

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
RUC RECOMMENDATIONS FOR CPT 2027
April 2025 Meeting**

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May 12, 2025

Mehmet Oz, MD
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Subject: RUC Recommendations

Dear Administrator Oz,

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 2027* 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 23-26, 2025, RUC meeting.

CPT 2027 New and Revised Codes – April 2025 RUC Submission

The RUC submits work value and/or practice expense inputs for 31 new/revised/related family CPT codes for *CPT 2027* from the April 2025 RUC meeting.

Existing Services Identified by RUC and CMS for Review

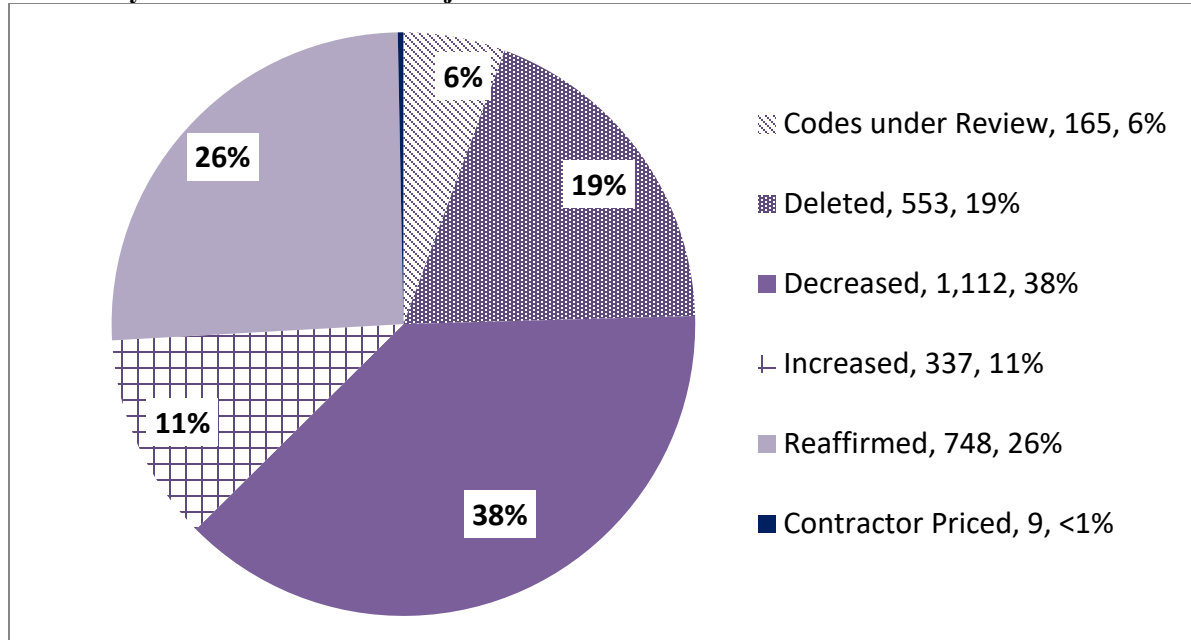
In addition to the new/revised CPT code submission, the RUC submits 2 interim recommendations for services identified by the RUC or CMS as potentially misvalued and reviewed at the April 2025 RUC meeting.

RUC Progress in Identifying and Reviewing Potentially Misvalued Codes

Since 2006, the RUC has identified 2,924 potentially misvalued services through objective screening criteria and has completed review of 2,759 of these 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 has recommended that 57% 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 in a concerted effort to address potentially misvalued services.

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

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

In February 2025, the RUC and the Current Procedural Terminology (CPT) Editorial Panel sent a joint letter urging the Centers for Medicare & Medicaid Services (CMS) to address the escalating issue of high-cost disposable supplies within the Medicare physician payment system. This letter recognized an urgency to support the RUC recommendation to separately code and pay for high-cost disposable supplies and a reluctance by CMS to do so.

The CY 2025 Medicare Physician Payment Schedule includes 85 medical supply items currently embedded in codes with a purchase price of more than \$500. These high-cost medical supplies represent \$1.32 billion dollars in direct costs for the 2025 Medicare Physician Payment Schedule and 19 percent of all direct practice expense medical supply costs in the non-facility setting. **We contend that the outsized impact that high-cost disposable supplies have within the current practice expense relative value unit (PE RVU) methodology must be addressed immediately as the influx of new technology and high-cost supplies continues.** This has become a pressing issue for physician practices and a potential impediment to our patients who could benefit from access to new technologies that utilize these supplies.

Moreover, it is CMS' responsibility, as required by law, to ensure the accurate pricing of the high-cost supply items. Accurate pricing of the 85 high-cost supplies is critical and should be based on a transparent process, where items are annually reviewed and updated. Under the current payment methodology, these supplies are priced at one point in time and then bundled within the overall physician payment for this service, without further review. High-cost disposable medical supplies that reflect new technology may experience pricing changes within the first six months to one year after a wider release into the market. **We strongly recommend and encourage CMS to review and re-price medical supplies priced above \$500 on an annual basis.**

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

Please see the attached letter and analysis of high-cost supplies over \$500 in folder 12 Other Practice Expense Related Recommendations.

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 into 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 aligns 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.

Enclosed Recommendations and Supporting Materials:

- RUC Recommendation Status Report for New and Revised Codes for *CPT 2027*.
- 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 2025 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 2027 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 902 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.

Administrator Oz
May 12, 2025
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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,

A handwritten signature in black ink, appearing to read "Ezequiel Silva III". The signature is fluid and cursive, with the last name "Silva" being more prominent.

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

Enclosures

cc: RUC Participants
Perry Alexion, MD
Lindsey Baldwin
Arkaprava Deb, MD
Stefanie Fischell, MD
Edith Hambrick, MD
Ryan Howe
Michael Soracoe
Gift Tee
Emily Yoder

**AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
RUC RECOMMENDATIONS FOR CPT 2027**

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CPT 2027 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
0054T	YYY	D	Feb 2025	07	Computer Assisted Surgical Navigation		Apr 2025	05					☐		☐
0055T	YYY	D	Feb 2025	07	Computer Assisted Surgical Navigation		Apr 2025	05					☐		☐
0408T	YYY	D	May 2025	07	Cardiac Contractility Modulation		Sep 2025						☐		☐
0409T	YYY	D	May 2025	07	Cardiac Contractility Modulation		Sep 2025						☐		☐
0410T	YYY	D	May 2025	07	Cardiac Contractility Modulation		Sep 2025						☐		☐
0411T	YYY	D	May 2025	07	Cardiac Contractility Modulation		Sep 2025						☐		☐
0412T	YYY	D	May 2025	07	Cardiac Contractility Modulation		Sep 2025						☐		☐
0413T	YYY	D	May 2025	07	Cardiac Contractility Modulation		Sep 2025						☐		☐
0414T	YYY	D	May 2025	07	Cardiac Contractility Modulation		Sep 2025						☐		☐
0415T	YYY	D	May 2025	07	Cardiac Contractility Modulation		Sep 2025						☐		☐
0416T	YYY	D	May 2025	07	Cardiac Contractility Modulation		Sep 2025						☐		☐
0417T	YYY	D	May 2025	07	Cardiac Contractility Modulation		Sep 2025						☐		☐
0418T	YYY	D	May 2025	07	Cardiac Contractility Modulation		Sep 2025						☐		☐
0600T	YYY	R	May 2025	08	Irreversible Electroporation of Tumor, Pancreas		Sep 2025						☐		☐
0601T	YYY	R	May 2025	08	Irreversible Electroporation of Tumor, Pancreas		Sep 2025						☐		☐
0913T	YYY	D	May 2025	43	Intracoronary Drug Delivery Balloon Services		Sep 2025						☐		☐

