FACILITY DIRECT PE INPUTS **CPT CODE(S): 96380-96381**

SPECIALTY SOCIETY(IES): AAP, ANA

PRESENTER(S): Steven Krug, MD (AAP), Suzanne Berman, MD (AAP) , Korinne Van Keuren, DNP, APRN, NP-BC, RNFA (ANA)

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Clinical Staff Activity CA005 (pre-service time) 3 minutes decreased to 0 minutes for 96380 and 96381 as this time is already captured in the associated E/M service.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	C	D	E	F	G
1	**RUC Practice Expense Spreadsheet**						**REFEREN**
2							**904**
3		***RUC Collaboration Website***					*Immuni adminis through 18 age via an administra counse*
4	**Clinical Activity Code**	**Meeting Date: April 2024** **Revision Date (if applicable):** **Tab 7: RSV Monoclonal Antibody Administration** **Specialty: AAP, ANA**	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	
5		**LOCATION**					**Non Fac**
6		**GLOBAL PERIOD**					**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**					**$ 11.12**
8		**TOTAL CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.498	**20.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.498	**2.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.498	**17.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.498	**1.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**					**$ 9.96**
13		**PRE-SERVICE PERIOD**					
14		**Start: Following visit when decision for surgery/procedure made**					
15	CA001	Complete pre-service diagnostic and referral forms	90 DAY: NF5, F5*	L037D	RN/LPN/MTA	0.498	
16	CA002	Coordinate pre-surgery services (including test results)	90 DAY: NF10, F20*	L037D	RN/LPN/MTA	0.498	
17	CA003	Schedule space and equipment in facility	90 DAY: NF0, F8*	L037D	RN/LPN/MTA	0.498	
18	CA004	Provide pre-service education/obtain consent	90 DAY: NF10, F20*	L037D	RN/LPN/MTA	0.498	
19	CA005	Complete pre-procedure phone calls and prescription	90 DAY: NF10, F7*	L037D	RN/LPN/MTA	0.498	
20	CA006	Confirm availability of prior images/studies	For use in imaging services. 2 minute standard.	L037D	RN/LPN/MTA	0.498	
21	CA007	Review patient clinical extant information and questionnaire	For use in imaging services. 1 minute standard.	L037D	RN/LPN/MTA	0.498	1
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)		L037D	RN/LPN/MTA	0.498	1
23				L037D	RN/LPN/MTA	0.498	
24				L037D	RN/LPN/MTA	0.498	
25				L037D	RN/LPN/MTA	0.498	
26		*Other activity: please include short clinical description here and type*		L037D	RN/LPN/MTA	0.498	
27		*Other activity: please include short clinical description here and type*		L037D	RN/LPN/MTA	0.498	
28		*Other activity: please include short clinical description here and type*		L037D	RN/LPN/MTA	0.498	
29		**End: When patient enters office/facility for surgery/procedure**					
30		**SERVICE PERIOD**					
31		**Start: When patient enters office/facility for surgery/procedure:**					
32		**Pre-Service (of service period)**					
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	3 minute standard.	L037D	RN/LPN/MTA	0.498	
34	CA010	Obtain vital signs	Vital Sign Standards	L037D	RN/LPN/MTA	0.498	
35	CA011	Provide education/obtain consent	Include only the additional education/consent activities	L037D	RN/LPN/MTA	0.498	3
36	CA012	Review requisition, assess for special needs		L037D	RN/LPN/MTA	0.498	
37	CA013	Prepare room, equipment and supplies	2 minute standard.	L037D	RN/LPN/MTA	0.498	
38	CA014	Confirm order, protocol exam	For use in imaging services. 1 minute standard.	L037D	RN/LPN/MTA	0.498	2
39	CA015	Setup scope (nonfacility setting only)	5 minute standard for scope set up in the non facility	L037D	RN/LPN/MTA	0.498	
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	2 minute standard.	L037D	RN/LPN/MTA	0.498	
41	CA017	Sedate/apply anesthesia	2 minute standard RN/LPN/MA.	L037D	RN/LPN/MTA	0.498	
42				L037D	RN/LPN/MTA	0.498	
43				L037D	RN/LPN/MTA	0.498	
44				L037D	RN/LPN/MTA	0.498	
45		*Other activity: please include short clinical description here and type*		L037D	RN/LPN/MTA	0.498	
46		*Other activity: please include short clinical description here and type*		L037D	RN/LPN/MTA	0.498	
47		*Other activity: please include short clinical description here and type*		L037D	RN/LPN/MTA	0.498	
48		**Intra-service (of service period)**					
49	CA018	Assist physician or other qualified healthcare professional---directly	100% of physician or other qualified healthcare	L037D	RN/LPN/MTA	0.498	
50	CA019	Assist physician or other qualified healthcare professional---directly	67% of physician or other qualified healthcare	L037D	RN/LPN/MTA	0.498	
51	CA020	Assist physician or other qualified healthcare professional---directly	other% of physician or other qualified healthcare	L037D	RN/LPN/MTA	0.498	
52	CA021	Perform procedure/service---NOT directly related to physician work time		L037D	RN/LPN/MTA	0.498	4
53				L037D	RN/LPN/MTA	0.498	
54				L037D	RN/LPN/MTA	0.498	
55				L037D	RN/LPN/MTA	0.498	
56		*Other activity: please include short clinical description here and type*		L037D	RN/LPN/MTA	0.498	
57		*Other activity: please include short clinical description here and type*		L037D	RN/LPN/MTA	0.498	
58		*Other activity: please include short clinical description here and type*		L037D	RN/LPN/MTA	0.498	
59		**Post-Service (of service period)**					
60	CA022	Monitor patient following procedure/service, multitasking 1:4	For monitoring following procedure, standard 15 minutes	L037D	RN/LPN/MTA	0.498	4
61	CA023	Monitor patient following procedure/service, no multitasking		L037D	RN/LPN/MTA	0.498	
62	CA024	Clean room/equipment by clinical staff	3 minute standard.	L037D	RN/LPN/MTA	0.498	1
63	CA025	Clean scope	Standards For Scope Cleaning	L037D	RN/LPN/MTA	0.498	
64	CA026	Clean surgical instrument package	Standard for cleaning instruments	L037D	RN/LPN/MTA	0.498	
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions		L037D	RN/LPN/MTA	0.498	
66	CA028	Review/read post-procedure x-ray, lab and pathology reports		L037D	RN/LPN/MTA	0.498	
67	CA029	Check dressings, catheters, wounds	1 minute standard.	L037D	RN/LPN/MTA	0.498	
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	For use in imaging services, Baseline time for this	L037D	RN/LPN/MTA	0.498	
69	CA031	Review examination with interpreting MD/DO	For use in imaging services, Standard time for this	L037D	RN/LPN/MTA	0.498	
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	For use in imaging services, Standard time for this	L037D	RN/LPN/MTA	0.498	
71	CA033	Perform regulatory mandated quality assurance activity (service period)		L037D	RN/LPN/MTA	0.498	
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry		L037D	RN/LPN/MTA	0.498	3
73	CA035	Review home care instructions, coordinate visits/prescriptions	2 minute standard. For non-facility (office) setting use	L037D	RN/LPN/MTA	0.498	
74	CA036	Discharge day management	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	0.498	**n/a**
75				L037D	RN/LPN/MTA	0.498	
76				L037D	RN/LPN/MTA	0.498	
77				L037D	RN/LPN/MTA	0.498	
78		*Other activity: please include short clinical description here and type*		L037D	RN/LPN/MTA	0.498	
79		*Other activity: please include short clinical description here and type*		L037D	RN/LPN/MTA	0.498	
80		*Other activity: please include short clinical description here and type*		L037D	RN/LPN/MTA	0.498	
81		**End: Patient leaves office/facility**					
82		**POST-SERVICE PERIOD**					
83		**Start: Patient leaves office/facility**					
84	CA037	Conduct patient communications	Phone calls/emails/texts are in 3 minute increments.	L037D	RN/LPN/MTA	0.498	1
85	CA038	Coordinate post-procedure services		L037D	RN/LPN/MTA	0.498	
92	CA039	Post-operative visits (total time)		L037D	RN/LPN/MTA	0.498	**0.0**
93				L037D	RN/LPN/MTA	0.498	
99		**End: with last office visit before end of global period**					

	A	B	C	D	E	F	G
1	**RUC Practice Expense Spreadsheet**						**REFEREN**
2							**904**
3		***RUC Collaboration Website***					*Immuni adminis through 18 age via an administra counse*
4	**Clinical Activity Code**	**Meeting Date: April 2024** **Revision Date (if applicable):** **Tab 7: RSV Monoclonal Antibody Administration** **Specialty: AAP, ANA**	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	
5		**LOCATION**					**Non Fac**
6		**GLOBAL PERIOD**					**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**					**$ 11.12**
8		**TOTAL CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.498	**20.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.498	**2.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.498	**17.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.498	**1.0**
100	**Supply Code**	**MEDICAL SUPPLIES**		**PRICE**	**UNIT**		
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**					**$ 0.93**
102	SC058	syringe w-needle, OSHA compliant (SafetyGlide)		0.49	item		1
103	SG021	bandage, strip 0.75in x 3in (Bandaid)		0.41	item		1
104	SK012	CDC information sheet		0.03	item		1
105							
106							
107							
108							
110	**Equipment Code**	**EQUIPMENT**		**Purchase Price**	**Equipment Formula**	**Cost Per Minute**	
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**					**$ 0.23**
112	EF049	refrigerator, vaccine medical grade, w-data logger sngl glass door		7674.43	Default	0.020365838	10
113	ED043	refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates		1000	Default	0.002653727	10
114							
115							
116							
117							
118		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*	*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice in column B, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*				

	A	B	H	I	J	K	L	M	N	O	P	Q
1	RUC Practice Expense Spreadsheet		CE CODE	INTERIM REC		RECOMMENDED		REFERENCE CODE		INTERIM REC		RECOMM
2			60	96380		96380		90471		96381		96
3		***RUC Collaboration Website***	zation tration	*Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional*		*Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional*		*immunization administration (includes percutaneous, intradermal, subcutaneous, or*		*Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection*		*Administration syncytial virus antibody, sea intramuscu*
4	**Clinical Activity Code**	**Meeting Date: April 2024** **Revision Date (if applicable):** **Tab 7: RSV Monoclonal Antibody Administration** **Specialty: AAP, ANA**	3 years of y route of tion, with ling by									
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 11.62**	**$ -**	**$ 13.11**	**$ -**	**$ 11.12**	**$ -**	**$ 11.62**	**$ -**	**$ 13.11**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**21.0**	**0.0**	**24.0**	**0.0**	**20.0**	**0.0**	**21.0**	**0.0**	**24.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**3.0**	**0.0**	**6.0**	**0.0**	**2.0**	**0.0**	**3.0**	**0.0**	**6.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**17.0**	**0.0**	**17.0**	**0.0**	**17.0**	**0.0**	**17.0**	**0.0**	**17.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**1.0**	**0.0**	**1.0**	**0.0**	**1.0**	**0.0**	**1.0**	**0.0**	**1.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ 10.46**	**$ -**	**$ 11.95**	**$ -**	**$ 9.96**	**$ -**	**$ 10.46**	**$ -**	**$ 11.95**
13		**PRE-SERVICE PERIOD**										
14		**Start: Following visit when decision for surgery/procedure made**										
15	CA001	Complete pre-service diagnostic and referral forms										
16	CA002	Coordinate pre-surgery services (including test results)										
17	CA003	Schedule space and equipment in facility										
18	CA004	Provide pre-service education/obtain consent										
19	CA005	Complete pre-procedure phone calls and prescription				0						0
20	CA006	Confirm availability of prior images/studies										
21	CA007	Review patient clinical extant information and questionnaire		2		5		1		2		5
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)		1		1		1		1		1
23												
24												
25												
26		*Other activity: please include short clinical description here and type*										
27		*Other activity: please include short clinical description here and type*										
28		*Other activity: please include short clinical description here and type*										
29		**End: When patient enters office/facility for surgery/procedure**										
30		**SERVICE PERIOD**										
31		**Start: When patient enters office/facility for surgery/procedure:**										
32		**Pre-Service (of service period)**										
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are										
34	CA010	Obtain vital signs										
35	CA011	Provide education/obtain consent		3		3		3		3		3
36	CA012	Review requisition, assess for special needs										
37	CA013	Prepare room, equipment and supplies										
38	CA014	Confirm order, protocol exam		2		2		2		2		2
39	CA015	Setup scope (nonfacility setting only)										
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient										
41	CA017	Sedate/apply anesthesia										
42												
43												
44												
45		*Other activity: please include short clinical description here and type*										
46		*Other activity: please include short clinical description here and type*										
47		*Other activity: please include short clinical description here and type*										
48		**Intra-service (of service period)**										
49	CA018	Assist physician or other qualified healthcare professional---directly										
50	CA019	Assist physician or other qualified healthcare professional---directly										
51	CA020	Assist physician or other qualified healthcare professional---directly										
52	CA021	Perform procedure/service---NOT directly related to physician work time		4		4		4		4		4
53												
54												
55												
56		*Other activity: please include short clinical description here and type*										
57		*Other activity: please include short clinical description here and type*										
58		*Other activity: please include short clinical description here and type*										
59		**Post-Service (of service period)**										
60	CA022	Monitor patient following procedure/service, multitasking 1:4		4		4		4		4		4
61	CA023	Monitor patient following procedure/service, no multitasking										
62	CA024	Clean room/equipment by clinical staff		1		1		1		1		1
63	CA025	Clean scope										
64	CA026	Clean surgical instrument package										
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions										
66	CA028	Review/read post-procedure x-ray, lab and pathology reports										
67	CA029	Check dressings, catheters, wounds										
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,										
69	CA031	Review examination with interpreting MD/DO										
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to										
71	CA033	Perform regulatory mandated quality assurance activity (service period)										
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry		3		3		3		3		3
73	CA035	Review home care instructions, coordinate visits/prescriptions										
74	CA036	Discharge day management		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**
75												
76												
77												
78		*Other activity: please include short clinical description here and type*										
79		*Other activity: please include short clinical description here and type*										
80		*Other activity: please include short clinical description here and type*										
81		**End: Patient leaves office/facility**										
82		**POST-SERVICE PERIOD**										
83		**Start: Patient leaves office/facility**										
84	CA037	Conduct patient communications		1		1		1		1		1
85	CA038	Coordinate post-procedure services										
92	CA039	Post-operative visits (total time)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
93												
99		**End: with last office visit before end of global period**										