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
0914T	YYY	D	May 2025	43	Intracoronary Drug Delivery Balloon Services		Sep 2025						☐		☐
0948T	YYY	D	May 2025	07	Cardiac Contractility Modulation		Sep 2025						☐		☐
0949T	YYY	D	May 2025	07	Cardiac Contractility Modulation		Sep 2025						☐		☐
20982	000	F	Feb 2025	15	Ablation Therapy – Bone Tumors	A1	Apr 2025	04	ACR, OEIS, SIR			Yes	☒	No Recommendation	☐
20983	000	F	Feb 2025	15	Ablation Therapy – Bone Tumors	A2	Apr 2025	04	ACR, OEIS, SIR			Yes	☒	No Recommendation	☐
20985	ZZZ	R	Feb 2025	07	Computer Assisted Surgical Navigation	B1	Apr 2025	05	AAOS	2.50	2.50	Yes	☒	Interim Recommendation; To be re-surveyed for the September 2025 RUC Meeting	☐
209X1	000	N	May 2025	18	Intraosseous Fiducial Marker Placement	H1	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
209X2	ZZZ	N	May 2025	18	Intraosseous Fiducial Marker Placement	H2	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
209XX	ZZZ	N	Feb 2025	15	Ablation Therapy – Bone Tumors	A3	Apr 2025	04	AAOS	2.78	2.78		☒	Interim Recommendation; To be re-surveyed for the September 2025 RUC Meeting	☒
27130	090	F	Feb 2025	07	Computer Assisted Surgical Navigation	B2	Apr 2025	05	AAOS				☒	No Recommendation; To be re-surveyed for the September 2025 RUC Meeting	☐
27278	090	R	May 2025	22-24	Sacroiliac Joint Arthrodesis Revision	I1	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐

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
27279	090	R	May 2025	22-24	Sacroiliac Joint Arthrodesis Revision	I2	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
27446	090	F	Feb 2025	07	Computer Assisted Surgical Navigation	B3	Apr 2025	05	AAOS				☒	No Recommendation; To be re-surveyed for the September 2025 RUC Meeting	☐
27447	090	F	Feb 2025	07	Computer Assisted Surgical Navigation	B4	Apr 2025	05	AAOS				☒	No Recommendation; To be re-surveyed for the September 2025 RUC Meeting	☐
33X01	090	N	May 2025	07	Cardiac Contractility Modulation	J1	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
33X02	090	N	May 2025	07	Cardiac Contractility Modulation	J2	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
33X03	090	N	May 2025	07	Cardiac Contractility Modulation	J3	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
33X04	090	N	May 2025	07	Cardiac Contractility Modulation	J4	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
33X05	090	N	May 2025	07	Cardiac Contractility Modulation	J5	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
33X06	090	N	May 2025	07	Cardiac Contractility Modulation	J6	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
33X07	090	N	May 2025	07	Cardiac Contractility Modulation	J7	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐

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
33X08	090	N	May 2025	07	Cardiac Contractility Modulation	J8	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
33X09	090	N	May 2025	07	Cardiac Contractility Modulation	J9	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
33X10	090	N	May 2025	07	Cardiac Contractility Modulation	J10	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
33X11	090	N	May 2025	07	Cardiac Contractility Modulation	J11	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
39545	090	R	May 2025	13	Diaphragm Repair	K1	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
395X2	090	N	May 2025	13	Diaphragm Repair	K2	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
39XX1	090	N	Feb 2025	09	Division of Median Arcuate Ligament	C1	Apr 2025	06	ACS, SAGES, SVS	27.09	27.09		☒		☐
39XX2	090	N	Feb 2025	09	Division of Median Arcuate Ligament	C2	Apr 2025	06	ACS, SAGES, SVS	26.60	26.60		☒		☐
42808	010	R	Feb 2025	18	Transoral Oropharyngeal Procedures	D1	Apr 2025	07	AAO-HNS	2.35	2.35	Yes	☒		☐
42XX1	090	N	Feb 2025	18	Transoral Oropharyngeal Procedures	D2	Apr 2025	07	AAO-HNS	20.00	20.00		☒		☒
42XX2	090	N	Feb 2025	18	Transoral Oropharyngeal Procedures	D3	Apr 2025	07	AAO-HNS	20.05	20.05		☒		☒
44180	090	R	May 2025	11	Congenital Duodenal Obstruction Repair		Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐

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
44XX1	090	N	May 2025	11	Congenital Duodenal Obstruction Repair	M1	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
44XX2	090	N	May 2025	11	Congenital Duodenal Obstruction Repair	M2	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
48XXX	090	N	May 2025	08	Irreversible Electroporation of Tumor, Pancreas	N1	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
4XX01	000	N	May 2025	15	Endoscopic Submucosal Dissection, Upper and Lower GI	L1	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
4XX02	000	N	May 2025	15	Endoscopic Submucosal Dissection, Upper and Lower GI	L2	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
62287	090	F	May 2025	12	Percutaneous Lumbar Decompression	O1	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
62XX1	090	F	May 2025	12	Percutaneous Lumbar Decompression	O2	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
62XX2	ZZZ	F	May 2025	12	Percutaneous Lumbar Decompression	O3	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
92546	XXX	D	May 2025	49	Rotational Vestibular Assessment		Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
92920	000	F	May 2025	43	Intracoronary Drug Delivery Balloon Services	Q1	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
92924	000	F	May 2025	43	Intracoronary Drug Delivery Balloon Services	Q3	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐

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
92928	000	F	May 2025	43	Intracoronary Drug Delivery Balloon Services	Q4	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
92933	000	F	May 2025	43	Intracoronary Drug Delivery Balloon Services	Q6	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
92937	000	F	May 2025	43	Intracoronary Drug Delivery Balloon Services	Q7	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
92941	000	F	May 2025	43	Intracoronary Drug Delivery Balloon Services	Q8	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
92943	000	F	May 2025	43	Intracoronary Drug Delivery Balloon Services	Q9	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
92972	ZZZ	F	May 2025	43	Intracoronary Drug Delivery Balloon Services	Q11	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
92973	ZZZ	F	May 2025	43	Intracoronary Drug Delivery Balloon Services	Q13	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
92X01	000	F	May 2025	43	Intracoronary Drug Delivery Balloon Services	Q5	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
92X02	000	F	May 2025	43	Intracoronary Drug Delivery Balloon Services	Q10	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
92XX5	XXX	N	May 2025	49	Rotational Vestibular Assessment	P1	Sep 2025						☐	To be surveyed for the September 2025 RUC Meeting	☐
92XX6	ZZZ	N	May 2025	49	Rotational Vestibular Assessment	P2	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐

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	F	May 2025	43	Intracoronary Drug Delivery Balloon Services	Q14	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
93572	ZZZ	F	May 2025	43	Intracoronary Drug Delivery Balloon Services	Q15	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
93X01	000	N	May 2025	07	Cardiac Contractility Modulation	J12	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
93X02	000	N	May 2025	07	Cardiac Contractility Modulation	J13	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
93X03	000	N	May 2025	07	Cardiac Contractility Modulation	J14	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
93X04	000	N	May 2025	07	Cardiac Contractility Modulation	J15	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
95800	XXX	D	Feb 2025	40	Unattended Sleep Testing		Apr 2025	08					☒		☐
95801	XXX	D	Feb 2025	40	Unattended Sleep Testing		Apr 2025	08					☒		☐
95806	XXX	D	Feb 2025	40	Unattended Sleep Testing		Apr 2025	08					☒		☐
95921	XXX	R	Feb 2025	30	Autonomic Function Testing	F1	Apr 2025	09	AAN, AANEM, ACP	0.90	0.90	Yes	☒	Referred to CPT	☐
95922	XXX	R	Feb 2025	30	Autonomic Function Testing	F3	Apr 2025	09	AAN, AANEM, ACP	0.96	0.96	Yes	☒	Referred to CPT	☐
95923	XXX	R	Feb 2025	30	Autonomic Function Testing	F4	Apr 2025	09	AAN, AANEM, ACP	0.90	0.90	Yes	☒	Referred to CPT	☐
95924	XXX	R	Feb 2025	30	Autonomic Function Testing	F7	Apr 2025	09	AAN, AANEM, ACP	1.50	1.50		☒	Referred to CPT	☐
95X18	XXX	N	Feb 2025	40	Unattended Sleep Testing	E1	Apr 2025	08	AAN, AASM, ATS, CHEST				☒	PE Only	☐
95X19	XXX	N	Feb 2025	40	Unattended Sleep Testing	E2	Apr 2025	08	AAN, AASM, ATS, CHEST				☒	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
95X20	XXX	N	Feb 2025	40	Unattended Sleep Testing	E3	Apr 2025	08	AAN, AASM, ATS, CHEST				☒	PE Only	☐
95X21	XXX	N	Feb 2025	40	Unattended Sleep Testing	E4	Apr 2025	08	AAN, AASM, ATS, CHEST	0.85	0.83		☒		☒
95X22	XXX	N	Feb 2025	40	Unattended Sleep Testing	E5	Apr 2025	08	AAN, AASM, ATS, CHEST	1.20	1.08		☒		☒
95X23	XXX	N	Feb 2025	40	Unattended Sleep Testing	E6	Apr 2025	08	AAN, AASM, ATS, CHEST	1.75	1.60		☒		☒
95XX4	ZZZ	N	Feb 2025	30	Autonomic Function Testing	F2	Apr 2025	09	AAN, AANEM, ACP	0.35	0.35		☒	Referred to CPT	☐
95XX5	XXX	N	Feb 2025	30	Autonomic Function Testing	F5	Apr 2025	09	AAN, AANEM, ACP	1.00	1.00		☒	Referred to CPT	☐
95XX6	XXX	N	Feb 2025	30	Autonomic Function Testing	F6	Apr 2025	09	AAN, AANEM, ACP	0.50	0.50		☒	Referred to CPT	☐
95XX7	XXX	N	Feb 2025	30	Autonomic Function Testing	F8	Apr 2025	09	AAN, AANEM, ACP	1.20	1.20		☒	Referred to CPT	☐
95XX8	XXX	N	Feb 2025	30	Autonomic Function Testing	F9	Apr 2025	09	AAN, AANEM, ACP	1.75	1.75		☒	Referred to CPT	☐
95XX9	XXX	N	Feb 2025	30	Autonomic Function Testing	F10	Apr 2025	09	AAN, AANEM, ACP	1.91	1.91		☒	Referred to CPT	☐
96920	000	R	Feb 2025	35	Laser Treatment for Psoriasis	G1	Apr 2025	10	AADA	0.83	0.83	Yes	☒	No Change; Maintain Current CMS Values	☐
96920	000	R	May 2025	44	Laser Treatment for Inflammatory Skin Diseases	G1	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
96921	000	R	Feb 2025	35	Laser Treatment for Psoriasis	G2	Apr 2025	10	AADA	0.90	0.90	Yes	☒	No Change; Maintain Current CMS Values	☐
96921	000	R	May 2025	44	Laser Treatment for Inflammatory Skin Diseases	G2	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
96922	000	R	May 2025	44	Laser Treatment for Inflammatory Skin Diseases	G3	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
96922	000	R	Feb 2025	35	Laser Treatment for Psoriasis	G3	Apr 2025	10	AADA	1.15	1.15	Yes	☒	No Change; Maintain Current CMS Values	☐

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
978X1	ZZZ	N	May 2025	46	Lactation Care Services	R2	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
978XX	XXX	N	May 2025	46	Lactation Care Services	R1	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
9XX04	000	N	May 2025	43	Intracoronary Drug Delivery Balloon Services	Q2	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
9XX07	ZZZ	N	May 2025	43	Intracoronary Drug Delivery Balloon Services	Q12	Sep 2025						☒	To be surveyed for the September 2025 RUC Meeting	☐
G0398	XXX	D	Feb 2025	40	Unattended Sleep Testing		Apr 2025	08					☒		☐
G0399	XXX	D	Feb 2025	40	Unattended Sleep Testing		Apr 2025	08					☒		☐
G0400	XXX	D	Feb 2025	40	Unattended Sleep Testing		Apr 2025	08					☒		☐

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					☐		☐
03X6T	YYY	N	May 2025	55	Body Composition Assessment		Cat III						☐		☐
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	D	May 2025	16	Femoral Osteoplasty		Deleted						☒		☐
27468	090	F	May 2024	10	Limb Lengthening / Shortening-Femur	F4	Sep 2024	04	AAOS				☒	Contractor Price	☐
27715	090	F	May 2024	11	Limb Lengthening / Shortening-Femur	G2	Sep 2024	05	AAOS	22.50	22.50		☒		☐
27XX0	090	N	May 2024	10	Limb Lengthening / Shortening-Femur	F1	Sep 2024	04	AAOS	26.65	26.65		☒		☒
27XX1	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					☒		☐
33XX2	090	N	Sep 2024	36	Thoracic Branch Endograft Services	O3	Jan 2025	05	AATS, STS, SIR, SVS	39.00	39.00		☒		☒
35XX1	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						☒		☐
37X02	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
37X03	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P3	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	10.75	10.75		☒		☐
37X04	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P4	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	3.89	3.89		☒		☐
37X05	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P5	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	8.75	8.75		☒		☐
37X06	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P6	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	4.00	4.00		☒		☐
37X07	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P7	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	16.23	12.69		☒		☐
37X08	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P8	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	5.00	4.25		☒		☐
37X09	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P9	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	3.00	3.00		☒		☒
37X10	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P10	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	8.00	7.75		☒		☐
37X11	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P11	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	3.00	3.00		☒		☐
37X12	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P12	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	12.00	10.50		☒		☐
37X13	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
37X14	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P14	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	8.75	8.75		☒		☐
37X15	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P15	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	3.73	3.73		☒		☐
37X16	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P16	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	14.75	14.75		☒		☐
37X17	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P17	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	6.00	5.00		☒		☐
37X18	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P18	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	9.00	9.00		☒		☐
37X19	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P19	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	4.00	4.00		☒		☐
37X20	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P20	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	15.03	12.63		☒		☐
37X21	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P21	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	7.00	5.50		☒		☐
37X22	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P22	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	11.00	11.00		☒		☐
37X23	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P23	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	4.25	4.25		☒		☐
37X24	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
37X25	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P25	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	7.00	6.00		☒		☐
37X26	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P26	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	4.00	4.00		☒		☒
37X27	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P27	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	9.80	9.80		☒		☐
37X28	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P28	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	3.00	3.00		☒		☐
37X29	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P29	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	13.75	12.31		☒		☐
37X30	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P30	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	5.00	4.26		☒		☐
37X31	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P31	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	10.00	10.00		☒		☐
37X32	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P32	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	3.34	3.34		☒		☐
37X33	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P33	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	13.55	13.46		☒		☐
37X34	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P34	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	5.50	5.00		☒		☐
37X35	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P35	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	13.50	13.50		☒		☐