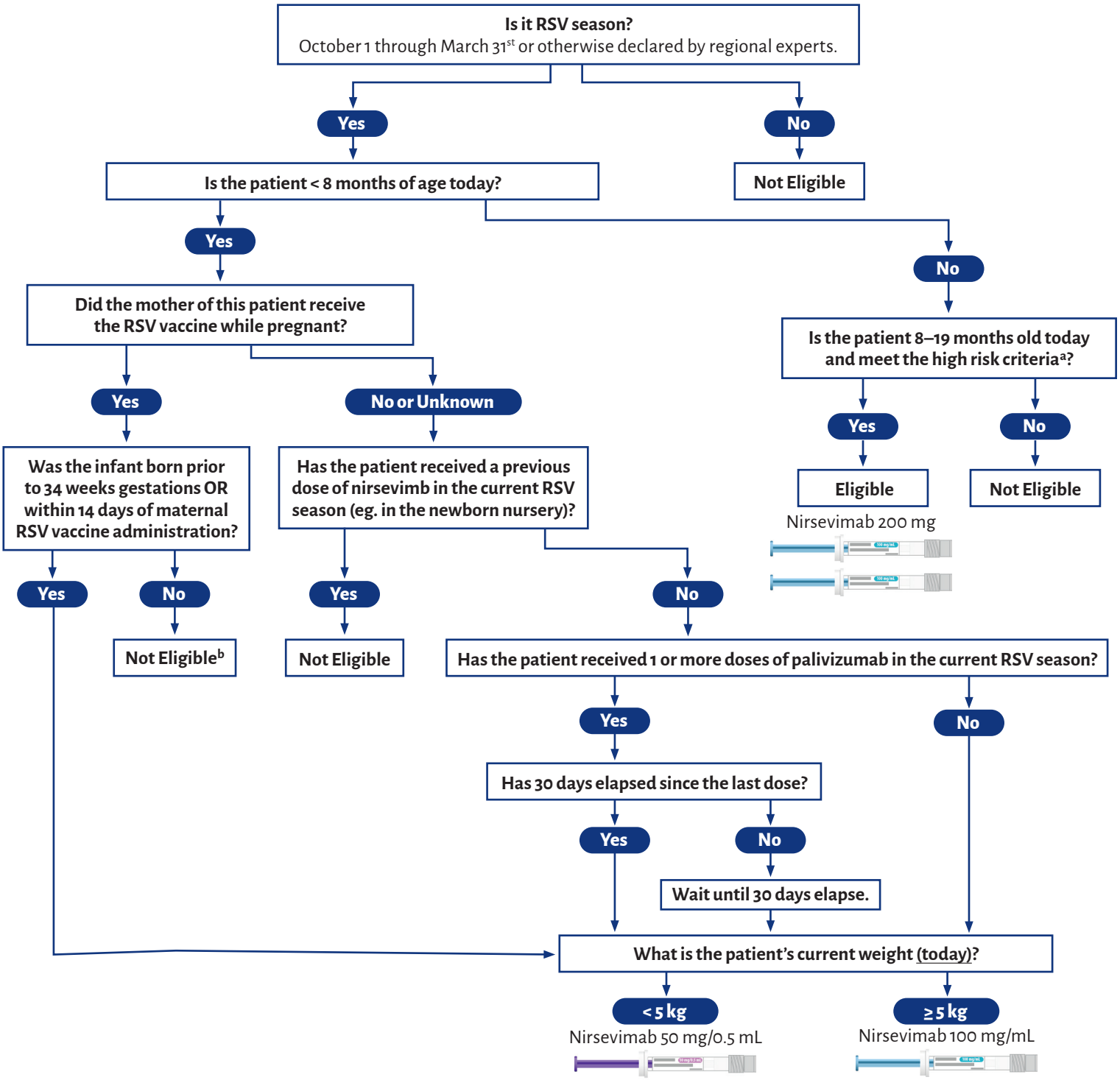
	A	B	H	I	J	K	L	M	N	O	P	Q
1	RUC Practice Expense Spreadsheet		CE CODE	INTERIM REC		RECOMMENDED		REFERENCE CODE		INTERIM REC		RECOMM
2			60	96380		96380		90471		96381		96
3		***RUC Collaboration Website***	zation tration	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional		Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional		immunization administration (includes percutaneous, intradermal, subcutaneous, or		Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection		Administration syncytial virus antibody, sea intramuscu
4	Clinical Activity Code	**Meeting Date: April 2024** **Revision Date (if applicable):** **Tab 7: RSV Monoclonal Antibody Administration** **Specialty: AAP, ANA**	3 years of y route of tion, with ling by									
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 11.62**	**$ -**	**$ 13.11**	**$ -**	**$ 11.12**	**$ -**	**$ 11.62**	**$ -**	**$ 13.11**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**21.0**	**0.0**	**24.0**	**0.0**	**20.0**	**0.0**	**21.0**	**0.0**	**24.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**3.0**	**0.0**	**6.0**	**0.0**	**2.0**	**0.0**	**3.0**	**0.0**	**6.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**17.0**	**0.0**	**17.0**	**0.0**	**17.0**	**0.0**	**17.0**	**0.0**	**17.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**1.0**	**0.0**	**1.0**	**0.0**	**1.0**	**0.0**	**1.0**	**0.0**	**1.0**
100	**Supply Code**	**MEDICAL SUPPLIES**										
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ 0.93**	**$ -**	**$ 0.93**	**$ -**	**$ 0.93**	**$ -**	**$ 0.93**	**$ -**	**$ 0.93**
102	SC058	syringe w-needle, OSHA compliant (SafetyGlide)		1		1		1		1		1
103	SG021	bandage, strip 0.75in x 3in (Bandaid)		1		1		1		1		1
104	SK012	CDC information sheet		1		1		1		1		1
105												
106												
107												
108												
110	**Equipment Code**	**EQUIPMENT**										
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ 0.23**	**$ -**	**$ 0.23**	**$ -**	**$ 0.23**	**$ -**	**$ 0.23**	**$ -**	**$ 0.23**
112	EF049	refrigerator, vaccine medical grade, w-data logger sngl glass door		10		10		10		10		10
113	ED043	refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates		10		10		10		10		10
114												
115												
116												
117												
118		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*										

	A	B	R
1	RUC Practice Expense Spreadsheet		MENDED
2			381
3		***RUC Collaboration Website***	of respiratory s, monoclonal sonal dose by ar injection
4	Clinical Activity Code	Meeting Date: April 2024 Revision Date (if applicable): Tab 7: RSV Monoclonal Antibody Administration Specialty: AAP, ANA	
5		LOCATION	Facility
6		GLOBAL PERIOD	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ -
8		TOTAL CLINICAL STAFF TIME	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	$ -
13		PRE-SERVICE PERIOD	
14		Start: Following visit when decision for surgery/procedure made	
15	CA001	Complete pre-service diagnostic and referral forms	
16	CA002	Coordinate pre-surgery services (including test results)	
17	CA003	Schedule space and equipment in facility	
18	CA004	Provide pre-service education/obtain consent	
19	CA005	Complete pre-procedure phone calls and prescription	
20	CA006	Confirm availability of prior images/studies	
21	CA007	Review patient clinical extant information and questionnaire	
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	
23			
24			
25			
26		*Other activity: please include short clinical description here and type*	
27		*Other activity: please include short clinical description here and type*	
28		*Other activity: please include short clinical description here and type*	
29		End: When patient enters office/facility for surgery/procedure	
30		SERVICE PERIOD	
31		Start: When patient enters office/facility for surgery/procedure:	
32		Pre-Service (of service period)	
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	
34	CA010	Obtain vital signs	
35	CA011	Provide education/obtain consent	
36	CA012	Review requisition, assess for special needs	
37	CA013	Prepare room, equipment and supplies	
38	CA014	Confirm order, protocol exam	
39	CA015	Setup scope (nonfacility setting only)	
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	
41	CA017	Sedate/apply anesthesia	
42			
43			
44			
45		*Other activity: please include short clinical description here and type*	
46		*Other activity: please include short clinical description here and type*	
47		*Other activity: please include short clinical description here and type*	
48		Intra-service (of service period)	
49	CA018	Assist physician or other qualified healthcare professional---directly	
50	CA019	Assist physician or other qualified healthcare professional---directly	
51	CA020	Assist physician or other qualified healthcare professional---directly	
52	CA021	Perform procedure/service---NOT directly related to physician work time	
53			
54			
55			
56		*Other activity: please include short clinical description here and type*	
57		*Other activity: please include short clinical description here and type*	
58		*Other activity: please include short clinical description here and type*	
59		Post-Service (of service period)	
60	CA022	Monitor patient following procedure/service, multitasking 1:4	
61	CA023	Monitor patient following procedure/service, no multitasking	
62	CA024	Clean room/equipment by clinical staff	
63	CA025	Clean scope	
64	CA026	Clean surgical instrument package	
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	
67	CA029	Check dressings, catheters, wounds	
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	
69	CA031	Review examination with interpreting MD/DO	
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	
71	CA033	Perform regulatory mandated quality assurance activity (service period)	
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	
73	CA035	Review home care instructions, coordinate visits/prescriptions	
74	CA036	Discharge day management	
75			
76			
77			
78		*Other activity: please include short clinical description here and type*	
79		*Other activity: please include short clinical description here and type*	
80		*Other activity: please include short clinical description here and type*	
81		End: Patient leaves office/facility	
82		POST-SERVICE PERIOD	
83		Start: Patient leaves office/facility	
84	CA037	Conduct patient communications	
85	CA038	Coordinate post-procedure services	
92	CA039	Post-operative visits (total time)	0.0
93			
99		End: with last office visit before end of global period	

	A	B	R
1	**RUC Practice Expense Spreadsheet**		**MENDED**
2			**381**
3		***RUC Collaboration Website***	*of respiratory s, monoclonal sonal dose by ar injection*
4	**Clinical Activity Code**	**Meeting Date: April 2024** **Revision Date (if applicable):** **Tab 7: RSV Monoclonal Antibody Administration** **Specialty: AAP, ANA**	
5		**LOCATION**	**Facility**
6		**GLOBAL PERIOD**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**
102	SC058	syringe w-needle, OSHA compliant (SafetyGlide)	
103	SG021	bandage, strip 0.75in x 3in (Bandaid)	
104	SK012	CDC information sheet	
105			
106			
107			
108			
110	**Equipment Code**	**EQUIPMENT**	
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**
112	EF049	refrigerator, vaccine medical grade, w-data logger sngl glass door	
113	ED043	refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates	
114			
115			
116			
117			
118		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*	

Nirsevimab Administration Visual Guide

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



a. Children 8 through 19 months of age who are recommended to receive nirsevimab when entering their second RSV season because of increased risk of severe disease.

- Children with chronic lung disease of prematurity who required medical support (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) any time during the 6-month period before the start of the second RSV season.
- Children who are severely immunocompromised.
- Children with cystic fibrosis who have manifestations of severe lung disease (previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest imaging that persist when stable) or have weight-for-length that is <10th percentile.
- American Indian and Alaska Native children (note that this is a new group for whom second-season prophylaxis is recommended in contrast to the current palivizumab recommendations).

b. Nirsevimab can be considered in rare circumstances when, per the clinical judgment of the healthcare provider, the potential incremental benefit of administration is warranted:

- Infants born to pregnant people who may not mount an adequate immune response to vaccination or have conditions associated with reduced transplacental antibody transfer
- Infants who have undergone cardiopulmonary bypass, leading to loss of maternal antibodies
- Infants with substantial increased risk for severe RSV disease (eg, hemodynamically significant congenital heart disease, intensive care admission, and requiring oxygen at discharge).

Nirsevimab Administration Visual Guide (continued)

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

At the time of administration, affirm the 7 rights to reduce errors:

1. Right patient
2. Right time (age, in RSV season)
3. Right immunization (correct medication)
4. The right dosage (based on weight)
5. The right route, needle length, and technique
6. Right site

Intramuscular (IM) injection Use a 22–25 gauge needle. Choose the injection site and needle length that is appropriate to the person's age and body mass.		
Age	**Needle length**	**Injection site**
Newborns (1st 28 days)	⅝"[c]	Anterolateral thigh muscle
Infants (1–12 months)	1"	Anterolateral thigh muscle
Toddlers (1–2 years)	1–1¼"	Anterolateral thigh muscle[e]
	⅝[d]–1"	Deltoid muscle of arm

7. The right documentation

c. If skin is stretched tightly and subcutaneous tissues are not bunched.

d. Alternate needle lengths may be used if the skin is stretched tightly and subcutaneous tissues are not bunched, as follows: a) a ⅝" needle in toddlers, children, and patients weighing less than 130 lbs (less than 60 kg) for IM injection in the deltoid muscle only, or b) a 1" needle for administration in the thigh muscle for adults of any weight.

e. Preferred site

NOTE: Always refer to the package insert included with each biologic for complete vaccine administraation information. CDC's Advisory Committee on Immunization Practices (ACIP) recommendations for the particular vaccine should be reviewed as well. Access the ACIP recommendations at www.immunize.org/acip.

AMA/Specialty Society RVS Update Committee Summary of Recommendations
New Technology/New Services

April 2024

Closure Left Atrial Appendage with Endocardial Implant – Tab 08

CPT code 33340 was created for CPT 2017 and was reviewed by the Relativity Assessment Workgroup (RAW) in 2023 as part of the new technology/new services screen. At that time, , the specialty societies noted that a new FDA indication was recently released, suggesting this service was still changing. The RAW recommended and the RUC agreed that the specialty societies should conduct a survey for the April 2024 RUC meeting. The delay would allow for the technology and indications to stabilize prior to survey.

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***
The RUC recommends a work RVU of 10.25 based on a direct crosswalk to CPT code 49614 *Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated* (work RVU = 10.25, 75 minutes intra-service and 165 minutes total time), which maintains relativity within the Medicare Physician Payment Schedule (MFS). The RUC recommends 47 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 15 minutes pre-service scrub/dress/wait time, 70 minutes intra-service time and 30 minutes immediate post-service time.

This service is typically performed on a patient under general anesthesia. The specialty societies added 7 minutes of pre-service evaluation time to the package as reflected by the survey, to include additional time for the operator to review cardiac CT images to fine-tune pre-procedure planning for placement of the occlusion device. This service is the transcatheter closure of the left atrial appendage, performed via a catheter. This is distinct from the surgical closure, which can be performed by surgeons using thoracoscopy. This service is exclusively performed in a hospital and the patient is typically discharged 1-2 days later.

The RUC noted that the survey 25th percentile work RVU of 16.00 is higher than the current value of 14.00 for CPT code 33340. However, the survey respondents indicated that the intra-service time has decreased by 20 minutes, from 90 to 70 minutes, with total time decreasing by 18 minutes since it was initially surveyed in 2016. Moreover, electrophysiologists, the physicians who typically report this service, indicated that the intra-service time typically requires 75 minutes to complete. The RUC noted that there are a limited number of 000-day surgical procedures with similar intra-service time.

For additional support, the RUC compared code 33340 to MPC code 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* (work RVU = 13.75 and 90 minutes intra-service time and 166 minutes total time), which requires

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more time, thus valued higher; and MPC code 36906 *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* (work RVU = 10.42, 90 minutes intra-service time and 141 minutes total time), which also requires more time to performed than 33340, however is appropriately has a lower intensity because it is a less intense/complex procedure that does not involve working inside the heart across the septum.

The RUC determined that a crosswalk work value of 10.25 appropriately places CPT code 33340 relative to other services in the MFS based on time, work, intensity, and complexity. **Therefore, the RUC recommends a work RVU of 10.25 for CPT code 33340.**

Practice Expense
The Practice Expense Subcommittee noted that the specialties recommended the current existing facility only direct practice expense inputs for CPT code 33340 and made no modifications. **The RUC recommends the direct practice expense inputs as submitted by the specialty societies.**

Work Neutrality
The RUC's recommendation for these codes will result in overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
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 (Do not report 33340 in conjunction with 93462) (Do not report 33340 in conjunction with 93452, 93453, 93458, 93459, 93460, 93461, 93595, 93596, 93597, 93598, unless catheterization of the left ventricle is performed by a non-transseptal approach for indications distinct from the left atrial appendage closure procedure) (Do not report 33340 in conjunction with 93451, 93453, 93456, 93460, 93461, 93593, 93594, 93596, 93597, 93598, unless complete right heart catheterization is performed for indications distinct from the left atrial appendage closure procedure)	000	10.25

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33340 Tracking Number Original Specialty Recommended RVU: **12.31**
Presented Recommended RVU: **10.25**
Global Period: 000 Current Work RVU: **14.00** RUC Recommended RVU: **10.25**

CPT Descriptor: 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

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CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 76-year-old female with diabetes, hypertension, and congestive heart failure has nonvalvular paroxysmal atrial fibrillation. She has been taking anticoagulation therapy for two years and has had recurrent gastrointestinal bleeding requiring transfusion. She is referred for left atrial appendage occlusion

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 100% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 29% , Overnight stay-less than 24 hours 54% , Overnight stay-more than 24 hours 16%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 98%

Description of Pre-Service Work: The patient's history, records, and laboratory and diagnostic tests are reviewed. Appropriate communication is provided with the patient and family as well as other medical professionals as needed. Informed consent is obtained. The operative plan is reviewed with the anesthesiologist. The echocardiographer performs a baseline transesophageal echo (TEE) to assess anatomy and evaluate the left atrial appendage for possible thrombus. Next, the operator and echocardiographer review the pre-procedure CT scan and baseline TEE images to determine the optimal site for the transseptal puncture and for procedure planning and device sizing. The patient is positioned on the procedure table. The potential access sites are scrubbed in sterile fashion. A sterile drape is placed over the patient.

Description of Intra-Service Work: A time-out occurs to confirm critical information, such as the patient's identity, planned procedure, access route, allergies, completion of the consent process, availability of proper equipment, and any unusual circumstances that might influence the procedure, is performed. Percutaneous venous access is obtained, typically through the femoral vein. A thin-walled needle is inserted percutaneously into the vein, through which a flexible guidewire is inserted into the vein. The needle is removed over the wire, a sheath/dilator system is inserted over the guidewire, the dilator is removed, and the sidearm of the sheath is flushed to remove any clot or air. Heparin bolus and infusion are administered to maintain the proper level of anticoagulation to minimize the risk of thrombus formation in the left atrium. An appropriate catheter is inserted over a wire through the venous sheath into the venous system and advanced under fluoroscopic guidance up to the superior vena cava. The wire is removed. A rigid transseptal puncture needle is carefully advanced through the catheter, stopping just short of the end of the catheter. The needle catheter unit is flushed and attached to a second pressure manifold and then withdrawn to the level of the fossa ovalis in the interatrial septum under fluoroscopic guidance. Using fluoroscopic, transesophageal echocardiography and intracardiac pressure guidance, a transseptal puncture is performed. Exquisite precision in placing the needle catheter unit is imperative as improper positioning can lead to puncture of the aorta or perforation through the atrial wall into the pericardium. Furthermore, the location of the transseptal puncture across the fossa ovalis must align with the patient’s left atrial appendage as viewed on the TEE in order to be able to deliver the closure device at the appropriate angle. Biplane TEE imaging is performed by the echocardiographer and displayed to the operator in real time in order to position the transseptal needle at the appropriate

transverse and sagittal plain. Failure to puncture the fossa at the appropriate location requires that a second puncture be performed to achieve the proper angulation in the left atrium to deliver the device to the left atrial appendage. Typically, the needle catheter unit may not be positioned properly on the first attempt, and one or more repositionings of the unit may be required. Each attempt requires removal of the needle, reinsertion of the guidewire, readvancement of the wire and catheter to the superior vena cava, removal of the wire, and reinsertion of the needle. Once successful positioning is achieved, the needle catheter unit is advanced several millimeters across the interatrial septum to the left atrium while observing the pressure waveform. Once the transseptal puncture is achieved, left atrial position is confirmed by pressure waveform analysis, oxygen saturation measurement, and contrast injection through the system. If the needle catheter unit has not traversed the septum properly, complications are excluded and then the device is repositioned and a repeat attempt is performed until successful. Once the needle is confirmed to be safely in the left atrium, the transseptal dilator is advanced over the needle into the left atrium, the needle is withdrawn to the right atrial side, and the transseptal sheath is telescoped over the dilator into the left atrium. The transseptal needle is removed from the sheath/dilator apparatus, which is now in the left atrium. The dilator is then removed while infusing saline through it to minimize risk of air introduction. The access sheath and dilator are prepared and inserted over the guidewire into the left atrium. The dilator and wire are removed, and the pigtail catheter is inserted into the access sheath and into the left atrium/left atrial appendage under fluoroscopy. Left atrial appendage angiography is performed. The access sheath is advanced over the pigtail catheter into the left atrial appendage under fluoroscopic guidance, and the pigtail is removed. Fluoroscopy and contrast angiography are used to assess the anatomy of the LAA and to determine if it is multilobed. The echocardiographer uses TEE to measure the LAA ostium width and length in at least three to four views (0, 45, 90, 135). The appropriate-size implant, based on the maximum LAA ostium width, is recorded. The catheter used to deliver the LAA closure implant is prepped and inserted into the access sheath and advanced under fluoroscopic guidance into the left atrial appendage. The device is delivered into the left atrial appendage and assessed under fluoroscopy and TEE to confirm release criteria have been met. While observing under fluoroscopy, implant stability is confirmed by gently pulling back on the deployment knob and visualizing the proximal movement of the implant and the LAA. Appropriate implant size selection is confirmed by measuring the deployed diameter of the implant in situ using TEE. Finally, contrast is injected through the delivery sheath to the os of the left atrial appendage to ensure that the appendage is fully sealed by the closure device. Once there criteria have been met, the device is released. Implant stability is again assessed under fluoroscopy and TEE. Images are reviewed to ensure no additional views are required before leaving the procedure suite. The echocardiographer separately performs TEE imaging to independently confirm release criteria have been met, to assess implant stability, and to ensure appropriate implant size selection. TEE is also used to assess for any evidence of a pericardial effusion. The patient is awakened from anesthesia by anesthesiology, transferred to a stretcher, and sent to recovery.

Description of Post-Service Work: The patient's procedural outcome is communicated to the family and referring physician(s). Orders are written, and an operative report is dictated. Prior to discharge, the patient is observed carefully to ensure there is no bleeding from the access site and no hemodynamic or rhythm instability to suggest a procedural complication. The patient is transferred to routine care once stable.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2024					
Presenter(s):	Richard Wright, MD, Edward Tuohy, MD, David Slotwiner, MD, Afnan Tariq, MD, Mark Hoyer, MD					
Specialty Society(ies):	ACC, HRS, SCAI					
CPT Code:	33340					
Sample Size:	2000	**Resp N:**	247			
Description of Sample:	1000 random members from ACC and 500 random members from HRS and SCAI					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	17.00	**42.00**	70.00	323.00
Survey RVW:		5.00	16.00	**18.00**	24.00	50.00
Pre-Service Evaluation Time:				**47.00**		
Pre-Service Positioning Time:				**15.00**		
Pre-Service Scrub, Dress, Wait Time:				**15.00**		
Intra-Service Time:		2.00	60.00	**70.00**	90.00	240.00
Immediate Post Service-Time:	**30.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**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)

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)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33340	**Recommended Physician Work RVU: 10.25**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**47.00**	**40.00**	**7.00**
Pre-Service Positioning Time:		**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**70.00**		

Please, pick the post-service 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)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

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:

Key CPT Code	Global	Work RVU	Time Source
93656	000	17.00	**RUC Time**

CPT Descriptor Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography including imaging supervision and interpretation, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, right ventricular pacing/recording, and His bundle recording, when performed

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93581	000	24.39	**RUC Time**

CPT Descriptor Percutaneous transcatheter closure of a congenital ventricular septal defect with implant

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.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37244	000	13.75	**RUC Time**	13,397

CPT Descriptor 1 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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36906	000	10.42	**RUC Time**	8,498

CPT Descriptor 2 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

Other Reference CPT Code	Global	Work RVU	Time Source
92941	000	12.31	**RUC Time**

CPT Descriptor 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

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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: 68 **% of respondents:** 27.5 **%**

Number of respondents who choose 2nd Key Reference Code: 55 **% of respondents:** 22.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 33340	Top Key Reference CPT Code: 93656	2nd Key Reference CPT Code: **93581**
Median Pre-Service Time	65.00	53.00	30.00
Median Intra-Service Time	70.00	180.00	180.00
Median Immediate Post-service Time	30.00	30.00	60.00
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
Median Total Time	**165.00**	**263.00**	**270.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	12%	35%	38%	15%

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	6%	38%	56%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	9%	56%	35%
Physical effort required	25%	57%	18%

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	3%	26%	71%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	5%	24%	45%	25%

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	7%	33%	60%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	4%	35%	62%
Physical effort required	5%	49%	46%

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	5%	20%	74%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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.

Code 33340 that describes the work of closing the left atrial appendage through deployment of an occlusion device via a catheter was identified by the RUC for review under the new technology screen. During RAW discussions at the April 2023 meeting, review was deferred one year to allow technology to further stabilize before a survey.

A joint RVS panel of ACC, SCAI, and HRS members reviewed the survey data. The panel reviewed the preservice time and selected package 4 for a difficult patient/procedure with sedation. The service is performed general anesthesia. We recommend an additional 7 minutes of preservice evaluation time, as reflected by the survey, to include additional time for the operator to review cardiac CT images to fine-tune pre-procedure planning for placement of the occlusion device. We recommend postservice package 9B for a complex procedure with 3 minutes removed to align with the survey response. The service is exclusively performed in a hospital and the patient is typically sent home 1-2 days later.

The key reference service is 93656, comprehensive EP study and ablation for atrial fibrillation. The key reference was selected by 68 survey respondents, or 28% of respondents. The second key reference is a transcatheter congenital service. 55 respondents, or 22%, selected closure of a ventricular septal defect as a reference code. Respondents who selected the key reference services indicated 33340 to be more intense/complex than the key reference services for most metrics.

We have included on the SOR 000 global MPC code 37244 at 13.75 work RVUs as a helpful comparison that is a longer service with a higher value and 36906 at 10.42 RVUs that is also a longer service but one that would appropriately be less intense/complex because it's not working inside the heart across the septum.

While the survey showed an increase in wRVU, time went down from the original survey by 20 minutes. Electrophysiologists that responded to the survey reported a median time of 75 minutes while interventional cardiologists reported a median time of 60 minutes. We discovered no compelling evidence argument to suggest both a drop in time and increase in work RVU would be appropriate. To account for this decrease in time, the societies recommend a crosswalk to 92941 with 12.31 wRVUs and an intraservice time of 70 minutes. We believe this value acknowledges a reduction in time while recognizing the significant intensity of the work to deploy this transcatheter intracardiac therapy. We also recognize that 92941 is a service under review at this meeting but were unable to identify any other appropriate crosswalk. That makes our final recommendation 12.31 RVUs from a crosswalk to 92941 with times of 65 minutes preservice that includes 7 minutes additional time for reviewing additional CT images with 5 minutes removed for SDW from preservice package 4, 70 minutes intraservice, and 30 minutes postservice from the survey with 3 minutes removed from postservice package 9B.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 33340

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 Electrophysiology How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Interventional Cardiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 110000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Double FFS-based estimate below to account for cases in MA and commercial insurance.

Specialty Electrophysiology Frequency 54500 Percentage 49.54 %

Specialty Cardiology Frequency 26500 Percentage 24.09 %

Specialty Interventional Cardiology Frequency 26000 Percentage 23.63 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 55,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Anticipating additional growth from 2022 utilizatino of 39,210 as AF continues to be a key problem for the aging population.

Specialty Electrophysiology Frequency 27250 Percentage 49.54 %

Specialty Cardiology Frequency 13250 Percentage 24.09 %

Specialty Interventional Cardiology Frequency 13000 Percentage 23.63 %

Do many physicians perform this service across the United States? Yes

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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 33340

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

ISSUE: Closure Left Atrial Appendage with Endocardial Implant

TAB: 8

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	93656	Comprehensive electrophysiologic evaluation including transseptal	000	2021	68	0.085	0.065			17.00			263	35	3	15			180			30					
2nd REF	93581	Percutaneous transcatheter closure of a congenital ventricular septal defect with	000	2002	55	0.124	0.090			24.39			270	30					180			60					
CURRENT	33340	Percutaneous transcatheter closure of the left atrial appendage with	000	2016		0.136	0.077			14.00			183	40	3	20			90			30					
SVY	33340	Percutaneous transcatheter closure of the left atrial appendage with	000		247	0.226	0.102	5.00	16.00	18.00	24.00	50.00	177	47	15	15	2	60	70	90	240	30	0	17	42	70	323
SVY-INT	33340	Percutaneous transcatheter closure of the left atrial appendage with	000		34	0.264	0.108	10.00	17.13	18.00	20.75	50.00	167	47	15	15	17	45	60	87	200	30	0	1	13	50	120
SVY-EP	33340	Percutaneous transcatheter closure of the left atrial appendage with	000		209	0.214	0.100	8.00	16.00	18.25	24.39	35.00	183	48	15	15	2	60	75	90	240	30	0	20	48	75	323
REC	33340	**Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including**	000			0.119	0.062			10.25			165	47	3	15			70			30					
XWALK	49614	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral,	000			0.113	0.062			10.25			165	35	10	15			75			30					
MPC	37244	Vascular embolization or occlusion, inclusive of all radiological supervision	000			0.135	0.083			13.75			166	23	3	5			90			45					
MPC	36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for	000			0.104	0.074			10.42			141	22	4	5			90			20					

FACILITY DIRECT PE INPUTS **CPT CODE(S):__33340_____**
SPECIALTY SOCIETY(IES):_ACC, HRS, SCAI__
PRESENTER(S):_Wright, Tuohy, Slotwiner, Schoenfeld, Tariq____

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: April 2024

CPT Code	Long Descriptor	Global Period
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	000

Vignette(s) (*vignette required even if PE only code(s)*):

CPT Code	Vignette
33340	A 76- year-old female with diabetes, hypertension, and congestive heart failure suffering from non-valvular paroxysmal, persistent, or permanent atrial fibrillation (AF) requires long term anticoagulant therapy. She is eligible for anticoagulation, but due to her general frailty and risk for falls, her physicians are concerned about the potential for long term bleeding complications. Left atrial appendage closure with an implantable device is recommended.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   A specialty panel representing cardiology, cardiac electrophysiology, and interventional cardiology discussed the practice expense inputs for 33340.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   Existing code 33340

   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?

   No

   See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

   N/A

   See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure).

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

The existing inputs for 33340 were developed in comparison to 93580. In 2016, the RUC agreed with these recommendations to apply contemporaneous PE Subcommittee standards for a 0-day facility service with extensive use of clinical staff time, similar to key reference code 93580. The specialty panel reviewed these inputs and agreed that the current inputs remain valid to describe the preservice work clinical staff execute to coordinate care for a transcatheter therapy that constitutes a major surgical procedure. These inputs total half of those for clinical staff time for a 90-day global surgery in a facility.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

8. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

-Complete pre-service diagnostic and referral forms -Coordinate pre-service surgery services -Schedule space and equipment in facility -Provide pre-service education/obtain consent -Follow-up phone calls and prescriptions

   b. Service period (includes pre, intra and post):

   c. Post-service period:

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

14. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

19. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment please explain here:

PE-ONLY CODES ADDITIONAL INFORMATION

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

ADDITIONAL INFORMATION

22. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

FACILITY DIRECT PE INPUTS **CPT CODE(S):__33340_____**
SPECIALTY SOCIETY(IES):_ACC, HRS, SCAI__
PRESENTER(S):_Wright, Tuohy, Slotwiner, Schoenfeld, Tariq____

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**	
2						**93580**		**33340**		**33340**	
3		***RUC Collaboration Website***				Percutaneous transcatheter closure of congenital interatrial		Percutaneous transcatheter closure of the left atrial appendage with endocardial implant,		Percutaneous transcatheter closure of the left atrial appendage with endocardial implant,	
4	**Clinical Activity Code**	**Meeting Date: April 2024** **Revision Date (if applicable):** **Tab: 8** **Specialty: ACC, HRS, SCAI**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**									
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 16.43**	**$ -**	**$ 14.94**	**$ -**	**$ 14.94**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**0.0**	**33.0**	**0.0**	**30.0**	**0.0**	**30.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**0.0**	**30.0**	**0.0**	**30.0**	**0.0**	**30.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ 16.43**	**$ -**	**$ 14.94**	**$ -**	**$ 14.94**
13		**PRE-SERVICE PERIOD**									
14		**Start: Following visit when decision for surgery/procedure made**									
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.498		5		5		5
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.498		10		10		10
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.498		5		5		5
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.498		7		7		7
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.498		3		3		3
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.498						
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.498						
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.498						
23			L037D	RN/LPN/MTA	0.498						
24			L037D	RN/LPN/MTA	0.498						
25			L037D	RN/LPN/MTA	0.498						
26		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
27		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
28		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
29		**End: When patient enters office/facility for surgery/procedure**									
30		**SERVICE PERIOD**									
31		**Start: When patient enters office/facility for surgery/procedure:**									
32		**Pre-Service (of service period)**									
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.498						
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.498						
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.498						
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.498						
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.498						
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.498						
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.498						
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.498						
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.498						
42			L037D	RN/LPN/MTA	0.498						
43			L037D	RN/LPN/MTA	0.498						
44			L037D	RN/LPN/MTA	0.498						
45		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
46		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
47		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
48		**Intra-service (of service period)**									
49	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.498						
50	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.498						
51	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.498						
52	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.498						
53			L037D	RN/LPN/MTA	0.498						
54			L037D	RN/LPN/MTA	0.498						
55			L037D	RN/LPN/MTA	0.498						
56		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
57		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
58		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
59		**Post-Service (of service period)**									
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.498						
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.498						
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.498						
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.498						
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.498						
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.498						
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.498						
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.498						
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.498						
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.498						
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.498						
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.498						
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.498						
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.498						
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.498	**n/a**		**n/a**		**n/a**	
75			L037D	RN/LPN/MTA	0.498						
76			L037D	RN/LPN/MTA	0.498						
77			L037D	RN/LPN/MTA	0.498						
78		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
79		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
80		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
81		**End: Patient leaves office/facility**									
82		**POST-SERVICE PERIOD**									
83		**Start: Patient leaves office/facility**									
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.498						
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.498						
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16								
88		99212 27 minutes	27								
89		99213 36 minutes	36								
90		99214 53 minutes	53								
91		99215 63 minutes	63								
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.498	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
93			L037D	RN/LPN/MTA	0.498						

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**	
2						**93580**		**33340**		**33340**	
3		***RUC Collaboration Website***				Percutaneous transcatheter closure of congenital interatrial		Percutaneous transcatheter closure of the left atrial appendage with endocardial implant,		Percutaneous transcatheter closure of the left atrial appendage with endocardial implant,	
4	**Clinical Activity Code**	**Meeting Date: April 2024** **Revision Date (if applicable):** **Tab: 8** **Specialty: ACC, HRS, SCAI**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**									
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 16.43**	**$ -**	**$ 14.94**	**$ -**	**$ 14.94**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**0.0**	**33.0**	**0.0**	**30.0**	**0.0**	**30.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**0.0**	**30.0**	**0.0**	**30.0**	**0.0**	**30.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.498	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**
94			L037D	RN/LPN/MTA	0.498						
95			L037D	RN/LPN/MTA	0.498						
96		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498		3				
97		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
98		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.498						
99		**End: with last office visit before end of global period**									

	A	B	D	E	F	G	H	I	J	K	L
1	RUC Practice Expense Spreadsheet					REFERENCE CODE		CURRENT		RECOMMENDED	
2						93580		33340		33340	
3		*RUC Collaboration Website*				Percutaneous transcatheter closure of congenital interatrial		Percutaneous transcatheter closure of the left atrial appendage with endocardial implant,		Percutaneous transcatheter closure of the left atrial appendage with endocardial implant,	
4	Clinical Activity Code	Meeting Date: April 2024 Revision Date (if applicable): Tab: 8 Specialty: ACC, HRS, SCAI	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute						
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD									
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				$ -	$ 16.43	$ -	$ 14.94	$ -	$ 14.94
8		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	0.0	33.0	0.0	30.0	0.0	30.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	0.0	30.0	0.0	30.0	0.0	30.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	0.0	0.0	0.0	0.0	0.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.498	0.0	3.0	0.0	0.0	0.0	0.0
100	Supply Code	MEDICAL SUPPLIES	PRICE	UNIT							
101		TOTAL COST OF SUPPLY QUANTITY x PRICE				$ -	$ -	$ -	$ -	$ -	$ -
102											
103											
104											
105											
106											
107											
108											
110	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute						
111		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				$ -	$ -	$ -	$ -	$ -	$ -
112											
113											
114											
115											
116											
117											
118		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*									

AMA/Specialty Society RVS Update Committee Summary of Recommendations
High Volume Growth

April 2024

Biofeedback Training – Tab 9

In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 90901 via the high-volume growth screen for codes with 2021 Medicare utilization of 10,000 or more that increased by at least 100% from 2016 through 2021. In September 2023, the Workgroup reviewed the action plan for CPT code 90901 and agreed with the specialty societies that 90901, along with the other services in this code family (90912 and 90913) should be surveyed for the April 2024 RUC meeting.