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
37X36	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P36	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	4.75	4.75		☒		☐
37X37	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P37	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	17.00	17.00		☒		☐
37X38	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P38	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	6.50	6.50		☒		☐
37X39	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P39	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	15.00	15.00		☒		☐
37X40	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P40	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	6.50	6.50		☒		☐
37X41	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P41	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	18.00	18.00		☒		☐
37X42	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P42	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	9.03	8.16		☒		☐
37X43	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P43	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	11.00	11.00		☒		☐
37X44	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P44	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	4.00	4.00		☒		☐
37X45	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P45	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	15.00	13.70		☒		☐
37X46	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P46	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	5.00	5.00		☒		☐

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
37XX1	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	☒		☐
4001X	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	☒		☐
4XX04	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		☒		☐

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
52649	090	F	May 2024	08	Transurethral Robotic-assisted Resection of Prostate	I7	Sep 2024	07	AUA	14.93	14.56	Yes	☒		☐
52XX1	090	N	May 2024	08	Transurethral Robotic-assisted Resection of Prostate	I2	Sep 2024	07	AUA	10.25	10.25		☒		☒
52XX2	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	☒		☐
558X1	090	N	May 2024	12	Laparoscopic Prostatectomy	H9	Sep 2024	06	AUA	30.00	22.46		☒		☐
558X2	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	☒		☐
5XX00	000	N	May 2024	15	Prostate Biopsy Services	J2	Sep 2024	08	AUA	2.63	2.63		☒		☐
5XX01	000	N	May 2024	15	Prostate Biopsy Services	J3	Sep 2024	08	AUA	3.39	3.39		☒		☒

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
5XX02	000	N	May 2024	15	Prostate Biopsy Services	J4	Sep 2024	08	AUA	3.23	3.23		☒		☐
5XX03	000	N	May 2024	15	Prostate Biopsy Services	J5	Sep 2024	08	AUA	4.07	3.81		☒		☒
5XX04	000	N	May 2024	15	Prostate Biopsy Services	J6	Sep 2024	08	AUA	2.70	2.61		☒		☒
5XX07	000	N	May 2024	15	Prostate Biopsy Services	J7	Sep 2024	08	AUA	3.10	3.10		☒		☒
5XX08	000	N	May 2024	15	Prostate Biopsy Services	J8	Sep 2024	08	ACR, AUA, OEIS, SIR	4.00	4.00		☒		☐
5XX09	000	N	May 2024	15	Prostate Biopsy Services	J9	Sep 2024	08	ACR, AUA, OEIS, SIR	3.62	3.62		☒		☐
5XX10	ZZZ	N	May 2024	15	Prostate Biopsy Services	J10	Sep 2024	08	ACR, AUA, OEIS, SIR	1.05	1.05		☒		☒
5XX11	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	☐
62292	090	D	Feb 2025	62	Code Set Maintenance		Deleted						☒		☐
62XX0	090	N	Sep 2024	07	Percutaneous Interlaminar Lumbar Decompression	T2	Jan 2025	10	AAPM&R, ASA, ASRA, IPSIS, NANS	8.00	8.00		☒		☒
62XX1	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	☐

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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	☐
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	☐
647XX	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		☒		☒
64X10	090	N	Sep 2024	13	Baroreflex Activation Therapy	V6	Jan 2025	12	SVS	8.23	8.23		☒		☒
64X11	XXX	N	Sep 2024	12	Percutaneous Electrical Nerve Field Stimulation	W1	Jan 2025	13	AAP, ACG, AGA, ASGE	1.50	1.50		☒		☒
64XX5	090	N	Sep 2024	13	Baroreflex Activation Therapy	V1	Jan 2025	12	SVS	11.00	11.00		☒		☒
64XX6	090	N	Sep 2024	13	Baroreflex Activation Therapy	V2	Jan 2025	12	SVS	11.30	11.30		☒		☒
64XX7	090	N	Sep 2024	13	Baroreflex Activation Therapy	V3	Jan 2025	12	SVS	8.01	8.01		☒		☒
64XX8	090	N	Sep 2024	13	Baroreflex Activation Therapy	V4	Jan 2025	12	SVS	14.25	12.13		☒		☒
64XX9	090	N	Sep 2024	13	Baroreflex Activation Therapy	V5	Jan 2025	12	SVS	10.92	8.95		☒		☒
6XX13	ZZZ	N	Sep 2024	27	Laminotomy – Repair of Disc Defect	U3	Jan 2025	11	AANS, AAOS, CNS, NANS, NASS	3.00	3.00		☒		☒
70496	XXX	F	May 2024	17	Cerebral Perfusion & CT Angiography – Head & Neck	K4	Sep 2024	09	ACR, ASNR	1.75	1.75	Yes	☒		☐

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70498	XXX	F	May 2024	17	Cerebral Perfusion & CT Angiography – Head & Neck	K5	Sep 2024	09	ACR, ASNR	1.75	1.75	Yes	☒		☐
70XX1	XXX	N	May 2024	17	Cerebral Perfusion & CT Angiography – Head & Neck	K1	Sep 2024	09	ACR, ASNR	2.50	2.50		☒		☐
70XX2	ZZZ	N	May 2024	17	Cerebral Perfusion & CT Angiography – Head & Neck	K2	Sep 2024	09	ACR, ASNR	0.90	0.77		☒		☐
70XX3	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					☒		☐
75XX6	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					☒		☐

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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		☒		☐
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	☐
77X05	XXX	N	Sep 2024	41	Superficial Radiation Therapy	AA1	Jan 2025	17	AADA, ACRO, ASTRO	1.15	1.15		☒		☒
77X07	XXX	N	Sep 2024	41	Superficial Radiation Therapy	AA2	Jan 2025	17	AADA, ACRO, ASTRO	0.00	0.00		☒	PE Only	☒
77X08	XXX	N	Sep 2024	41	Superficial Radiation Therapy	AA3	Jan 2025	17	AADA, ACRO, ASTRO	0.00	0.00		☒	PE Only	☒
77X09	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						☐		☐
871X1	XXX	N	Feb 2025	20	Carbapenem-resistant Enterobacterales Susceptibility Testing		CLFS						☐		☐
871XX	XXX	N	Feb 2025	20	Carbapenem-resistant Enterobacterales Susceptibility Testing		CLFS						☐		☐
8XXX0	XXX	N	May 2025	33	MAAA-Methylation Analysis-Tissue or Origin		CLFS						☐		☐

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8XXX2	XXX	N	May 2025	36	Microbiology-Sexually Transmitted Infections		CLFS						☐		☐
8XXX4	XXX	N	May 2025	39	Tier 1-Optical Genome Mapping-Rare Diseases		CLFS						☐		☐
8XXX9	XXX	N	May 2025	35	Microbiology-Joint Infections		CLFS						☐		☐
8XXXX	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						☒		☐
90XX1	XXX	N	May 2024	37	Immunization Counseling	M1	Sep 2024	11	AAFP, AAP, ACP, AOA	0.34	0.24		☒		☐
90XX2	XXX	N	May 2024	37	Immunization Counseling	M2	Sep 2024	11	AAFP, AAP, ACP, AOA	0.65	0.50		☒		☐
90XX3	XXX	N	May 2024	37	Immunization Counseling	M3	Sep 2024	11	AAFP, AAP, ACP, AOA	1.15	0.75		☒		☐
90XX6	XXX	N	Feb 2025	31	Avian Influenza Vaccine		Vaccine						☐		☐
90XX7	XXX	N	Feb 2025	32	Combination Influenza and COVID-19 Vaccine		Vaccine						☐		☐
90XX8	XXX	N	Feb 2025	38	Respiratory Syncytial Virus Immunization, Pediatric		Vaccine						☐		☐
90XX9	XXX	N	Feb 2025	32	Combination Influenza and COVID-19 Vaccine		Vaccine						☐		☐
91120	XXX	D	May 2024	34	Colon Motility Services		Sep 2024	10					☒		☐