However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the code family through the CPT process before surveying. The specialty societies noted that the current code descriptor for CPT code 90901 is not well understood based on their review of past RUC rationales for valuation, claims data, and the vignettes used for review in 1995 and 1996 by the RUC and RUC HCPAC Review Board. In the 1995 RUC rationale, the vignette described 45–60-minute sessions (and brief 30-minute sessions) and included information about psychiatrists and psychologists, though it is unclear who was surveyed. However, the 1996 RUC rationale of the HCPAC review was based on a different vignette and surveyed by physical therapists, which led to a reduction of the work RVU from 0.89 to 0.41 based on a comparison to a time-based therapy code, CPT code 97110. The specialty societies note that although 90901 is not time-based, the comparison for the current value was to a 15-minute time-based code despite the current intra-service time being 45 minutes. In their letter to request a referral to CPT for this code family, the specialty societies proposed revising the code descriptor for CPT code 90901 to be consistent with other physical therapy time-based and modality codes, as well as similar to other biofeedback training codes. Additionally, code descriptor clarification may resolve the continued confusion about the intent and correct coding for 90901. **The RUC recommends that CPT codes 90901, 90912 and 90913 be referred to the September 2024 CPT Editorial Panel meeting for revision. The specialties anticipate a requested global period change for CPT codes 90901 and 90912 from a 010 to a 000-day global at the time of revision due to a change in patient population and specialties that perform the services.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
90901	Biofeedback training by any modality	010	Refer to CPT Editorial Panel September 2024 Meeting

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

I=New code s=Revised code :=Add-on code H=Modifier 51 exempt *=Telemedicine X=Audio-only ~=FDA approval pending #=Resequenced code

90912	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	010	Refer to CPT Editorial Panel September 2024 Meeting
90913	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) (Use 90913 in conjunction with 90912) (For testing of rectal sensation, tone and compliance, use 91120) (For incontinence treatment by pulsed magnetic neuromodulation, use 53899)	ZZZ	Refer to CPT Editorial Panel September 2024 Meeting

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

I=New code s=Revised code :=Add-on code H=Modifier 51 exempt *=Telemedicine X=Audio-only ~=FDA approval pending #=Resequenced code

April 2, 2024

Ezequiel Silva III, MD
Chair, AMA/Specialty Society RVS Update Committee
American Medical Association
330 N. Wabash Avenue, Suite 39300
Chicago, IL 60611

Subject: Tab 9, Biofeedback Training

Dear Dr. Silva:

The APTA, ACOG, and AUA request that CPT code 90901 be referred to CPT for revision prior to survey of codes 90901, 90912, and 90913. After reviewing the vignettes used for review of 90901 in 1995 and 1996, along with the RUC rationales for valuation, and claims data, we have determined that the current code descriptor is not well understood.

Code 90901 (renumbered from code 90915) was first reviewed in 1995. The vignette described 45-60 minutes sessions, with a brief session being 30 minutes. The RUC rationale for the 1995 review includes information about psychiatrists and psychologists (the survey society states psychology)—we are not certain who surveyed:

> *The psychiatrists noted that the biofeedback codes 90900 and 90915* [now 90901] *had never been surveyed before. The psychiatrists also noted that the use of biofeedback by a psychologist is part of integrated behavioral therapy coupled with a psychotherapy component. This procedure is not performed in a group setting and typically requires 50 minutes of individual face-to-face time. The specialty society noted that there seems to be some confusion between biofeedback training and biofeedback therapy. Based on their survey results, the psychiatrists recommended an increased RVU for 90900 and 90915* [now 90901]*, which represent the survey medians for both codes. The RUC was concerned about the confusion regarding the difference between biofeedback training and biofeedback therapy. The RUC suggested that the psychiatrists refer this issue to CPT for action now, or in the near future. At this time the RUC agreed to maintain the current values of the biofeedback codes 90900 and 90915* [now 90901]. *This recommendation is based on the Harvard work and time data for these procedures and the consistency of the current values within the family of codes. (This code was renumbered from 90915 to 90901)*

The RUC rationale for the 1996 review by HCPAC, based on a different vignette and surveyed by 20 physical therapists, appears to have considered a CMD five-year-review comment and comparison to a timed therapy code. This resulted in a reduction of the work RVU from 0.89 to 0.41 [based on 1995 work RVUs for 97110].

> *The RUC HCPAC Review Board accepted a recommendation from physical therapists to reduce the current value for biofeedback which is similar to the work RVU proposed in the CMD comment in the five-year review. 90901 is similar in work to 97110 [Therapeutic procedure; one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range or motion or flexibility].*

Although code 90901 is not time-based, the comparison for the current value was to a 15-minute time-based code and the current intra-time is 45 minutes.

As there is confusion about the time component for code 90901 from the prior HCPAC and RUC reviews, the APTA proposes to revise the code descriptor to be consistent with other physical therapy time-based therapy and modality codes and similar to other biofeedback training codes. In addition, there appears to be continued confusion about when to report code 90901 that may required additional code descriptor clarification. For example, three of the top five diagnoses codes are related to psychological disorders where biofeedback therapy should be reported with codes 90875-90876, per CPT instructions. Code descriptor changes should resolve the intent and correct coding of 90901 for biofeedback training.

The APTA will submit a code change application by the June 2024 deadline for the Sep 2024 CPT meeting. After CPT Panel review and edits, a survey of the new/revised codes will be conducted for the January 2025 RUC meeting which would still be in the same CPT cycle. The other two codes, 90912 and 90913 would be surveyed at the same time since we do not know if the CPT Panel may want to make further changes to these codes to further differentiate them from 90901.

We appreciate you consideration of this request.

Sincerely,

Richard Rausch, DPT
APTA HCPAC Advisor

Jon Hathaway, MD
ACOG RUC Advisor

Thomas Turk, MD
AUA RUC Advisor

AMA
AMERICAN MEDICAL ASSOCIATION

ama-assn.org
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May 14, 2024

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Subject: HCPAC Review Board Recommendations

Dear Administrator Brooks-LaSure:

The RUC Health Care Professionals Advisory Committee (HCPAC) Review Board submits the enclosed recommendation to the Centers for Medicare and Medicaid Services (CMS). At the April 25, 2024 meeting, the following issue was reviewed by the HCPAC:

- Hearing Device Services (92628, 92629, 92631, 92632, 92634, 92635, 92636, 92637, 92638, 92639, 92641, 92642)

The RUC and HCPAC are fully committed to this ongoing effort to improve relativity in the work, practice expense, and professional liability insurance values. The HCPAC appreciates the opportunity to provide recommendations related to the 2026 Medicare Physician Payment Schedule. If you have any questions regarding this submission, please contact Katlyn Palmer (ph: 312-464-5576; email: Katlyn.Palmer@ama-assn.org) at the AMA for clarification regarding these recommendations.

Sincerely,

Peter Hollmann, MD
HCPAC Chair

Richard Rausch, DPT, MBA
HCPAC Co-Chair

cc: HCPAC Participants
Perry Alexion, MD
Larry Chan
Arkaprava Deb, MD
Mitali Dayal
Edith Hambrick, MD
Ryan Howe
Michael Soracoe
Gift Tee

CPT 2026 HCPAC Recommendations

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	HCPAC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
92590	XXX	D	Feb 2024	31	Hearing Device Services		Apr 2024	HCPAC					☑		☐
92591	XXX	D	Feb 2024	31	Hearing Device Services		Apr 2024	HCPAC					☑		☐
92592	XXX	D	Feb 2024	31	Hearing Device Services		Apr 2024	HCPAC					☑		☐
92593	XXX	D	Feb 2024	31	Hearing Device Services		Apr 2024	HCPAC					☑		☐
92594	XXX	D	Feb 2024	31	Hearing Device Services		Apr 2024	HCPAC					☑		☐
92595	XXX	D	Feb 2024	31	Hearing Device Services		Apr 2024	HCPAC					☑		☐
98978	XXX	R	Sep 2024	85	Remote Monitoring	DD16	Jan 2025	HCPAC	APA	0.00	0.00	Yes	☑	PE Only	☐
98986	XXX	N	Sep 2024	85	Remote Monitoring	DD15	Jan 2025	HCPAC	APA				☑	PE Only	☐
92628	XXX	N	Feb 2024	31	Hearing Device Services	C1	Apr 2024	HCPAC	AAA, ASHA				☑	Contractor Price	☐
92629	XXX	N	Feb 2024	31	Hearing Device Services	C2	Apr 2024	HCPAC	AAA, ASHA				☑	Contractor Price	☐
92631	XXX	N	Feb 2024	31	Hearing Device Services	C3	Apr 2024	HCPAC	AAA, ASHA				☑	Contractor Price	☐
92632	XXX	N	Feb 2024	31	Hearing Device Services	C4	Apr 2024	HCPAC	AAA, ASHA				☑	Contractor Price	☐
92634	XXX	N	Feb 2024	31	Hearing Device Services	C5	Apr 2024	HCPAC	AAA, ASHA				☑	Contractor Price	☐
92635	XXX	N	Feb 2024	31	Hearing Device Services	C6	Apr 2024	HCPAC	AAA, ASHA				☑	Contractor Price	☐
92636	XXX	N	Feb 2024	31	Hearing Device Services	C7	Apr 2024	HCPAC	AAA, ASHA				☑	Contractor Price	☐
92637	XXX	N	Feb 2024	31	Hearing Device Services	C8	Apr 2024	HCPAC	AAA, ASHA				☑	Contractor Price	☐
92638	XXX	N	Feb 2024	31	Hearing Device Services	C9	Apr 2024	HCPAC	AAA, ASHA				☑	Contractor Price	☐
92639	XXX	N	Feb 2024	31	Hearing Device Services	C10	Apr 2024	HCPAC	AAA, ASHA				☑	Contractor Price	☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	HCPAC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
92641	XXX	N	Feb 2024	31	Hearing Device Services	C11	Apr 2024	HCPAC	AAA, ASHA				☑	Contractor Price	☐
92642	XXX	N	Feb 2024	31	Hearing Device Services	C12	Apr 2024	HCPAC	AAA, ASHA				☑	Contractor Price	☐

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2024

Hearing Device Services – Tab 10

At the February 2024 CPT Editorial Panel meeting, 12 new Category I codes were created to report hearing devices services (eg, air-conduction hearing aids) including hearing aid candidacy determination, hearing aid selection, hearing aid fitting, follow-up after fitting, hearing aid verification, and assistive-device services. The current CPT codes, 92590-92595, are recommended for deletion. It is important to note that codes 92590-92595 are considered non-covered services by CMS. Therefore, the RUC database reflects minimal data related to the delivery and utilization of these services. Given the current status of Medicare coverage, CPT codes 92590-92595 have never been surveyed by the RUC HCPAC Review Board. CPT codes 92628-92642 were reviewed at the April 2024 RUC HCPAC meeting.

92628 ***Evaluation for hearing aid candidacy, unilateral or bilateral, including review and integration of audiologic function tests, assessment, and interpretation of hearing needs (eg, speech-in-noise, suprathreshold hearing measures) discussion of candidacy results, counseling on treatment options with report, and, when performed, assessment of cognitive and communication status; first 30 minutes***
92629 ***Evaluation for hearing aid candidacy, unilateral or bilateral, including review and integration of audiologic function tests, assessment, and interpretation of hearing needs (eg, speech-in-noise, suprathreshold hearing measures) discussion of candidacy results, counseling on treatment options with report, and, when performed, assessment of cognitive and communication status; each additional 15 minutes (List separately in addition to code for primary procedure)***
92631 ***Hearing aid selection services, unilateral or bilateral, including review of audiologic function tests and hearing aid candidacy evaluation, assessment of visual and dexterity limitations, and psychosocial factors, establishment of device type, output requirements, signal processing strategies and additional features, discussion of device recommendations with report; first 30 minutes***
92632 ***Hearing aid selection services, unilateral or bilateral, including review of audiologic function tests and hearing aid candidacy evaluation, assessment of visual and dexterity limitations, and psychosocial factors, establishment of device type, output requirements, signal processing strategies and additional features, discussion of device recommendations with report; each additional 15 minutes (List separately in addition to code for primary procedure)***
92634 ***Hearing aid fitting services, unilateral or bilateral, including device analysis, programming, verification, counseling, orientation, and training, and, when performed, hearing assistive device, supplemental technology fitting services; first 60 minutes***
92635 ***Hearing aid fitting services, unilateral or bilateral, including device analysis, programming, verification, counseling, orientation, and training, and, when performed, hearing assistive device, supplemental technology fitting services; each additional 15 minutes (List separately in addition to code for primary procedure)***
92636 ***Hearing aid post-fitting follow-up services, unilateral or bilateral, including confirmation of physical fit, validation of patient benefit and performance, sound quality of device, adjustment(s) (eg, verification, programming adjustment(s), device connection(s), and device training), as indicated, and, when performed, hearing assistive device, supplemental technology fitting services; first 30 minutes***
92637 ***Hearing aid post-fitting follow-up services, unilateral or bilateral, including confirmation of physical fit, validation of patient benefit and performance, sound quality of device, adjustment(s) (eg, verification, programming adjustment(s), device connection(s), and device***

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training), as indicated, and, when performed, hearing assistive device, supplemental technology fitting services; each additional 15 minutes (List separately in addition to code for primary procedure)
92638 ***Behavioral verification of amplification including aided thresholds, functional gain, speech in noise, when performed (List separately in addition to code for primary procedure)***
92639 ***Hearing-aid measurement, verification with probe-microphone (List separately in addition to code for primary procedure)***
92641 ***Hearing device verification, electroacoustic analysis***
92642 ***Hearing assistive device, supplemental technology fitting services (eg, personal frequency modulation (FM)/ digital modulation (DM) system, remote microphone, alerting devices)***

The RUC HCPAC Review Board reviewed the recommendation from the specialty societies to contractor price all 12 of the new hearing device services codes. The recommended codes for deletion to report hearing aid services (92590-92595) are currently non-covered by Medicare. The specialty societies noted that since these services, which are predominantly performed by audiologists, are either noncovered services for commercial payers or statutorily excluded services for government health care programs they should be contractor priced. Further, existing payment models for hearing aid services are varied, and may be bundled into payments for hearing aids. The RUC HCPAC Review Board agreed with the recommendation of contractor pricing for all 12 codes.

The RUC HCPAC Review Board recommends contractor pricing for CPT codes 92628, 92629, 92631, 92632, 92634, 92635, 92636, 92637, 92638, 92639, 92641, 92642.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Medicine **Special Otorhinolaryngologic Services** **Audiologic Function Tests** *92557* *Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)* (For hearing aid evaluation and selection, see ~~92590- 92595~~ 92628, 92629, 92631, 92632) *(For automated audiometry, see 0208T-0212T)*				
D92590	-	~~Hearing aid examination and selection; monaural~~	~~XXX~~	~~(2024 Work RVU = 0.00)~~
D92591	-	~~binaural~~	~~XXX~~	~~(2024 Work RVU = 0.00)~~

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		(92590, 92591 have been deleted. To report, see 92628, 92629, 92631, 92632)		
D92592	-	~~Hearing aid check; monaural~~	~~XXX~~	~~(2024 Work RVU = 0.00)~~
D92593	-	~~binaural~~ (92592, 92593 have been deleted. To report, see 92636, 92637)	~~XXX~~	~~(2024 Work RVU = 0.00)~~
D92594	-	~~Electroacoustic evaluation for hearing aid; monaural~~	~~XXX~~	~~(2024 Work RVU = 0.00)~~
D92595	-	~~binaural~~ (92594, 92595 have been deleted. To report, see 92639, 92641)	~~XXX~~	~~(2024 Work RVU = 0.00)~~

Evaluative and Therapeutic Services

Codes 92601 and 92603 describe post-operative…

(For placement of cochlear implant, use 69930)

Codes 92622, 92623 describe the analysis, programming…

Codes 92628-92642 describe services primarily related to air-conduction hearing aids for the treatment of sensorineural, mixed, and conductive hearing loss. Following a diagnosis of hearing loss, this set of codes would apply to the full range of services specific to air-conduction hearing aids. These services fall into six major categories: 1) Hearing aid candidacy determination; 2) hearing aid selection; 3) hearing aid fitting; 4) follow-up services after fitting; 5) verification; and 6) assistive-device services. Objective verification is typically performed at the time of either fitting or post-fitting follow-up, and it can be performed through behavioral verification, probe-microphone measurement and/or electroacoustic analysis. Each technique constitutes significantly different work and practice expense. Codes 92628, 92629, 92631, 92632, 92634, 92635, 92636, 92637, 92638 are unilateral or bilateral. Codes 92639, 92641 represent services performed on both ears, and modifier 52 must be appended if the service is only performed on one ear.

Codes 92638, 92639, 92641 represent the three different methods of objective verification and may be reported concurrently with 92634, 92635, 92636, 92637.

Codes 92634, 92635, 92636, 92637, 92638, 92639 are not intended for use with implantable or osseointegrated hearing devices. However, these codes may be reported when providing air conduction hearing aid services to an ear on the same date of service that implantable or osseointegrated device services are provided to the contralateral ear. Electroacoustic analysis verification (92641) can be performed by itself or

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with other types of hearing devices, such as frequency modulated/digitally modulated technology or osseointegrated devices. Code 92642 describes fitting services for hearing assistive supplemental technology.

The table below lists the major categories of service, their associated codes, and assigned times:

Code	**Service**	**Time in code (minutes)**	**Minimum time to report (minutes)**
92628	Evaluation for hearing aid candidacy	30	16-37
+92629	Evaluation for hearing aid candidacy	15	Each additional 15 minutes starting at 38 minutes
92631	Hearing aid selection	30	16-37
+92632	Hearing aid selection	15	Each additional 15 minutes starting at 38 minutes
92634	Hearing aid fitting	60	31-67
+92635	Hearing aid fitting	15	Each additional 15 minutes starting at 68 minutes
92636	Hearing aid post-fitting follow-up services	30	16-37
+92637	Hearing aid post-fitting follow-up services	15	Each additional 15 minutes starting at 38 minutes
+92638	Behavioral verification	Not time-based	Not time-based
+92639	Probe-microphone verification	Not time-based	Not time-based
92641	Electroacoustic analysis verification	Not time-based	Not time-based
92642	Hearing assistive devices services	Not time-based	Not time-based

★*92601* *Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming*

…

92626 *Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour*

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✚*92627*		*each additional 15 minutes (List separately in addition to code for primary procedure)* *(Use 92627 in conjunction with 92626)* *(When reporting 92626, 92627, use the face-to-face time with the patient or family)* (Do not report 92626, 92627 in conjunction with 92628, 92629, 92631, 92632, 92636, 92637 for hearing aid evaluation, fitting, follow-up, or selection) ~~(Do not report 92626, 92627 in conjunction with 92590, 92591, 92592, 92593, 92594, 92595 for hearing aid evaluation, fitting, follow-up, or selection)~~ *(Do not report 92626, 92627 in conjunction with 92622, 92623)* *(For diagnostic analysis of cochlear implant, with programming or subsequent reprogramming, see 92601, 92602, 92603, 92604)* (For diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type ~~use~~ see 92622, 92623)		
●92628	C1	Evaluation for hearing aid candidacy, unilateral or bilateral, including review and integration of audiologic function tests, assessment, and interpretation of hearing needs (eg, speech-in-noise, suprathreshold hearing measures) discussion of candidacy results, counseling on treatment options with report, and, when performed, assessment of cognitive and communication status; first 30 minutes (Do not report 92628 in conjunction with 92631, 92632, 92636, 92637, 92642) (Do not report 92628 with 92622, 92623, 92626, 92627, if performed on the same ear) (For hearing testing, see 92550-92588)	XXX	Contractor Priced
●✚92629	C2	each additional 15 minutes (List separately in addition to code for primary procedure) (Use 92629 in conjunction with 92628)	ZZZ	Contractor Priced
●92631	C3	Hearing aid selection services, unilateral or bilateral, including review of audiologic function tests and hearing aid candidacy evaluation, assessment of visual and dexterity limitations, and	XXX	Contractor Priced

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		psychosocial factors, establishment of device type, output requirements, signal processing strategies and additional features, discussion of device recommendations with report; first 30 minutes (Do not report 92631 in conjunction with 92628, 92629, 92636, 92637, 92642) (Do not report 92631 in conjunction with 92622, 92623, 92626, 92627, if performed on the same ear) (For hearing testing, see 92550-92588)		
●✚92632	C4	each additional 15 minutes (List separately in addition to code for primary procedure) (Use 92632 in conjunction with 92631)	ZZZ	Contractor Priced
●92634	C5	Hearing aid fitting services, unilateral or bilateral, including device analysis, programming, verification, counseling, orientation, and training, and, when performed, hearing assistive device, supplemental technology fitting services; first 60 minutes (Do not report 92634 in conjunction with 92636, 92637, 92642)	XXX	Contractor Priced
●✚92635	C6	each additional 15 minutes (List separately in addition to code for primary procedure) (Use 92635 in conjunction with 92634)	ZZZ	Contractor Priced
●92636	C7	Hearing aid post-fitting follow-up services, unilateral or bilateral, including confirmation of physical fit, validation of patient benefit and performance, sound quality of device, adjustment(s) (eg, verification, programming adjustment(s), device connection(s), and device training), as indicated, and, when performed, hearing assistive device, supplemental technology fitting services; first 30 minutes (Do not report 92636 in conjunction with 92628, 92629, 92631, 92632, 92634, 92635, 92642)	XXX	Contractor Priced

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●✚92637	C8	each additional 15 minutes (List separately in addition to code for primary procedure) (Use 92637 in conjunction with 92636)	ZZZ	Contractor Priced
●✚92638	C9	Behavioral verification of amplification including aided thresholds, functional gain, speech in noise, when performed (List separately in addition to code for primary procedure)	ZZZ	Contractor Priced
●✚92639	C10	Hearing-aid measurement, verification with probe-microphone (List separately in addition to code for primary procedure) (For unilateral procedure, report 92639 with modifier 52)	ZZZ	Contractor Priced
●⊘92641	C11	Hearing device verification, electroacoustic analysis (For unilateral procedure, report 92641 with modifier 52)	XXX	Contractor Priced
●92642	C12	Hearing assistive device, supplemental technology fitting services (eg, personal frequency modulation (FM)/ digital modulation (DM) system, remote microphone, alerting devices) (Do not report 92642 in conjunction with 92631, 92632, 92634, 92635, 92636, 92637, 92638, 92639)	XXX	Contractor Priced

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AMERICAN ACADEMY OF AUDIOLOGY
www.audiology.org

ASHA
American Speech-Language-Hearing Association

Ezequiel Silva III, MD
Chair
AMA/Specialty Society Relative Value Scale Update Committee (RUC)
American Medical Association
330 N. Wabash Ave.
Suite 39300
Chicago, IL 60611

February 13, 2024

RE: Hearing Device Services (Tab 31)

Dear Doctor Silva:

On behalf of the American Academy of Audiology (AAA) and the American Speech-Language-Hearing Association (ASHA), we write to address Hearing Device Services (Tab 31), which was recently approved at the February 2024 CPT Editorial Panel meeting and forwarded to the RUC for valuation. We appreciate the collaborative efforts undertaken to define the clinical services related to hearing aid candidacy, selection, fitting and related services and would like to provide an update regarding our level of interest (LOI) in surveying this updated set of codes. **AAA and ASHA respectfully submit an LOI of 2 for Hearing Device Services (Tab 31) and appreciate the opportunity to outline our rationale for declining to survey this important code set.**

Hearing aid services (CPT codes 92590-92595), which are predominantly performed by audiologists, are currently carrier priced because they often fall into the category of either non-covered services (for commercial payers) or statutorily excluded services (for government health care programs such as Medicare Part B). In addition, existing payment models for hearing aid services are varied, and may be bundled into payments for hearing aids. Therefore, we believe it necessary for audiologists performing these services to engage directly with payers to educate them regarding the modernized code set and determine reasonable payment rates.

Given the complexities surrounding payment for hearing aid services, we propose that these services continue to be carrier-priced to ensure consistent reimbursement rates across the various health care settings, payer types, and variable practice patterns and payment models.

Thank you for considering our request to identify the codes for hearing device services as carrier priced. If you or your staff have any questions, please contact Denise Garris, AAA Payment Policy Advisor, at dgarris@korrisgroup.com, and Neela Swanson, ASHA senior director of health care and education policy, at nswanson@asha.org.

Sincerely,

Paul M. Pessis, AuD
American Academy of Audiology
Primary RUC HCPAC Advisor, Audiology

Leisha R. Eiten, AuD
American Speech-Language-Hearing Association
Alternate RUC HCPAC Advisor, Audiology

cc: Sherry Smith, Director, Physician Payment Policy

Supply_Code	DESCRIPTION	CPT_Code Short Descriptor	Sum of Aggregate NF Global & TC Cost
SD253	atherectomy device (Spectronetics laser or Fox Hollow)		$ 227,033,522
SD255	Reentry device (Frontier, Outback, Pioneer)		$ 180,389,779
SD256	Embolic Protection Device Spider FX (EV3, documentation available)		$ 95,189,022
SD324	Varithena (foam)		$ 88,158,421
SA127	subcutaneous cardiac rhythm monitor system		$ 81,727,800
SD254	covered stent (VIABAHN, Gore)		$ 80,812,683
SD323	Venaseal (glue)		$ 71,323,460
SA106	kit, sinus surgery, balloon (maxillary, frontal, or sphenoid)		$ 65,757,419
SD248	human amniotic membrane allograft mounted on a non-absorbable self-retaining ring		$ 49,971,442
SA111	Kyphoplasty kit, first fracture		$ 46,573,254
SD304	IVUS catheter		$ 44,476,086
SD291	Urolift Implant and implantation device		$ 35,091,875
SA126	Biodegradable Material Kit - PeriProstatic		$ 25,255,870
SD280	Trial lead kit		$ 19,337,984
SD340	venous stent system		$ 16,415,000
SH110	Esketamine (84 mg vial)		$ 13,690,425
SF058	LC Beads (2mL vial)		$ 13,046,892
SD281	Trial lead array		$ 12,923,784
SF056	Detachable coil		$ 10,980,791
SD266	stent, self expanding 2-5 mm XPERT (Abbott)		$ 10,925,300
SA015	kit, for percutaneous thrombolytic device (Trerotola)		$ 10,451,121
SL261	FISH pre-treatment kit		$ 9,794,793
SA112	Kyphoplasty kit, additional fracture		$ 6,966,238
SA103	stent, vascular, deployment system, Cordis SMART		$ 6,319,353
SA128	kit, Rezum delivery device		$ 5,886,500
SF059	Hysteroscopic tissue removal device		$ 4,914,540
SA134	kit, eustachian tube procedure		$ 4,588,830
SD191	plate, surgical, reconstruction, left, 5 x 16 hole		$ 3,963,925
SA011	kit, CVA catheter, tunneled, with subcut port		$ 3,370,818
SA122	Claravein Kit		$ 2,327,575
SJ090	Voice Augmentation Gel		$ 1,724,816
SC103	catheter, RF ablation, endoscopic		$ 1,684,500
SA133	Absorabable nasal implant and delivery device		$ 1,661,835
SA087	tray, RTS applicator (MammoSite)		$ 1,560,979
SH109	Esketamine (56 mg vial)		$ 1,489,717
SD299	stent, balloon, implantable		$ 1,031,786
SA036	kit, transurethral microwave thermotherapy		$ 938,000
SD186	plasma LDL adsorption column (Liposorber)		$ 688,725
SD272	SmartPill capsule		$ 625,420
SD267	IVC filter		$ 549,815
SD341	EECP compression equipment package		$ 410,796
SD334	implantable interstitial glucose sensor		$ 357,000

SA099	Kit, probe, cryoablation, prostate (Galil-Endocare)	$	348,000
SD109	probe, radiofrequency, 3 array (StarBurstSDE)	$	302,148
SA039	kit, vertebroplasty (LP2, CDO)	$	295,996
SA101	kit, stent, urethral, prostatic, insertion tool and surveyor	$	218,769
SD177	hysteroscope, ablation device	$	206,184
SF030	laser tip, diffuser fiber	$	201,480
SD233	probe, cryoablation, renal	$	148,618
SA037	kit, transurethral needle ablation (TUNA)	$	143,100
SA025	kit, PICC with subcut port	$	131,427
SD247	human amniotic membrane allograft	$	99,365
SA077	kit, pleural catheter insertion	$	96,383
SD342	EECP electrical equipment package	$	93,385
SD245	Renessa probe	$	37,516
SD221	catheter, CVA, system, tunneled w-port, dual (LifeSite)	$	35,000
SA094	kit, capsule, ESO, endoscopy w-application supplies (ESO)	$	33,823
SD238	stent, GORE VIATORR TIPS Endoprosthesis	$	31,661
SA097	kit, locatable guide, ext. working channel, w-b-scope adapter	$	31,254
SA100	kit, probe, radiofrequency, XIi-enhanced RF probe	$	29,500
SA024	kit, photopheresis procedure	$	25,043
SD240	strut, replacement, dynamic external fixation	$	22,530
SA120	intrastromal corneal ring	$	16,030
SD232	probe, cryoablation (Visica ICE 30 or 40)	$	10,977
SD346	PillCam COLON capsule	$	4,375
SD220	catheter, balloon, lacrimal	$	3,254
SD018	catheter, balloon, thermal ablation (Thermachoice)	$	3,050
SD313	Viabil covered biliary stent	$	2,766
SD215	probe, endometrial cryoablation (Her Option)	$	1,295
SD356	Dorsal SI Joint Arthrodesis Implant	$	-
SA091	tray, scoop, fast track system	$	-
SD351	Ellipsys Vascular Access Catheter	$	-
SH107	Spherusol	$	-
SD352	VivAer Stylus	$	-
SD350	Wavelinq EndoAVF catheters	$	-
SD357	Radiofrequency Stylus / wand	$	-
SD348	ORBERA Intragastric Balloon System	$	-
SD358	Cryoablation handpiece and 2 canisters (one per side)	$	-
SA075	kit, hysteroscopic tubal implant for sterilization	$	-
SD222	catheter, intradiscal (spineCATH)	$	-
SD361	RFA Handpiece, sterile (Sonata)	$	-
SD359	Optilume DCB, guidewire, and inflation device	$	-
Grand Total		**$**	**1,262,960,822**

Supply_Code	DESCRIPTION	CPT_Code Short Descriptor	Sum of Aggregate NF Global & TC Cost
SD253	atherectomy device (Spectronetics laser or Fox Hollow)		$ 227,033,522
SD255	Reentry device (Frontier, Outback, Pioneer)		$ 180,389,779
SD256	Embolic Protection Device Spider FX (EV3, documentation available)		$ 95,189,022
SD324	Varithena (foam)		$ 88,158,421
SA127	subcutaneous cardiac rhythm monitor system		$ 81,727,800
SD254	covered stent (VIABAHN, Gore)		$ 80,812,683
SD323	Venaseal (glue)		$ 71,323,460
SA106	kit, sinus surgery, balloon (maxillary, frontal, or sphenoid)		$ 65,757,419
SA111	Kyphoplasty kit, first fracture		$ 46,573,254
SA126	Biodegradable Material Kit - PeriProstatic		$ 25,255,870
SD340	venous stent system		$ 16,415,000
SH110	Esketamine (84 mg vial)		$ 13,690,425
SF058	LC Beads (2mL vial)		$ 13,046,892
SF056	Detachable coil		$ 10,980,791
SD266	stent, self expanding 2-5 mm XPERT (Abbott)		$ 10,925,300
SA112	Kyphoplasty kit, additional fracture		$ 6,966,238
SA128	kit, Rezum delivery device		$ 5,886,500
SA134	kit, eustachian tube procedure		$ 4,588,830
SC103	catheter, RF ablation, endoscopic		$ 1,684,500
SA133	Absorabable nasal implant and delivery device		$ 1,661,835
SA087	tray, RTS applicator (MammoSite)		$ 1,560,979
SA036	kit, transurethral microwave thermotherapy		$ 938,000
SD186	plasma LDL adsorption column (Liposorber)		$ 688,725
SD272	SmartPill capsule		$ 625,420
SD267	IVC filter		$ 549,815
SD334	implantable interstitial glucose sensor		$ 357,000
SA099	Kit, probe, cryoablation, prostate (Galil-Endocare)		$ 348,000
SD109	probe, radiofrequency, 3 array (StarBurstSDE)		$ 302,148
SD177	hysteroscope, ablation device		$ 206,184
SD233	probe, cryoablation, renal		$ 148,618
SD245	Renessa probe		$ 37,516
SD221	catheter, CVA, system, tunneled w-port, dual (LifeSite)		$ 35,000
SD238	stent, GORE VIATORR TIPS Endoprosthesis		$ 31,661
SA100	kit, probe, radiofrequency, XIi-enhanced RF probe		$ 29,500
SD240	strut, replacement, dynamic external fixation		$ 22,530
SA120	intrastromal corneal ring		$ 16,030
SD232	probe, cryoablation (Visica ICE 30 or 40)		$ 10,977
SD313	Viabil covered biliary stent		$ 2,766
SD215	probe, endometrial cryoablation (Her Option)		$ 1,295
SD361	RFA Handpiece, sterile (Sonata)		$ -
SD358	Cryoablation handpiece and 2 canisters (one per side)		$ -
SD350	Wavelinq EndoAVF catheters		$ -

SD351	Ellipsys Vascular Access Catheter	$	-
SD359	Optilume DCB, guidewire, and inflation device	$	-
SD222	catheter, intradiscal (spineCATH)	$	-
SA075	kit, hysteroscopic tubal implant for sterilization	$	-
SD348	ORBERA Intragastric Balloon System	$	-
SD357	Radiofrequency Stylus / wand	$	-
SD352	VivAer Stylus	$	-
SD356	Dorsal SI Joint Arthrodesis Implant	$	-
Grand Total		**$**	**1,053,979,703**