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91122	000	D	May 2024	34	Colon Motility Services		Sep 2024	10					☒		☐
91XX1	XXX	N	May 2024	34	Colon Motility Services	L1	Sep 2024	10	ACG, AGA, ASCRS, ASGE	3.05	3.05		☒		☐
91XX2	XXX	N	May 2024	34	Colon Motility Services	L2	Sep 2024	10	ACG, AGA, ASCRS, ASGE	2.70	2.70		☒		☐
91XX3	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		☒		☒
922X1	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					☒		☐

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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					☒		☐
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					☒		☐

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92X01	000	N	Feb 2024	29	Coronary Therapeutic Services and Procedures	D4	Apr 2024	06	ACC, SCAI	12.00	12.00		☒		☐
92X02	000	N	Feb 2024	29	Coronary Therapeutic Services and Procedures	D9	Apr 2024	06	ACC, SCAI	15.00	15.00		☒		☐
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		☒		☐
93XX4	XXX	N	Sep 2024	13	Baroreflex Activation Therapy	V7	Jan 2025	12	ACC, HRS	0.79	0.79		☒		☒
93XX5	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						☒		☐

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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						☒		☐
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		☒		☒
98XX4	XXX	N	Sep 2024	85	Remote Monitoring	DD11	Jan 2025	20	ATS/CHEST	0.00	0.00	Yes	☒	PE Only, Contractor Price	☒
98XX5	XXX	N	Sep 2024	85	Remote Monitoring	DD13	Jan 2025	20	AAPRM&R, APTA	0.00	0.00		☒	PE Only	☒
98XX7	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	☒

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
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		☒		☒
99XX4	XXX	N	Sep 2024	85	Remote Monitoring	DD2	Jan 2025	20	AAFP, ACC, ACP	0.00	0.00		☒	PE Only	☒
99XX5	XXX	N	Sep 2024	85	Remote Monitoring	DD7	Jan 2025	20	AAFP, ACC	0.39	0.39		☒		☒
9X11X	XXX	R	May 2025	EC-C	Correction – Hearing Device Parenthetical		Editorial						☐		☐
9X12X	XXX	R	May 2025	EC-C	Correction – Hearing Device Parenthetical		Editorial						☐		☐
9X15X	XXX	N	Sep 2024	54	Chikungunya Vaccine, Recombinant		Vaccine						☐		☐
9X16X	ZZZ	N	Sep 2024	55	Combination COVID-19 Vaccine Administration	BB2	Jan 2025	18	AAFP, AAP, ACP, ANA	0.00	0.00		☒		☐
9XX01	XXX	N	Sep 2024	53	Scalp Cooling Services	CC1	Jan 2025	19	ASCO	0.00	0.00		☒	PE Only	☒
9XX02	XXX	N	Sep 2024	53	Scalp Cooling Services	CC2	Jan 2025	19	ASCO	0.00	0.00		☒	PE Only	☒
9XX03	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	☐

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
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	☐
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	☐
X288T	YYY	N	Sep 2024	61	AI Assisted Analysis for Cardiac Dysfunction		Cat III						☐		☐
X292T	YYY	N	Sep 2024	67	Non-Surgical Jaw Expansion		Cat III						☐		☐
X293T	YYY	N	Sep 2024	67	Non-Surgical Jaw Expansion		Cat III						☐		☐
X294T	YYY	N	Sep 2024	67	Non-Surgical Jaw Expansion		Cat III						☐		☐
X295T	YYY	N	Sep 2024	83	Neurovascular Optical Coherence Tomography		Cat III						☐		☐
X296T	YYY	N	Sep 2024	83	Neurovascular Optical Coherence Tomography		Cat III						☐		☐
X297T	YYY	N	Sep 2024	82	Hemodynamic Inferior Vena Cava Monitoring		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
X298T	YYY	N	Sep 2024	82	Hemodynamic Inferior Vena Cava Monitoring		Cat III						☐		☐
X299T	YYY	N	Sep 2024	82	Hemodynamic Inferior Vena Cava Monitoring		Cat III						☐		☐
X306T	YYY	N	Sep 2024	71	Epicranial Neurostimulator Services		Cat III						☐		☐
X308T	YYY	N	Sep 2024	71	Epicranial Neurostimulator Services		Cat III						☐		☐
X309T	YYY	N	Sep 2024	76	Multi-Spectral Imaging for Burn Wounds		Cat III						☐		☐
X312T	YYY	N	Sep 2024	79	Removal of Burn Wound Eschar		Cat III						☐		☐
X313T	YYY	N	Sep 2024	79	Removal of Burn Wound Eschar		Cat III						☐		☐
X314T	YYY	N	Sep 2024	79	Removal of Burn Wound Eschar		Cat III						☐		☐
X315T	YYY	N	Sep 2024	79	Removal of Burn Wound Eschar		Cat III						☐		☐
X317T	YYY	N	Sep 2024	31	Middle Ear Implants		Cat III						☐		☐
X318T	YYY	N	Sep 2024	31	Middle Ear Implants		Cat III						☐		☐
X319T	YYY	N	Sep 2024	31	Middle Ear Implants		Cat III						☐		☐
X320T	YYY	N	Sep 2024	31	Middle Ear Implants		Cat III						☐		☐
X321T	YYY	N	Sep 2024	31	Middle Ear Implants		Cat III						☐		☐
X322T	YYY	N	Sep 2024	83	Neurovascular Optical Coherence Tomography		Cat III						☐		☐
X323T	YYY	N	Sep 2024	83	Neurovascular Optical Coherence Tomography		Cat III						☐		☐
X324T	YYY	N	Sep 2024	74	Laser Ablation of Breast Tumor		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
X330T	YYY	N	Sep 2024	35	Sub-Scalp Continuous EEG Monitoring		Cat III						☐		☐
X400T	YYY	N	Feb 2025	60	Integrated Tibial Nerve Stimulator Services		Cat III						☐		☐
X401T	YYY	N	Feb 2025	60	Integrated Tibial Nerve Stimulator Services		Cat III						☐		☐
X406T	YYY	N	Feb 2025	45	Aortic Wall Stabilization Drug Delivery		Cat III						☐		☐
X407T	YYY	N	Feb 2025	45	Aortic Wall Stabilization Drug Delivery		Cat III						☐		☐
X409T	YYY	N	Feb 2025	42	AI Augmentative Perivascular Fat Analysis for Cardiac Risk		Cat III						☐		☐
X431T	YYY	N	Feb 2025	12	Transcervical Hydrogel Instillation		Cat III						☐		☐
X432T	YYY	N	Feb 2025	14	Low Energy Ureteral Lithotripsy		Cat III						☐		☐
X433T	YYY	N	Feb 2025	50	Implantation of Capsular Bag Prosthesis		Cat III						☐		☐
X434T	YYY	N	Feb 2025	42	AI Augmentative Perivascular Fat Analysis for Cardiac Risk		Cat III						☐		☐
X435T	YYY	N	May 2025	54	Autologous Cell Therapy, Anus		Cat III						☐		☐
X444T	YYY	N	May 2025	60	Eye Fixation Analysis		Cat III						☐		☐
X446T	YYY	N	May 2025	63	Intraoral Photobiomodulation Therapy		Cat III						☐		☐
X447T	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
X448T	YYY	N	May 2025	65	Neurostimulation of the Lower Esophageal Sphincter Revisions		Cat III						☐		☐
X451T	YYY	N	May 2025	72	Tissue Displacement		Cat III						☐		☐
X452T	YYY	N	May 2025	72	Tissue Displacement		Cat III						☐		☐
X453T	YYY	N	May 2025	72	Tissue Displacement		Cat III						☐		☐
X454T	YYY	N	May 2025	73	Tissue Procurement for Cell Therapy		Cat III						☐		☐
X455T	YYY	N	May 2025	75	Tumor Treating Fields Dosimetry		Cat III						☐		☐
X456T	YYY	N	May 2025	76	Urethral Autologous Cell Therapy		Cat III						☐		☐
X457T	YYY	N	May 2025	69	Evaluation of Suspected Skin Car		Cat III						☐		☐
X458T	YYY	N	May 2025	64	Nasal Trabeculectomy		Cat III						☐		☐
X459T	YYY	N	May 2025	56	Carpometacarpal Joint Arthroplasty		Cat III						☐		☐
X460T	YYY	N	May 2025	71	Thoracic Irrigation		Cat III						☐		☐
X461T	YYY	N	May 2025	59	Continuous EEG Monitoring		Cat III						☐		☐
X462T	YYY	N	May 2025	59	Continuous EEG Monitoring		Cat III						☐		☐
X463T	YYY	N	May 2025	59	Continuous EEG Monitoring		Cat III						☐		☐
X464T	YYY	N	May 2025	59	Continuous EEG Monitoring		Cat III						☐		☐
X465T	YYY	N	May 2025	59	Continuous EEG Monitoring		Cat III						☐		☐
X466T	YYY	N	May 2025	59	Continuous EEG Monitoring		Cat III						☐		☐
X476T	YYY	N	May 2025	68	Robotic Lymphovenous and Lymph Node Procedures		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
X479T	YYY	N	May 2025	65	Neurostimulation of the Lower Esophageal Sphincter Revisions		Cat III						☐		☐
X480T	YYY	N	May 2025	65	Neurostimulation of the Lower Esophageal Sphincter Revisions		Cat III						☐		☐
X481T	YYY	N	May 2025	65	Neurostimulation of the Lower Esophageal Sphincter Revisions		Cat III						☐		☐
X482T	YYY	N	May 2025	65	Neurostimulation of the Lower Esophageal Sphincter Revisions		Cat III						☐		☐
XX08T	YYY	N	Sep 2024	42	Surgical Pathology-Shortwave Infrared Examination		Cat III						☐		☐
XX81T	YYY	N	Sep 2024	64	Anoscopy		Cat III						☐		☐
XX82T	YYY	N	Sep 2024	66	Benign Prostate Ablation with HIFU		Cat III						☐		☐
XX85T	YYY	N	Sep 2024	78	Remote Cardiac Contractility Modulation Services		Cat III						☐		☐
XX86T	YYY	N	Sep 2024	78	Remote Cardiac Contractility Modulation Services		Cat III						☐		☐
XX87T	YYY	N	Sep 2024	80	Upper GI Blood Detection		Cat III						☐		☐
XX88T	YYY	N	Sep 2024	69	Colorectal Bypass Sheath Placement		Cat III						☐		☐
XX90T	YYY	N	Sep 2024	35	Sub-Scalp Continuous EEG Monitoring		Cat III						☐		☐
XX91T	YYY	N	Sep 2024	35	Sub-Scalp Continuous EEG Monitoring		Cat III						☐		☐
XX92T	YYY	N	Sep 2024	35	Sub-Scalp Continuous EEG Monitoring		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
XX93T	YYY	N	Sep 2024	35	Sub-Scalp Continuous EEG Monitoring		Cat III						☐		☐
XX94T	YYY	N	Sep 2024	74	Laser Ablation of Breast Tumor		Cat III						☐		☐
XX95T	YYY	N	Feb 2025	52	Precuneus Magnetic Stimulation		Cat III						☐		☐
XX96T	YYY	N	Feb 2025	52	Precuneus Magnetic Stimulation		Cat III						☐		☐
XX97T	YYY	N	Sep 2024	81	Cryolysis Therapy for Sleep Apnea		Cat III						☐		☐
XX98T	YYY	N	Sep 2024	81	Cryolysis Therapy for Sleep Apnea		Cat III						☐		☐
XX99T	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	☒