CPT_Code	Short Descriptor	2022 Medicare Frequency	2022 Medicare Frequency: Non-Facility Global & TC Only	2022 Medicare Top Spec: NF Global & TC Only	Top Spec % NF Global & TC Only	Supply_Code	DESCRIPTION	Unit_of_Measure	Purchase_Price	Non_Fac_Quantity	Non_Fac_Cost	Aggregate NF Global & TC Cost
0446T	INSJ IMPLTBL GLUCOSE SENSOR	69	67	INTERNAL MEDICINE	33%	SD334	implantable interstitial glucose sensor	item	$ 3,000.00	1	$ 3,000.00	$ 201,000
0448T	REMVL INSJ IMPLTBL GLUC SENS	55	52	ENDOCRINOLOGY	54%	SD334	implantable interstitial glucose sensor	item	$ 3,000.00	1	$ 3,000.00	$ 156,000
19105	CRYOSURG ABLATE FA EACH	17	8	DIAGNOSTIC RADIOLOGY	75%	SD232	probe, cryoablation (Visica ICE 30 or 40)	item	$ 1,372.12	1	$ 1,372.12	$ 10,977
19296	PLACE PO BREAST CATH FOR RAD	603	552	GENERAL SURGERY	75%	SA087	tray, RTS applicator (MammoSite)	item	$ 2,827.86	1	$ 2,827.86	$ 1,560,979
20697	APP MLTPLN UNI XTRNL FIX XCH	21	19	ORTHOPEDIC SURGERY	68%	SD240	strut, replacement, dynamic external fixation	item	$ 1,185.78	1	$ 1,185.78	$ 22,530
20982	ABLATE BONE TUMOR(S) PERQ	1452	82	DIAGNOSTIC RADIOLOGY	34%	SD109	probe, radiofrequency, 3 array (StarBurstSDE)	item	$ 2,289.00	1	$ 2,289.00	$ 187,698
20983	ABLATE BONE TUMOR(S) PERQ	246	8	INTERVENTIONAL RADIOLOGY	50%	SD233	probe, cryoablation, renal	item	$ 1,170.22	3	$ 3,510.66	$ 28,085
21125	AUGMENTATION LOWER JAW BONE	8	2	MAXILLOFACIAL SURGERY	50%	SD191	plate, surgical, reconstruction, left, 5 x 16 hole	item	$ 846.45	1	$ 846.45	$ 1,693
21127	AUGMENTATION LOWER JAW BONE	305	303	DENTIST	88%	SD191	plate, surgical, reconstruction, left, 5 x 16 hole	item	$ 846.45	1	$ 846.45	$ 256,474
21215	LOWER JAW BONE GRAFT	4599	4378	ORAL SURGERY	64%	SD191	plate, surgical, reconstruction, left, 5 x 16 hole	item	$ 846.45	1	$ 846.45	$ 3,705,758
22510	PERQ CERVICOTHORACIC INJECT	2205	101	DIAGNOSTIC RADIOLOGY	50%	SA039	kit, vertebroplasty (LP2, CDO)	kit	$ 970.48	1	$ 970.48	$ 98,018
22511	PERQ LUMBOSACRAL INJECTION	2659	204	INTERVENTIONAL RADIOLOGY	23%	SA039	kit, vertebroplasty (LP2, CDO)	kit	$ 970.48	1	$ 970.48	$ 197,978
22513	PERQ VERTEBRAL AUGMENTATION	18975	5851	ORTHOPEDIC SURGERY	23%	SA111	Kyphoplasty kit, first fracture	kit	$ 3,720.80	1	$ 3,720.80	$ 21,770,401
22514	PERQ VERTEBRAL AUGMENTATION	21168	6666	ORTHOPEDIC SURGERY	23%	SA111	Kyphoplasty kit, first fracture	kit	$ 3,720.80	1	$ 3,720.80	$ 24,802,853
22515	PERQ VERTEBRAL AUGMENTATION	12476	3241	ORTHOPEDIC SURGERY	24%	SA112	Kyphoplasty kit, additional fracture	kit	$ 2,149.41	1	$ 2,149.41	$ 6,966,238
22526	IDET SINGLE LEVEL					SD222	catheter, intradiscal (spineCATH)	item	$ 1,380.00	1	$ 1,380.00	$ -
22527	IDET 1 OR MORE LEVELS					SD222	catheter, intradiscal (spineCATH)	item	$ 1,380.00	1	$ 1,380.00	$ -
27278	ARTHRD SI JT PRQ WO TFXJ DEV					SD356	Dorsal SI Joint Arthrodesis Implant	item	$ 11,500.00	1	$ 11,500.00	$ -
30468	RPR NSL VLV COLLAPSE W/IMPLT	1594	833	OTOLARYNGOLOGY	99%	SA133	Absorabable nasal implant and delivery device	kit	$ 1,995.00	1	$ 1,995.00	$ 1,661,835
30469	RPR NSL VLV COLLAPSE W/RMDLG					SD352	VivAer Stylus	item	$ 1,950.00	1	$ 1,950.00	$ -
31242	NSL/SINUS NDSC RF ABLTJ PNN					SD357	Radiofrequency Stylus / wand	item	$ 1,950.00	1	$ 1,950.00	$ -
31243	NSL/SINUS NDSC CRYOABLTJ PNN					SD358	Cryoablation handpiece and 2 canisters (one per side)	item	$ 1,882.80	1	$ 1,882.80	$ -
31295	NSL/SINS NDSC SURG MAX SINS	21727	20990	OTOLARYNGOLOGY	100%	SA106	kit, sinus surgery, balloon (maxillary, frontal, or sphenoid)	kit	$ 2,338.00	0.5	$ 1,169.00	$ 24,537,310
31296	NSL/SINS NDSC SURG FRNT SINS	5979	4611	OTOLARYNGOLOGY	100%	SA106	kit, sinus surgery, balloon (maxillary, frontal, or sphenoid)	kit	$ 2,338.00	0.5	$ 1,169.00	$ 5,390,259
31297	NSL/SINS NDSC SURG SPHN SINS	1339	1102	OTOLARYNGOLOGY	100%	SA106	kit, sinus surgery, balloon (maxillary, frontal, or sphenoid)	kit	$ 2,338.00	0.5	$ 1,169.00	$ 1,288,238
31298	NSL/SINS NDSC SURG FRNT&SPHN	15200	14774	OTOLARYNGOLOGY	100%	SA106	kit, sinus surgery, balloon (maxillary, frontal, or sphenoid)	kit	$ 2,338.00	1	$ 2,338.00	$ 34,541,612
31574	LARGSC W/NJX AUGMENTATION	4683	2913	OTOLARYNGOLOGY	100%	SJ090	Voice Augmentation Gel	ml	$ 592.11	1	$ 592.11	$ 1,724,816
31627	NAVIGATIONAL BRONCHOSCOPY	17174	32	PULMONARY DISEASE	69%	SA097	kit, locatable guide, ext. working channel, w-b-scope adapter	kit	$ 976.68	1	$ 976.68	$ 31,254
31730	INTRO WINDPIPE WIRE/TUBE	180				SA091	tray, scoop, fast track system	tray	$ 750.00	1	$ 750.00	$ -
32550	INSERT PLEURAL CATH	13926	102	INTERVENTIONAL RADIOLOGY	29%	SA077	kit, pleural catheter insertion	kit	$ 550.76	1	$ 550.76	$ 56,178
32556	INSERT CATH PLEURA W/O IMAGE	4383	64	PULMONARY DISEASE	41%	SA077	kit, pleural catheter insertion	kit	$ 550.76	1	$ 550.76	$ 35,249
32994	ABLATE PULM TUMOR PERQ CRYBL	340	6	INTERVENTIONAL RADIOLOGY	100%	SD233	probe, cryoablation, renal	item	$ 1,170.22	3	$ 3,510.66	$ 21,064
32998	ABLATE PULM TUMOR PERQ RF	264	12	DIAGNOSTIC RADIOLOGY	50%	SD109	probe, radiofrequency, 3 array (StarBurstSDE)	item	$ 2,289.00	1	$ 2,289.00	$ 27,468
33285	INSJ SUBQ CAR RHYTHM MNTR	58677	16240	CARDIOLOGY	51%	SA127	subcutaneous cardiac rhythm monitor system	item	$ 5,032.50	1	$ 5,032.50	$ 81,727,800
36465	NJX NONCMPND SCLRSNT 1 VEIN	67951	67225	VASCULAR SURGERY	23%	SD324	Varithena (foam)	item	$ 3,195.00	0.33	$ 1,054.35	$ 70,878,679
36466	NJX NONCMPND SCLRSNT MLT VN	16712	16389	VASCULAR SURGERY	23%	SD324	Varithena (foam)	item	$ 3,195.00	0.33	$ 1,054.35	$ 17,279,742
36473	ENDOVENOUS MCHNCHEM 1ST VEIN	2698	2635	CARDIOLOGY	29%	SA122	Claravein Kit	kit	$ 883.33	1	$ 883.33	$ 2,327,575
36482	ENDOVEN THER CHEM ADHES 1ST	50045	47708	CARDIOLOGY	23%	SD323	Venaseal (glue)	item	$ 1,495.00	1	$ 1,495.00	$ 71,323,460
36516	APHERESIS IMMUNOADS SLCTV	1105	616	ENDOCRINOLOGY	48%	SD186	plasma LDL adsorption column (Liposorber)	item	$ 1,118.06	1	$ 1,118.06	$ 688,725
36522	PHOTOPHERESIS	6661	29	HEMATOLOGY/ONCOLOGY	72%	SA024	kit, photopheresis procedure	kit	$ 863.56	1	$ 863.56	$ 25,043
36560	INSERT TUNNELED CV CATH	13				SA011	kit, CVA catheter, tunneled, with subcut port	kit	$ 510.73	1	$ 510.73	$ -
36561	INSERT TUNNELED CV CATH	113563	6487	DIAGNOSTIC RADIOLOGY	39%	SA011	kit, CVA catheter, tunneled, with subcut port	kit	$ 510.73	1	$ 510.73	$ 3,313,106
36563	INSERT TUNNELED CV CATH	202	8	GENERAL SURGERY	50%	SA011	kit, CVA catheter, tunneled, with subcut port	kit	$ 510.73	1	$ 510.73	$ 4,086
36566	INSERT TUNNELED CV CATH	297	10	DIAGNOSTIC RADIOLOGY	70%	SD221	catheter, CVA, system, tunneled w-port, dual (LifeSite)	item	$ 1,750.00	2	$ 3,500.00	$ 35,000
36570	INSERT PICVAD CATH	1				SA025	kit, PICC with subcut port	kit	$ 718.18	1	$ 718.18	$ -
36571	INSERT PICVAD CATH	2040	181	GENERAL SURGERY	37%	SA025	kit, PICC with subcut port	kit	$ 718.18	1	$ 718.18	$ 129,991
36582	REPLACE TUNNELED CV CATH	1123	102	DIAGNOSTIC RADIOLOGY	39%	SA011	kit, CVA catheter, tunneled, with subcut port	kit	$ 510.73	1	$ 510.73	$ 52,094
36583	REPLACE TUNNELED CV CATH	28	3	NURSE PRACTITIONER	33%	SA011	kit, CVA catheter, tunneled, with subcut port	kit	$ 510.73	1	$ 510.73	$ 1,532
36585	REPLACE PICVAD CATH	73	2	DIAGNOSTIC RADIOLOGY	50%	SA025	kit, PICC with subcut port	kit	$ 718.18	1	$ 718.18	$ 1,436
36836	PRQ AV FSTL CRTJ UXTR 1 ACS					SD351	Ellipsys Vascular Access Catheter	item	$ 7,378.75	1	$ 7,378.75	$ -
36837	PRQ AV FSTL CRT UXTR SEP ACS					SD350	Wavelinq EndoAVF catheters	item	$ 7,000.00	1	$ 7,000.00	$ -
36837	PRQ AV FSTL CRT UXTR SEP ACS					SF056	Detachable coil	item	$ 1,199.30	1	$ 1,199.30	$ -
36903	INTRO CATH DIALYSIS CIRCUIT	12740	5587	VASCULAR SURGERY	33%	SD254	covered stent (VIABAHN, Gore)	item	$ 3,129.00	1	$ 3,129.00	$ 17,481,723
36904	THRMBC/NFS DIALYSIS CIRCUIT	2202	496	NEPHROLOGY	38%	SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit	$ 696.37	1	$ 696.37	$ 345,400
36905	THRMBC/NFS DIALYSIS CIRCUIT	22013	7620	NEPHROLOGY	45%	SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit	$ 696.37	1	$ 696.37	$ 5,306,339
36906	THRMBC/NFS DIALYSIS CIRCUIT	8498	3437	NEPHROLOGY	38%	SD254	covered stent (VIABAHN, Gore)	item	$ 3,129.00	1	$ 3,129.00	$ 10,754,373
36906	THRMBC/NFS DIALYSIS CIRCUIT	8498	3437	NEPHROLOGY	38%	SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit	$ 696.37	1	$ 696.37	$ 2,393,424
36908	STENT PLMT CTR DIALYSIS SEG	3119	1361	NEPHROLOGY	27%	SA103	stent, vascular, deployment system, Cordis SMART	kit	$ 803.58	1	$ 803.58	$ 1,093,672
36909	DIALYSIS CIRCUIT EMBOLJ	3804	2081	VASCULAR SURGERY	33%	SF056	Detachable coil	item	$ 1,199.30	1	$ 1,199.30	$ 2,495,743
37183	REVISION TIPS	756	7	INTERVENTIONAL RADIOLOGY	57%	SD238	stent, GORE VIATORR TIPS Endoprosthesis	item	$ 4,523.00	1	$ 4,523.00	$ 31,661
37184	PRIM ART M-THRMBC 1ST VSL	13108	1072	VASCULAR SURGERY	41%	SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit	$ 696.37	1	$ 696.37	$ 746,509
37186	SEC ART THROMBECTOMY ADD-ON	2858	1661	VASCULAR SURGERY	38%	SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit	$ 696.37	1	$ 696.37	$ 1,156,671
37187	VENOUS MECH THROMBECTOMY	7190	720	NEPHROLOGY	26%	SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit	$ 696.37	1	$ 696.37	$ 501,386
37188	VEN MECHNL THRMBC REPEAT TX	148	2	CARDIOLOGY	50%	SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit	$ 696.37	1	$ 696.37	$ 1,393
37191	INS ENDOVAS VENA CAVA FILTR	20415	460	VASCULAR SURGERY	54%	SD267	IVC filter	item	$ 1,195.25	1	$ 1,195.25	$ 549,815
37221	ILIAC REVASC W/STENT	25781	5768	VASCULAR SURGERY	51%	SA103	stent, vascular, deployment system, Cordis SMART	kit	$ 803.58	1	$ 803.58	$ 4,635,049
37223	ILIAC REVASC W/STENT ADD-ON	3639	735	VASCULAR SURGERY	56%	SA103	stent, vascular, deployment system, Cordis SMART	kit	$ 803.58	1	$ 803.58	$ 590,631
37225	FEM/POPL REVAS W/ATHER	38629	26602	VASCULAR SURGERY	35%	SD255	Reentry device (Frontier, Outback, Pioneer)	item	$ 2,343.12	1	$ 2,343.12	$ 62,331,678
37225	FEM/POPL REVAS W/ATHER	38629	26602	VASCULAR SURGERY	35%	SD256	Embolic Protection Device Spider FX (EV3, documentation available)	item	$ 1,142.89	1	$ 1,142.89	$ 30,403,160
37225	FEM/POPL REVAS W/ATHER	38629	26602	VASCULAR SURGERY	35%	SD253	atherectomy device (Spectronetics laser or Fox Hollow)	kit	$ 3,048.33	1	$ 3,048.33	$ 81,091,675
37226	FEM/POPL REVASC W/STENT	17660	2135	VASCULAR SURGERY	47%	SD256	Embolic Protection Device Spider FX (EV3, documentation available)	item	$ 1,142.89	1	$ 1,142.89	$ 2,440,070
37226	FEM/POPL REVASC W/STENT	17660	2135	VASCULAR SURGERY	47%	SD254	covered stent (VIABAHN, Gore)	item	$ 3,129.00	1	$ 3,129.00	$ 6,680,415
37226	FEM/POPL REVASC W/STENT	17660	2135	VASCULAR SURGERY	47%	SD255	Reentry device (Frontier, Outback, Pioneer)	item	$ 2,343.12	1	$ 2,343.12	$ 5,002,561
37227	FEM/POPL REVASC STNT & ATHER	19666	14668	VASCULAR SURGERY	45%	SD256	Embolic Protection Device Spider FX (EV3, documentation available)	item	$ 1,142.89	1	$ 1,142.89	$ 16,763,911
37227	FEM/POPL REVASC STNT & ATHER	19666	14668	VASCULAR SURGERY	45%	SD254	covered stent (VIABAHN, Gore)	item	$ 3,129.00	1	$ 3,129.00	$ 45,896,172