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
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						☐		☐

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
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						☒		☐

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
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 2025

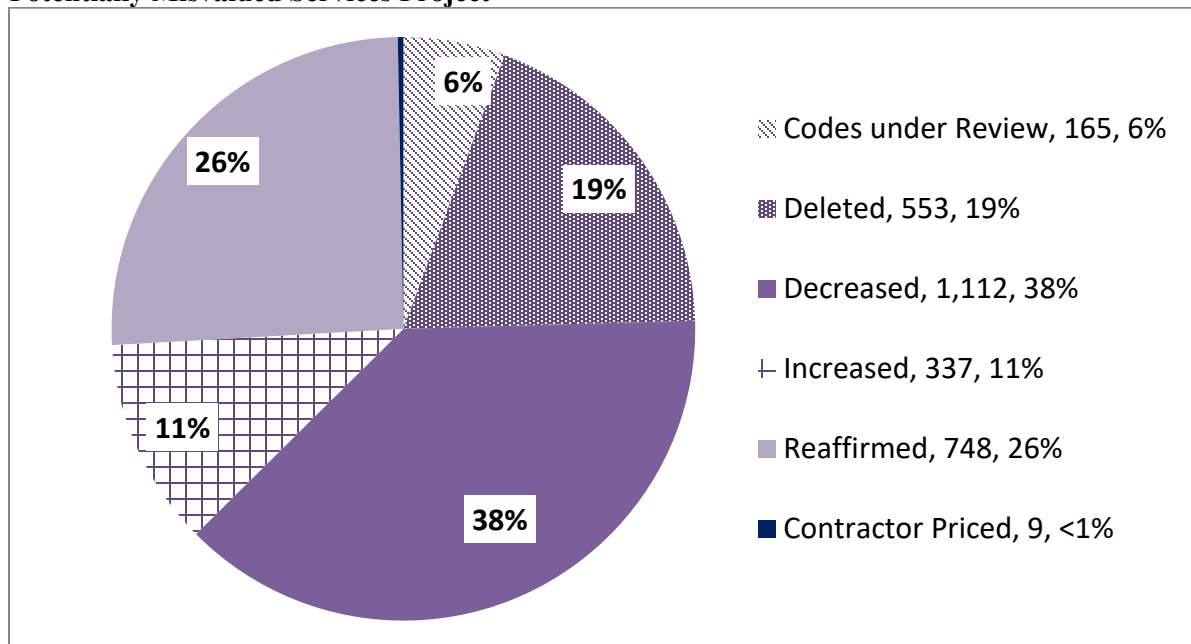
CPT Code	Long Descriptor	Issue	Tab	RUC Recommendation	High Volume Growth
61781	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)	Stereotactic Computer-Assisted Volumetric Navigational Procedures	11	No Recommendation Survey for Sept 2025	X
61782	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)	Stereotactic Computer-Assisted Volumetric Navigational Procedures	11	2.50 (Interim) Survey for Sept 2025 with pre-post ZZZ survey	X
61783	Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)	Stereotactic Computer-Assisted Volumetric Navigational Procedures	11	3.50 (Interim) Survey for Sept 2025 with pre-post ZZZ survey	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 nearly 3,000 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 2,924 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 over 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 902 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 253 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 2027 Medicare Physician Payment Schedule.

In 2025, the RUC identified five codes with Medicare data from 2021-2024 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 2023 Medicare utilization over 10,000. This screen was expanded to 13 services to include codes within the family of services. The RUC will review and submit recommendations for the 2027 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 CPT Editorial Panel deleted ten codes and the RUC submitted recommendations for 49 services for the 2015-2019, 2023 and 2026 Medicare Physician Payment Schedules. The RUC completed review of services under this second iteration of the high growth screen.

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, which was expanded to 56 services. The RUC recommended removing one service from the screen as the volume growth was appropriate. The CPT Editorial Panel deleted three codes. The RUC submitted recommendations for six services for the 2020-2021 Medicare Physician Payment Schedule and 46 services for the 2026 Medicare Physician Payment Schedule. The RUC completed review of services under this fifth iteration of the high volume growth screen.

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. CPT deleted one service. The RUC submitted recommendations for the remaining 10 services for the 2021-2023 and 2027 Medicare Physician Payment Schedules. The RUC completed review of services under this sixth iteration of the high volume growth screen.

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 RUC removed three services because the growth was appropriate. The Relativity Assessment Workgroup will review two services after additional data is available. The RUC submitted recommendations for seven 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, which was expanded to 15 services to include the family of services. One service was referred to CPT for revision. One service was removed from the screen as the growth was appropriate. Three services were deleted and the RUC requested CMS delete two G-codes. The RUC submitted recommendations for six services for the 2024-2025 Physician Payment Schedules and will submit two recommendations for the 2027 Physician Payment Schedule.

In April 2025, the RUC ran the 11th iteration of the high volume screen with 2023 Medicare utilization over 10,000 that has increased by at least 100% from 2018-2023. The RUC identified nine services that the Relativity Assessment will review action plans from the specialty societies 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 the 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 of 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 of more than 10,000 and compared it to who originally surveyed the service. Six codes were identified, which were expanded to 24 codes to represent the family of services. One code was referred to CPT Assistant for clarification and four will be re-reviewed after additional data is available. The RUC submitted recommendations for 19 services for the 2026 Medicare Physician Payment Schedule.

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. Six services were identified and were expanded to seven services to include those as part of a family. The RUC referred two codes to CPT Assistant for the creation of an article for clarification. The RUC submitted three recommendations for the 2026 Medicare Physician Payment Schedule, will review two services for the 2027 Medicare Physician Payment Schedule and will review two services after additional utilization data is available.

In April 2025, the RUC queried the top two dominant specialties performing services based on 2023 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. Nine services were identified, and the Relativity Assessment Workgroup will review action plans from specialty societies 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 of 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.

In April 2025, the RUC ran this service on Harvard valued services with 2023 Medicare utilization over 30,000 and two services was identified. The Relativity Assessment Workgroup will review action plans from the specialty societies to determine next steps.

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 22 services to include services that are part of a family. Three services were removed from this screen, 16 requested for deletion by CMS, one recommendation submitted for the 2026 Medicare Physician Payment Schedule 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 27 services to include services that are part of a family. The RUC recommended that one service be deleted and one service maintained. The RUC submitted recommendations for 16 services for the 2026 Medicare Physician Payment Schedule and will review the remaining nine services after additional data is available.

In April 2025, the RUC ran a fourth iteration of this screen of CMS/Other source codes with 2023 Medicare utilization over 20,000, which resulted in five codes. The Relativity Assessment Workgroup will review action plans from the specialty societies to determine next steps.

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 44 services to include creation of code bundling solutions. The RUC referred 19 services to the CPT Editorial Panel for code bundling solutions, the Panel deleted two codes. The RUC submitted 23 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. This was expanded to 18 services to include the creation of code bundling solutions. The RUC removed one code from the screen as a code bundle was not necessary and will review four services after additional data is available. The CPT Editorial Panel deleted two codes and the RUC submitted 11 code recommendation for the 2025 and 2026 Medicare Physician Payment Schedules.

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. This was expanded to 33 services to include the creation of code bundling solutions. The RUC removed 7 codes from the screen as a bundling solution was not necessary. One service was deleted at CPT. The RUC submitted 19 code recommendations for the 2026 and 2027 Medicare Physician Payment Schedule. The RUC will review six services after additional data is available.

In April 2025, the Relativity Assessment Workgroup performed the seventh cycle analysis of code pairs reported together with 75% or greater frequency based on 2023 Medicare claims data and identified two code pairs. The Relativity Assessment Workgroup will review action plans from specialty societies to determine if code bundling solutions are necessary.

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 IWPUP

In October 2017, the RUC identified 22 services with a negative IWPUP 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 RUC recommended removing this service from this screen because the valuation process does not allow for inclusion of practice expense input included in this G-code. The RUC has completed review of the services under this screen.

In April 2025, the RUC identified one contractor-priced Category I CPT code that has 2023 Medicare utilization over 10,000. The Relativity Assessment Workgroup will review an action plan from specialty societies 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 three codes. The RUC recommended maintaining three 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 one service 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 CPT Editorial Panel deleted one code. The RUC removed two codes from the screen and will review the remaining two 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 recommended that two codes remain Category III codes, one code be removed and one code be reviewed after additional data is available. The CPT Editorial Panel deleted one code and the RUC submitted recommendations on three codes for the 2026 Medicare Physician Payment Schedule.

In April 2024, the RUC identified two Category III codes with 2022 Medicare utilization over 1,000. The RUC recommended that one code remains a Category III code and one code be reviewed after additional data is available.

In April 2025, the RUC identified seven Category III codes with 2023 Medicare utilization over 1,000. The Relativity Assessment Workgroup will review action plans from specialty societies 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.

Final Rule for 2025

In the Final Rule for 2025, CMS received public nominations on two code sets, totaling six services. The RUC referred one issue to the CPT Editorial Panel for revision and submitted recommendations for two services for the 2026 Medicare Physician Payment Schedule.

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, home INR monitoring was reviewed after additional data was collected and the RUC agreed that incorrect assumptions were made initially, and these services were actually work neutral. The RUC removed this family of codes from further examination under this screen. The RUC has completed review of the services under this screen.

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 RUC recommended maintaining and reviewing this issue in two years, April 2026, via the new technology/new services list review.

The RUC identified four code families from CPT 2023 that has more than a 10% increase in work RVUs from what was projected. The Relativity Assessment Workgroup will review action plans from specialty societies for cardiac ablation, orthoptic training, percutaneous nephrolithotomy and neuromuscular ultrasound for September 2025.

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. The “[Comparison of Work Relative Value Units Assigned to Urological and Gynecological Surgical Procedures](#)” study appeared in the *Urological Practice Journal* in May 2024.

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*	2,924
<i>Codes Completed</i>	2,759
Work and PE Maintained	748
Work Increased	337
Work Decreased	917
Direct Practice Expense Revised (beyond work changes)	195
Deleted from CPT®	524
Requested CMS delete G code	27
Contractor Priced	9
<i>Codes Under Review</i>	165
RUC to review for CPT 2027	20
Referred to CPT® Editorial Panel or CPT Assistant	37
RUC to review future review after additional data obtained	108

**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 2009-2024 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: Cerebral Perfusion & CT Angiography – Head & Neck	Screen: High Volume Category III Codes 2022	Complete? Yes
Most Recent RUC Meeting:	September 2024	Tab: 09	Specialty Developing Recommendation: ACR, ASNR	First Identified: April 2022	2023 Medicare Utilization: 42,599	2025 Work RVU: 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result: Deleted from CPT	
RUC Recommendation: Deleted from CPT			Referred to CPT May 2024 Referred to CPT Asst ☐		Published in CPT Asst:		
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	2023 Medicare Utilization: 26,367	2025 Work RVU: 7.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result: Remove from Screen	
RUC Recommendation: Remove from screen			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		
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	2023 Medicare Utilization: 113,270	2025 Work RVU: 10.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result: Increase	
RUC Recommendation: 12			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		