37227	FEM/POPL REVASC STNT & ATHER	19666	14668	VASCULAR SURGERY	45%	SD253	atherectomy device (Spectronetics laser or Fox Hollow)	kit	$	3,048.33	1	$ 3,048.33	$	44,712,904
37227	FEM/POPL REVASC STNT & ATHER	19666	14668	VASCULAR SURGERY	45%	SD255	Reentry device (Frontier, Outback, Pioneer)	item	$	2,343.12	1	$ 2,343.12	$	34,368,884
37228	TIB/PER REVASC W/TLA	27661	6301	VASCULAR SURGERY	44%	SD256	Embolic Protection Device Spider FX (EV3, documentation available)	item	$	1,142.89	1	$ 1,142.89	$	7,201,350
37229	TIB/PER REVASC W/ATHER	37918	30659	VASCULAR SURGERY	31%	SD255	Reentry device (Frontier, Outback, Pioneer)	item	$	2,343.12	1	$ 2,343.12	$	71,837,716
37229	TIB/PER REVASC W/ATHER	37918	30659	VASCULAR SURGERY	31%	SD256	Embolic Protection Device Spider FX (EV3, documentation available)	item	$	1,142.89	1	$ 1,142.89	$	35,039,865
37229	TIB/PER REVASC W/ATHER	37918	30659	VASCULAR SURGERY	31%	SD253	atherectomy device (Spectronetics laser or Fox Hollow)	kit	$	3,048.33	1	$ 3,048.33	$	93,458,749
37230	TIB/PER REVASC W/STENT	2077	374	CARDIOLOGY	43%	SD255	Reentry device (Frontier, Outback, Pioneer)	item	$	2,343.12	1	$ 2,343.12	$	876,327
37230	TIB/PER REVASC W/STENT	2077	374	CARDIOLOGY	43%	SD266	stent, self expanding 2-5 mm XPERT (Abbott)	item	$	3,307.69	1	$ 3,307.69	$	1,237,076
37230	TIB/PER REVASC W/STENT	2077	374	CARDIOLOGY	43%	SD256	Embolic Protection Device Spider FX (EV3, documentation available)	item	$	1,142.89	1	$ 1,142.89	$	427,441
37231	TIB/PER REVASC STENT & ATHER	3076	2549	INTERVENTIONAL RADIOLOGY	24%	SD256	Embolic Protection Device Spider FX (EV3, documentation available)	item	$	1,142.89	1	$ 1,142.89	$	2,913,227
37231	TIB/PER REVASC STENT & ATHER	3076	2549	INTERVENTIONAL RADIOLOGY	24%	SD266	stent, self expanding 2-5 mm XPERT (Abbott)	item	$	3,307.69	1	$ 3,307.69	$	8,431,302
37231	TIB/PER REVASC STENT & ATHER	3076	2549	INTERVENTIONAL RADIOLOGY	24%	SD255	Reentry device (Frontier, Outback, Pioneer)	item	$	2,343.12	1	$ 2,343.12	$	5,972,613
37231	TIB/PER REVASC STENT & ATHER	3076	2549	INTERVENTIONAL RADIOLOGY	24%	SD253	atherectomy device (Spectronetics laser or Fox Hollow)	kit	$	3,048.33	1	$ 3,048.33	$	7,770,193
37234	REVSC OPN/PRQ TIB/PERO STENT	288	115	CARDIOLOGY	26%	SD266	stent, self expanding 2-5 mm XPERT (Abbott)	item	$	3,307.69	1	$ 3,307.69	$	380,384
37235	TIB/PER REVASC STNT & ATHER	304	265	INTERVENTIONAL RADIOLOGY	61%	SD266	stent, self expanding 2-5 mm XPERT (Abbott)	item	$	3,307.69	1	$ 3,307.69	$	876,538
37236	OPEN/PERQ PLACE STENT 1ST	9863	1168	VASCULAR SURGERY	47%	SD299	stent, balloon, implantable	item	$	812.43	1	$ 812.43	$	948,918
37237	OPEN/PERQ PLACE STENT EA ADD	1094	102	VASCULAR SURGERY	38%	SD299	stent, balloon, implantable	item	$	812.43	1	$ 812.43	$	82,868
37238	OPEN/PERQ PLACE STENT SAME	10117	4902	VASCULAR SURGERY	30%	SD340	venous stent system	item	$	1,750.00	1.5	$ 2,625.00	$	12,867,750
37239	OPEN/PERQ PLACE STENT EA ADD	3903	2027	CARDIOLOGY	29%	SD340	venous stent system	item	$	1,750.00	1	$ 1,750.00	$	3,547,250
37241	VASC EMBOLIZE/OCCLUDE VENOUS	1429	297	THORACIC SURGERY	24%	SF056	Detachable coil	item	$	1,199.30	1	$ 1,199.30	$	356,192
37242	VASC EMBOLIZE/OCCLUDE ARTERY	8173	1106	DIAGNOSTIC RADIOLOGY	51%	SF056	Detachable coil	item	$	1,199.30	5	$ 5,996.50	$	6,632,129
37243	VASC EMBOLIZE/OCCLUDE ORGAN	14498	1857	DIAGNOSTIC RADIOLOGY	51%	SF058	LC Beads (2mL vial)	item	$	2,341.93	3	$ 7,025.79	$	13,046,892
37244	VASC EMBOLIZE/OCCLUDE BLEED	13397	312	PERIPERAL VASCULAR DISEASE	43%	SF056	Detachable coil	item	$	1,199.30	4	$ 4,797.20	$	1,496,726
37252	INTRVASC US NONCORONARY 1ST	69562	51817	VASCULAR SURGERY	35%	SD304	IVUS catheter	item	$	858.33	1	$ 858.33	$	44,476,086
43290	EGD FLX TRNSORL DPLMNT BALO					SD348	ORBERA Intragastric Balloon System	item	$	1,850.00	1	$ 1,850.00	$	-
44401	COLONOSCOPY WITH ABLATION	59				SC103	catheter, RF ablation, endoscopic	item	$	1,500.00	1	$ 1,500.00	$	-
45346	SIGMOIDOSCOPY W/ABLATION	886	58	COLORECTAL SURGERY (PROCTOLOGY)	71%	SC103	catheter, RF ablation, endoscopic	item	$	1,500.00	1	$ 1,500.00	$	87,000
45388	COLONOSCOPY W/ABLATION	18936	1065	GASTROENTEROLOGY	53%	SC103	catheter, RF ablation, endoscopic	item	$	1,500.00	1	$ 1,500.00	$	1,597,500
47382	PERCUT ABLATE LIVER RF	2601	15	DIAGNOSTIC RADIOLOGY	67%	SA100	kit, probe, radiofrequency, Xli-enhanced RF probe	kit	$	1,966.67	1	$ 1,966.67	$	29,500
47383	PERQ ABLTJ LVR CRYOABLATION	248	5	INTERVENTIONAL RADIOLOGY	100%	SD233	probe, cryoablation, renal	item	$	1,170.22	4	$ 4,680.88	$	23,404
47538	PERQ PLMT BILE DUCT STENT	781	1	DIAGNOSTIC RADIOLOGY	100%	SD313	Viabil covered biliary stent	Item	$	2,765.76	1	$ 2,765.76	$	2,766
47539	PERQ PLMT BILE DUCT STENT	120				SD313	Viabil covered biliary stent	Item	$	2,765.76	1	$ 2,765.76	$	-
47540	PERQ PLMT BILE DUCT STENT	151				SD313	Viabil covered biliary stent	Item	$	2,765.76	1	$ 2,765.76	$	-
50592	PERC RF ABLATE RENAL TUMOR	1546	38	DIAGNOSTIC RADIOLOGY	76%	SD109	probe, radiofrequency, 3 array (StarBurstSDE)	item	$	2,289.00	1	$ 2,289.00	$	86,982
50593	PERC CRYO ABLATE RENAL TUM	3517	26	DIAGNOSTIC RADIOLOGY	54%	SD233	probe, cryoablation, renal	item	$	1,170.22	2.5	$ 2,925.55	$	76,064
52284	CYSTO RX BALO CATH URTL STRX					SD359	Optilume DCB, guidewire, and inflation device	item	$	2,245.00	1	$ 2,245.00	$	-
52441	CYSTOURETHRO W/IMPLANT	22785	7368	UROLOGY	100%	SD291	Urolift Implant and implantation device	item	$	875.00	1	$ 875.00	$	6,447,000
52442	CYSTOURETHRO W/ADDL IMPLANT	90771	32737	UROLOGY	100%	SD291	Urolift Implant and implantation device	item	$	875.00	1	$ 875.00	$	28,644,875
52647	LASER SURGERY OF PROSTATE	90	5	UROLOGY	40%	SF030	laser tip, diffuser fiber	item	$	730.00	1	$ 730.00	$	3,650
52648	LASER SURGERY OF PROSTATE	14767	271	UROLOGY	99%	SF030	laser tip, diffuser fiber	item	$	730.00	1	$ 730.00	$	197,830
53850	PROSTATIC MICROWAVE THERMOTX	950	938	UROLOGY	99%	SA036	kit, transurethral microwave thermotherapy	kit	$	1,000.00	1	$ 1,000.00	$	938,000
53852	PROSTATIC RF THERMOTX	195	159	UROLOGY	100%	SA037	kit, transurethral needle ablation (TUNA)	kit	$	900.00	1	$ 900.00	$	143,100
53854	TRURL DSTRJ PRST8 TISS RF WV	6847	4825	UROLOGY	100%	SA128	kit, Rezum delivery device	item	$	1,220.00	1	$ 1,220.00	$	5,886,500
53855	INSERT PROST URETHRAL STENT	476	427	UROLOGY	98%	SA101	kit, stent, urethral, prostatic, insertion tool and surveyor	kit	$	512.34	1	$ 512.34	$	218,769
53860	TRANSURETHRAL RF TREATMENT	17	17	OBSTETRICS/GYNECOLOGY	100%	SD245	Renessa probe	item	$	2,206.82	1	$ 2,206.82	$	37,516
55873	CRYOABLATE PROSTATE	1134	87	UROLOGY	100%	SA099	Kit, probe, cryoablation, prostate (Galil-Endocare)	kit	$	4,000.00	1	$ 4,000.00	$	348,000
55874	TPRNL PLMT BIODEGRDABL MATRL	19352	8518	UROLOGY	61%	SA126	Biodegradable Material Kit - PeriProstatic	item	$	2,965.00	1	$ 2,965.00	$	25,255,870
58353	ENDOMETR ABLATE THERMAL	71	4	OBSTETRICS/GYNECOLOGY	100%	SD018	catheter, balloon, thermal ablation (Thermachoice)	tray	$	762.59	1	$ 762.59	$	3,050
58356	ENDOMETRIAL CRYOABLATION	5	1	OBSTETRICS/GYNECOLOGY	100%	SD215	probe, endometrial cryoablation (Her Option)	item	$	1,295.00	1	$ 1,295.00	$	1,295
58558	HYSTEROSCOPY BIOPSY	42979	6816	OBSTETRICS/GYNECOLOGY	94%	SF059	Hysteroscopic tissue removal device	item	$	721.03	1	$ 721.03	$	4,914,540
58563	HYSTEROSCOPY ABLATION	1475	106	OBSTETRICS/GYNECOLOGY	99%	SD177	hysteroscope, ablation device	item	$	1,945.13	1	$ 1,945.13	$	206,184
58565	HYSTEROSCOPY STERILIZATION	1				SA075	kit, hysteroscopic tubal implant for sterilization	kit	$	1,177.72	1	$ 1,177.72	$	-
58580	TRANSCRV ABLTJ UTRN FIBRD RF					SD361	RFA Handpiece, sterile (Sonata)	item	$	2,500.00	1	$ 2,500.00	$	-
63650	IMPLANT NEUROELECTRODES	79512	18100	PAIN MANAGEMENT	30%	SD280	Trial lead kit	item	$	958.94	1	$ 958.94	$	17,356,814
63650	IMPLANT NEUROELECTRODES	79512	18100	PAIN MANAGEMENT	30%	SD281	Trial lead array	item	$	640.87	1	$ 640.87	$	11,599,747
64553	IMPLANT NEUROELECTRODES	42	1	NURSE PRACTITIONER	100%	SD280	Trial lead kit	item	$	958.94	1	$ 958.94	$	959
64553	IMPLANT NEUROELECTRODES	42	1	NURSE PRACTITIONER	100%	SD281	Trial lead array	item	$	640.87	1	$ 640.87	$	641
64555	IMPLANT NEUROELECTRODES	9610	2065	ANESTHESIOLOGY	21%	SD280	Trial lead kit	item	$	958.94	1	$ 958.94	$	1,980,211
64555	IMPLANT NEUROELECTRODES	9610	2065	ANESTHESIOLOGY	21%	SD281	Trial lead array	item	$	640.87	1	$ 640.87	$	1,323,397
65778	COVER EYE W/MEMBRANE	54190	53656	OPTOMETRY	51%	SD248	human amniotic membrane allograft mounted on a non-absorbable self-retaining ring	item	$	931.33	1	$ 931.33	$	49,971,442
65779	COVER EYE W/MEMBRANE SUTURE	526	119	OPHTHALMOLOGY	98%	SD247	human amniotic membrane allograft	item	$	835.00	1	$ 835.00	$	99,365
65785	IMPLTJ NTRSTRML CRNL RNG SEG	21	14	OPHTHALMOLOGY	100%	SA120	intrastromal corneal ring	pair	$	1,145.00	1	$ 1,145.00	$	16,030
68816	PROBE NL DUCT W/BALLOON	153	6	OPHTHALMOLOGY	83%	SD220	catheter, balloon, lacrimal	item	$	542.39	1	$ 542.39	$	3,254
69705	NPS SURG DILAT EUST TUBE UNI	1495	843	OTOLARYNGOLOGY	100%	SA134	kit, eustachian tube procedure	kit	$	2,010.00	1	$ 2,010.00	$	1,694,430
69706	NPS SURG DILAT EUST TUBE BI	2362	1440	OTOLARYNGOLOGY	100%	SA134	kit, eustachian tube procedure	kit	$	2,010.00	1	$ 2,010.00	$	2,894,400
86490	COCCIDIOIDOMYCOSIS SKIN TEST					SH107	Spherusol	ml	$	617.65	0.1	$ 61.76	$	-
88120	CYTP URNE 3-5 PROBES EA SPEC	42054	43303	PATHOLOGY	58%	SL261	FISH pre-treatment kit	kit	$	579.21	0.3	$ 173.76	$	7,524,329
88121	CYTP URINE 3-5 PROBES CMPTR	20338	19600	PATHOLOGY	62%	SL261	FISH pre-treatment kit	kit	$	579.21	0.2	$ 115.84	$	2,270,464
91111	GI TRC IMG INTRAL ESOPHAGUS	142	48	GASTROENTEROLOGY	79%	SA094	kit, capsule, ESO, endoscopy w-application supplies (ESO)	kit	$	704.65	1	$ 704.65	$	33,823
91112	GI WIRELESS CAPSULE MEASURE	726	497	GASTROENTEROLOGY	91%	SD272	SmartPill capsule	item	$	1,258.39	1	$ 1,258.39	$	625,420
91113	GI TRC IMG INTRAL COLON I&R	15	7	GASTROENTEROLOGY	100%	SD346	PillCam COLON capsule	kit	$	625.00	1	$ 625.00	$	4,375
96440	CHMOTX ADMN PLRL CAV THRCNTS	68	9	HEMATOLOGY/ONCOLOGY	56%	SA077	kit, pleural catheter insertion	kit	$	550.76	1	$ 550.76	$	4,957
G0166	EXTRNL COUNTERPULSE, PER TX	49673	49673	CARDIOLOGY	73%	SD341	EECP compression equipment package	item	$	826.75	0.01	$ 8.27	$	410,796
G0166	EXTRNL COUNTERPULSE, PER TX	49673	49673	CARDIOLOGY	73%	SD342	EECP electrical equipment package	item	$	752.00	0.0025	$ 1.88	$	93,385
G2082	VISIT ESKETAMINE 56M OR LESS	2363	2179	PSYCHIATRY	64%	SH109	Esketamine (56 mg vial)	item	$	683.67	1	$ 683.67	$	1,489,717
G2083	VISIT ESKETAMINE, > 56M	13774	13350	PSYCHIATRY	66%	SH110	Esketamine (84 mg vial)	item	$	1,025.50	1	$ 1,025.50	$	13,690,425

CPT_Code	Short Descriptor	2022 Medicare Frequency	2022 Medicare Frequency: Non-Facility Global & TC Only	2022 Medicare Top Spec: NF Global & TC Only	Top Spec % NF Global & TC Only	Supply_Code	DESCRIPTION	Unit_of_Measure	Purchase_Price	Non_Fac_Quantity	Non_Fac_Cost	Aggregate NF Global & TC Cost
0446T	INSJ IMPLTBL GLUCOSE SENSOR	69	67	INTERNAL MEDICINE	33%	SD334	implantable interstitial glucose sensor	item	3000	1	3000	$ 201,000
0448T	REMVL INSJ IMPLTBL GLUC SENS	55	52	ENDOCRINOLOGY	54%	SD334	implantable interstitial glucose sensor	item	3000	1	3000	$ 156,000
19105	CRYOSURG ABLATE FA EACH	17	8	DIAGNOSTIC RADIOLOGY	75%	SD232	probe, cryoablation (Visica ICE 30 or 40)	item	1372.12	1	1372.12	$ 10,977
19296	PLACE PO BREAST CATH FOR RAD	603	552	GENERAL SURGERY	75%	SA087	tray, RTS applicator (MammoSite)	item	2827.86	1	2827.86	$ 1,560,979
20697	APP MLTPLN UNI XTRNL FIX XCH	21	19	ORTHOPEDIC SURGERY	68%	SD240	strut, replacement, dynamic external fixation	item	1185.78	1	1185.78	$ 22,530
20982	ABLATE BONE TUMOR(S) PERQ	1452	82	DIAGNOSTIC RADIOLOGY	34%	SD109	probe, radiofrequency, 3 array (StarBurstSDE)	item	2289	1	2289	$ 187,698
20983	ABLATE BONE TUMOR(S) PERQ	246	8	INTERVENTIONAL RADIOLOGY	50%	SD233	probe, cryoablation, renal	item	1170.22	3	3510.66	$ 28,085
22513	PERQ VERTEBRAL AUGMENTATION	18975	5851	ORTHOPEDIC SURGERY	23%	SA111	Kyphoplasty kit, first fracture	kit	3720.8	1	3720.8	$ 21,770,401
22514	PERQ VERTEBRAL AUGMENTATION	21168	6666	ORTHOPEDIC SURGERY	23%	SA111	Kyphoplasty kit, first fracture	kit	3720.8	1	3720.8	$ 24,802,853
22515	PERQ VERTEBRAL AUGMENTATION	12476	3241	ORTHOPEDIC SURGERY	24%	SA112	Kyphoplasty kit, additional fracture	kit	2149.41	1	2149.41	$ 6,966,238
22526	IDET SINGLE LEVEL					SD222	catheter, intradiscal (spineCATH)	item	1380	1	1380	$ -
22527	IDET 1 OR MORE LEVELS					SD222	catheter, intradiscal (spineCATH)	item	1380	1	1380	$ -
27278	ARTHRD SI JT PRQ WO TFXJ DEV					SD356	Dorsal SI Joint Arthrodesis Implant	item	11500	1	11500	$ -
30468	RPR NSL VLV COLLAPSE W/IMPLT	1594	833	OTOLARYNGOLOGY	99%	SA133	Absorabable nasal implant and delivery device	kit	1995	1	1995	$ 1,661,835
30469	RPR NSL VLV COLLAPSE W/RMDLG					SD352	VivAer Stylus	item	1950	1	1950	$ -
31242	NSL/SINUS NDSC RF ABLTJ PNN					SD357	Radiofrequency Stylus / wand	item	1950	1	1950	$ -
31243	NSL/SINUS NDSC CRYOABLTJ PNN					SD358	Cryoablation handpiece and 2 canisters (one per side)	item	1882.8	1	1882.8	$ -
31295	NSL/SINS NDSC SURG MAX SINS	21727	20990	OTOLARYNGOLOGY	100%	SA106	kit, sinus surgery, balloon (maxillary, frontal, or sphenoid)	kit	2338	0.5	1169	$ 24,537,310
31296	NSL/SINS NDSC SURG FRNT SINS	5979	4611	OTOLARYNGOLOGY	100%	SA106	kit, sinus surgery, balloon (maxillary, frontal, or sphenoid)	kit	2338	0.5	1169	$ 5,390,259
31297	NSL/SINS NDSC SURG SPHN SINS	1339	1102	OTOLARYNGOLOGY	100%	SA106	kit, sinus surgery, balloon (maxillary, frontal, or sphenoid)	kit	2338	0.5	1169	$ 1,288,238
31298	NSL/SINS NDSC SURG FRNT&SPHN	15200	14774	OTOLARYNGOLOGY	100%	SA106	kit, sinus surgery, balloon (maxillary, frontal, or sphenoid)	kit	2338	1	2338	$ 34,541,612
32994	ABLATE PULM TUMOR PERQ CRYBL	340	6	INTERVENTIONAL RADIOLOGY	100%	SD233	probe, cryoablation, renal	item	1170.22	3	3510.66	$ 21,064
32998	ABLATE PULM TUMOR PERQ RF	264	12	DIAGNOSTIC RADIOLOGY	50%	SD109	probe, radiofrequency, 3 array (StarBurstSDE)	item	2289	1	2289	$ 27,468
33285	INSJ SUBQ CAR RHYTHM MNTR	58677	16240	CARDIOLOGY	51%	SA127	subcutaneous cardiac rhythm monitor system	item	5032.5	1	5032.5	$ 81,727,800
36465	NJX NONCMPND SCLRSNT 1 VEIN	67951	67225	VASCULAR SURGERY	23%	SD324	Varithena (foam)	item	3195	0.33	1054.35	$ 70,878,679
36466	NJX NONCMPND SCLRSNT MLT VN	16712	16389	VASCULAR SURGERY	23%	SD324	Varithena (foam)	item	3195	0.33	1054.35	$ 17,279,742
36482	ENDOVEN THER CHEM ADHES 1ST	50045	47708	CARDIOLOGY	23%	SD323	Venaseal (glue)	item	1495	1	1495	$ 71,323,460
36516	APHERESIS IMMUNOADS SLCTV	1105	616	ENDOCRINOLOGY	48%	SD186	plasma LDL adsorption column (Liposorber)	item	1118.06	1	1118.06	$ 688,725
36566	INSERT TUNNELED CV CATH	297	10	DIAGNOSTIC RADIOLOGY	70%	SD221	catheter, CVA, system, tunneled w-port, dual (LifeSite)	item	1750	2	3500	$ 35,000
36836	PRQ AV FSTL CRTJ UXTR 1 ACS					SD351	Ellipsys Vascular Access Catheter	item	7378.75	1	7378.75	$ -
36837	PRQ AV FSTL CRT UXTR SEP ACS					SD350	Wavelinq EndoAVF catheters	item	7000	1	7000	$ -
36837	PRQ AV FSTL CRT UXTR SEP ACS					SF056	Detachable coil	item	1199.3	1	1199.3	$ -
36903	INTRO CATH DIALYSIS CIRCUIT	12740	5587	VASCULAR SURGERY	33%	SD254	covered stent (VIABAHN, Gore)	item	3129	1	3129	$ 17,481,723
36906	THRMBC/NFS DIALYSIS CIRCUIT	8498	3437	NEPHROLOGY	38%	SD254	covered stent (VIABAHN, Gore)	item	3129	1	3129	$ 10,754,373
36909	DIALYSIS CIRCUIT EMBOLJ	3804	2081	VASCULAR SURGERY	33%	SF056	Detachable coil	item	1199.3	1	1199.3	$ 2,495,743
37183	REVISION TIPS	756	7	INTERVENTIONAL RADIOLOGY	57%	SD238	stent, GORE VIATORR TIPS Endoprosthesis	item	4523	1	4523	$ 31,661
37191	INS ENDOVAS VENA CAVA FILTR	20415	460	VASCULAR SURGERY	54%	SD267	IVC filter	item	1195.25	1	1195.25	$ 549,815
37225	FEM/POPL REVAS W/ATHER	38629	26602	VASCULAR SURGERY	35%	SD255	Reentry device (Frontier, Outback, Pioneer)	item	2343.12	1	2343.12	$ 62,331,678
37225	FEM/POPL REVAS W/ATHER	38629	26602	VASCULAR SURGERY	35%	SD256	Embolic Protection Device Spider FX (EV3, documentation available)	item	1142.89	1	1142.89	$ 30,403,160
37225	FEM/POPL REVAS W/ATHER	38629	26602	VASCULAR SURGERY	35%	SD253	atherectomy device (Spectronetics laser or Fox Hollow)	kit	3048.33	1	3048.33	$ 81,091,675
37226	FEM/POPL REVASC W/STENT	17660	2135	VASCULAR SURGERY	47%	SD256	Embolic Protection Device Spider FX (EV3, documentation available)	item	1142.89	1	1142.89	$ 2,440,070
37226	FEM/POPL REVASC W/STENT	17660	2135	VASCULAR SURGERY	47%	SD254	covered stent (VIABAHN, Gore)	item	3129	1	3129	$ 6,680,415
37226	FEM/POPL REVASC W/STENT	17660	2135	VASCULAR SURGERY	47%	SD255	Reentry device (Frontier, Outback, Pioneer)	item	2343.12	1	2343.12	$ 5,002,561
37227	FEM/POPL REVASC STNT & ATHER	19666	14668	VASCULAR SURGERY	45%	SD256	Embolic Protection Device Spider FX (EV3, documentation available)	item	1142.89	1	1142.89	$ 16,763,911
37227	FEM/POPL REVASC STNT & ATHER	19666	14668	VASCULAR SURGERY	45%	SD254	covered stent (VIABAHN, Gore)	item	3129	1	3129	$ 45,896,172
37227	FEM/POPL REVASC STNT & ATHER	19666	14668	VASCULAR SURGERY	45%	SD253	atherectomy device (Spectronetics laser or Fox Hollow)	kit	3048.33	1	3048.33	$ 44,712,904
37227	FEM/POPL REVASC STNT & ATHER	19666	14668	VASCULAR SURGERY	45%	SD255	Reentry device (Frontier, Outback, Pioneer)	item	2343.12	1	2343.12	$ 34,368,884
37228	TIB/PER REVASC W/TLA	27661	6301	VASCULAR SURGERY	44%	SD256	Embolic Protection Device Spider FX (EV3, documentation available)	item	1142.89	1	1142.89	$ 7,201,350
37229	TIB/PER REVASC W/ATHER	37918	30659	VASCULAR SURGERY	31%	SD255	Reentry device (Frontier, Outback, Pioneer)	item	2343.12	1	2343.12	$ 71,837,716
37229	TIB/PER REVASC W/ATHER	37918	30659	VASCULAR SURGERY	31%	SD256	Embolic Protection Device Spider FX (EV3, documentation available)	item	1142.89	1	1142.89	$ 35,039,865
37229	TIB/PER REVASC W/ATHER	37918	30659	VASCULAR SURGERY	31%	SD253	atherectomy device (Spectronetics laser or Fox Hollow)	kit	3048.33	1	3048.33	$ 93,458,749
37230	TIB/PER REVASC W/STENT	2077	374	CARDIOLOGY	43%	SD255	Reentry device (Frontier, Outback, Pioneer)	item	2343.12	1	2343.12	$ 876,327
37230	TIB/PER REVASC W/STENT	2077	374	CARDIOLOGY	43%	SD266	stent, self expanding 2-5 mm XPERT (Abbott)	item	3307.69	1	3307.69	$ 1,237,076
37230	TIB/PER REVASC W/STENT	2077	374	CARDIOLOGY	43%	SD256	Embolic Protection Device Spider FX (EV3, documentation available)	item	1142.89	1	1142.89	$ 427,441
37231	TIB/PER REVASC STENT & ATHER	3076	2549	INTERVENTIONAL RADIOLOGY	24%	SD256	Embolic Protection Device Spider FX (EV3, documentation available)	item	1142.89	1	1142.89	$ 2,913,227
37231	TIB/PER REVASC STENT & ATHER	3076	2549	INTERVENTIONAL RADIOLOGY	24%	SD266	stent, self expanding 2-5 mm XPERT (Abbott)	item	3307.69	1	3307.69	$ 8,431,302
37231	TIB/PER REVASC STENT & ATHER	3076	2549	INTERVENTIONAL RADIOLOGY	24%	SD255	Reentry device (Frontier, Outback, Pioneer)	item	2343.12	1	2343.12	$ 5,972,613
37231	TIB/PER REVASC STENT & ATHER	3076	2549	INTERVENTIONAL RADIOLOGY	24%	SD253	atherectomy device (Spectronetics laser or Fox Hollow)	kit	3048.33	1	3048.33	$ 7,770,193
37234	REVSC OPN/PRQ TIB/PERO STENT	288	115	CARDIOLOGY	26%	SD266	stent, self expanding 2-5 mm XPERT (Abbott)	item	3307.69	1	3307.69	$ 380,384
37235	TIB/PER REVASC STNT & ATHER	304	265	INTERVENTIONAL RADIOLOGY	61%	SD266	stent, self expanding 2-5 mm XPERT (Abbott)	item	3307.69	1	3307.69	$ 876,538
37238	OPEN/PERQ PLACE STENT SAME	10117	4902	VASCULAR SURGERY	30%	SD340	venous stent system	item	1750	1.5	2625	$ 12,867,750
37239	OPEN/PERQ PLACE STENT EA ADD	3903	2027	CARDIOLOGY	29%	SD340	venous stent system	item	1750	1	1750	$ 3,547,250
37241	VASC EMBOLIZE/OCCLUDE VENOUS	1429	297	THORACIC SURGERY	24%	SF056	Detachable coil	item	1199.3	1	1199.3	$ 356,192
37242	VASC EMBOLIZE/OCCLUDE ARTERY	8173	1106	DIAGNOSTIC RADIOLOGY	51%	SF056	Detachable coil	item	1199.3	5	5996.5	$ 6,632,129
37243	VASC EMBOLIZE/OCCLUDE ORGAN	14498	1857	DIAGNOSTIC RADIOLOGY	51%	SF058	LC Beads (2mL vial)	item	2341.93	3	7025.79	$ 13,046,892
37244	VASC EMBOLIZE/OCCLUDE BLEED	13397	312	PERIPERAL VASCULAR DISEASE	43%	SF056	Detachable coil	item	1199.3	4	4797.2	$ 1,496,726
43290	EGD FLX TRNSORL DPLMNT BALO					SD348	ORBERA Intragastric Balloon System	item	1850	1	1850	$ -
44401	COLONOSCOPY WITH ABLATION	59				SC103	catheter, RF ablation, endoscopic	item	1500	1	1500	$ -
45346	SIGMOIDOSCOPY W/ABLATION	886	58	COLORECTAL SURGERY (PROCTOLOGY)	71%	SC103	catheter, RF ablation, endoscopic	item	1500	1	1500	$ 87,000
45388	COLONOSCOPY W/ABLATION	18936	1065	GASTROENTEROLOGY	53%	SC103	catheter, RF ablation, endoscopic	item	1500	1	1500	$ 1,597,500
47382	PERCUT ABLATE LIVER RF	2601	15	DIAGNOSTIC RADIOLOGY	67%	SA100	kit, probe, radiofrequency, Xli-enhanced RF probe	kit	1966.67	1	1966.67	$ 29,500
47383	PERQ ABLTJ LVR CRYOABLATION	248	5	INTERVENTIONAL RADIOLOGY	100%	SD233	probe, cryoablation, renal	item	1170.22	4	4680.88	$ 23,404
47538	PERQ PLMT BILE DUCT STENT	781	1	DIAGNOSTIC RADIOLOGY	100%	SD313	Viabil covered biliary stent	Item	2765.76	1	2765.76	$ 2,766
47539	PERQ PLMT BILE DUCT STENT	120				SD313	Viabil covered biliary stent	Item	2765.76	1	2765.76	$ -

47540	PERQ PLMT BILE DUCT STENT	151				SD313	Viabil covered biliary stent	Item	2765.76	1	2765.76	$	-
50592	PERC RF ABLATE RENAL TUMOR	1546	38	DIAGNOSTIC RADIOLOGY	76%	SD109	probe, radiofrequency, 3 array (StarBurstSDE)	item	2289	1	2289	$	86,982
50593	PERC CRYO ABLATE RENAL TUM	3517	26	DIAGNOSTIC RADIOLOGY	54%	SD233	probe, cryoablation, renal	item	1170.22	2.5	2925.55	$	76,064
52284	CYSTO RX BALO CATH URTL STRX					SD359	Optilume DCB, guidewire, and inflation device	item	2245	1	2245	$	-
53850	PROSTATIC MICROWAVE THERMOTX	950	938	UROLOGY	99%	SA036	kit, transurethral microwave thermotherapy	kit	1000	1	1000	$	938,000
53854	TRURL DSTRJ PRST8 TISS RF WV	6847	4825	UROLOGY	100%	SA128	kit, Rezum delivery device	item	1220	1	1220	$	5,886,500
53860	TRANSURETHRAL RF TREATMENT	17	17	OBSTETRICS/GYNECOLOGY	100%	SD245	Renessa probe	item	2206.82	1	2206.82	$	37,516
55873	CRYOABLATE PROSTATE	1134	87	UROLOGY	100%	SA099	Kit, probe, cryoablation, prostate (Galil-Endocare)	kit	4000	1	4000	$	348,000
55874	TPRNL PLMT BIODEGRDABL MATRL	19352	8518	UROLOGY	61%	SA126	Biodegradable Material Kit - PeriProstatic	item	2965	1	2965	$	25,255,870
58356	ENDOMETRIAL CRYOABLATION	5	1	OBSTETRICS/GYNECOLOGY	100%	SD215	probe, endometrial cryoablation (Her Option)	item	1295	1	1295	$	1,295
58563	HYSTEROSCOPY ABLATION	1475	106	OBSTETRICS/GYNECOLOGY	99%	SD177	hysteroscope, ablation device	item	1945.13	1	1945.13	$	206,184
58565	HYSTEROSCOPY STERILIZATION	1				SA075	kit, hysteroscopic tubal implant for sterilization	kit	1177.72	1	1177.72	$	-
58580	TRANSCRV ABLTJ UTRN FIBRD RF					SD361	RFA Handpiece, sterile (Sonata)	item	2500	1	2500	$	-
65785	IMPLTJ NTRSTRML CRNL RNG SEG	21	14	OPHTHALMOLOGY	100%	SA120	intrastromal corneal ring	pair	1145	1	1145	$	16,030
69705	NPS SURG DILAT EUST TUBE UNI	1495	843	OTOLARYNGOLOGY	100%	SA134	kit, eustachian tube procedure	kit	2010	1	2010	$	1,694,430
69706	NPS SURG DILAT EUST TUBE BI	2362	1440	OTOLARYNGOLOGY	100%	SA134	kit, eustachian tube procedure	kit	2010	1	2010	$	2,894,400
91112	GI WIRELESS CAPSULE MEASURE	726	497	GASTROENTEROLOGY	91%	SD272	SmartPill capsule	item	1258.39	1	1258.39	$	625,420
G2083	VISIT ESKETAMINE, > 56M	13774	13350	PSYCHIATRY	66%	SH110	Esketamine (84 mg vial)	item	1025.5	1	1025.5	$	13,690,425