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	2023 Medicare Utilization: 7,102	2025 Work RVU:	
					2025 NF PE RVU:	0.00
					2025 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	2023 Medicare Utilization: 22,991	2025 Work RVU:	
					2025 NF PE RVU:	0.00
					2025 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	2023 Medicare Utilization: 60,403	2025 Work RVU:	15.00
					2025 NF PE RVU:	0.00
					2025 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

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	Tab: 04	Specialty Developing	ASA
RUC Meeting:	January 2017	Recommendation:	

First	2023
Identified:	Medicare
September 2016	Utilization: 1,026,775

2025 Work RVU:	5.00
2025 NF PE RVU:	0.00
2025 Fac PE RVU:	0.00
Result:	Maintain

RUC Recommendation: 5 base units

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

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	Tab: 04	Specialty Developing	ASA
RUC Meeting:	January 2017	Recommendation:	

First	2023
Identified:	Medicare
September 2016	Utilization: 90,204

2025 Work RVU:	6.00
2025 NF PE RVU:	0.00
2025 Fac PE RVU:	0.00
Result:	Increase

RUC Recommendation: 6 base units

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

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	Tab: 04	Specialty Developing	ASA
RUC Meeting:	January 2017	Recommendation:	

First	2023
Identified:	Medicare
July 2015	Utilization:

2025 Work RVU:	
2025 NF PE RVU:	
2025 Fac PE RVU:	
Result:	Deleted from CPT

RUC Recommendation: Deleted from CPT

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

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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation: Deleted from CPT		Referred to CPT September 2016		2025 NF PE RVU:	
		Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	
				Result: Deleted from CPT	
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	2023 Medicare Utilization: 1,089,300	2025 Work RVU:	4.00
RUC Recommendation: 4 base units		Referred to CPT September 2016		2025 NF PE RVU:	0.00
		Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	0.00
				Result: Decrease	
00812	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy	Global: XXX	Issue: Anesthesia for Intestinal Endoscopic Procedures	Screen: CMS Request - Final Rule for 2016	Complete? Yes
Most Recent RUC Meeting: April 2017	Tab: 04 Specialty Developing Recommendation: ASA	First Identified: September 2016	2023 Medicare Utilization: 566,678	2025 Work RVU:	3.00
RUC Recommendation: 3 base units		Referred to CPT September 2016		2025 NF PE RVU:	0.00
		Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	0.00
				Result: Decrease	
00813	Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum	Global: XXX	Issue: Anesthesia for Intestinal Endoscopic Procedures	Screen: CMS Request - Final Rule for 2016	Complete? Yes
Most Recent RUC Meeting: January 2017	Tab: 04 Specialty Developing Recommendation: ASA	First Identified: September 2016	2023 Medicare Utilization: 481,233	2025 Work RVU:	5.00
RUC Recommendation: 5 base units		Referred to CPT September 2016		2025 NF PE RVU:	0.00
		Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	0.00
				Result: Maintain	

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	2023 Medicare Utilization: 103,904	2025 Work RVU: 5.00	2025 NF PE RVU: 0.00	2025 Fac PE RVU: 0.00
RUC Recommendation: Maintain			Referred to CPT	Referred to CPT Asst ☐ Published in CPT Asst:	Result: Remove from Screen		
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	2023 Medicare Utilization: 9,915	2025 Work RVU:	2025 NF PE RVU: 0.00	2025 Fac PE RVU: 0.00
RUC Recommendation: Maintain			Referred to CPT	Referred to CPT Asst ☐ Published in CPT Asst:	Result: Maintain		
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	2023 Medicare Utilization: 34,619	2025 Work RVU: 5.00	2025 NF PE RVU: 0.00	2025 Fac PE RVU: 0.00
RUC Recommendation: Maintain			Referred to CPT	Referred to CPT Asst ☐ Published in CPT Asst:	Result: Maintain		
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	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 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

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	2023 Medicare Utilization: 12,602	2025 Work RVU: 5.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result: Remove from Screen
RUC Recommendation: Remove from screen			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT October 2020 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT October 2020 Referred to CPT Asst ☐ Published in CPT Asst:		

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	2023 Medicare Utilization: 24,366	2025 Work RVU: 4.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result: Decrease	
RUC Recommendation: 4		Referred to CPT October 2020 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	2023 Medicare Utilization: 91,030	2025 Work RVU: 4.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result: Decrease	
RUC Recommendation: 4		Referred to CPT October 2020 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	2023 Medicare Utilization: 17,459	2025 Work RVU: 4.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result: Decrease	
RUC Recommendation: 4		Referred to CPT October 2020 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	2023 Medicare Utilization: 53,408	2025 Work RVU: 4.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result: Decrease	
RUC Recommendation: 4		Referred to CPT October 2020 Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 20,385	2025 Work RVU: 5.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result: Increase	
RUC Recommendation: 6		Referred to CPT October 2020 Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 39,102	2025 Work RVU: 5.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result: Increase	
RUC Recommendation: 6		Referred to CPT October 2020 Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

0207T Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral			Global: XXX	Issue: RAW	Screen: High Volume Category III Codes 2025	Complete? No
Most Recent RUC Meeting: April 2025	Tab: 14	Specialty Developing Recommendation:	First Identified: April 2025	2023 Medicare Utilization: 1,654	2025 Work RVU:	
					2025 NF PE RVU:	0.00
					2025 Fac PE RVU:	0.00
RUC Recommendation: Review action plan.			Referred to CPT		Result:	
			Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 947	2025 Work RVU:	
					2025 NF PE RVU:	0.00
					2025 Fac PE RVU:	0.00
RUC Recommendation: Remove from screen			Referred to CPT		Result: Remove from screen	
			Referred to CPT Asst ☐	Published in CPT Asst:		
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), singl			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	2023 Medicare Utilization: 12,787	2025 Work RVU:	
					2025 NF PE RVU:	0.00
					2025 Fac PE RVU:	0.00
RUC Recommendation: Maintain			Referred to CPT		Result: Maintain	
			Referred to CPT Asst ☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 1,315	2025 Work RVU:	
						2025 NF PE RVU:	0.00
						2025 Fac PE RVU:	0.00
RUC Recommendation: Review in 3 years (Sept 2026)				Referred to CPT		Result:	
				Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 2,811	2025 Work RVU:	
						2025 NF PE RVU:	0.00
						2025 Fac PE RVU:	0.00
RUC Recommendation: Remove from screen				Referred to CPT		Result: Remove from screen	
				Referred to CPT Asst ☐	Published in CPT Asst:		
0376T Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; each additional device insertion (List separately in addition to code for primary procedure)				Global: XXX	Issue: 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	2023 Medicare Utilization:	2025 Work RVU:	
						2025 NF PE RVU:	
						2025 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

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	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	2023 Medicare Utilization: 53,208
RUC Recommendation:	Review in 3 years (Sept 2026)		Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:
				2025 Work RVU:	
				2025 NF PE RVU:	0.00
				2025 Fac PE RVU:	0.00
				Result:	
0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed	Global: XXX	Issue: Superficial Radiation Therapy	Screen: High Volume Category III Codes 2019	Complete? Yes
Most Recent RUC Meeting:	January 2025	Tab: 17	Specialty Developing Recommendation: AADA, ACRO, ASTRO	First Identified: October 2019	2023 Medicare Utilization: 42,236
RUC Recommendation:	Deleted from CPT		Referred to CPT September 2024	Referred to CPT Asst ☐	Published in CPT Asst:
				2025 Work RVU:	
				2025 NF PE RVU:	0.00
				2025 Fac PE RVU:	0.00
				Result:	Deleted from CPT
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 p	Global: XXX	Issue: Transurethral Robotic-assisted Resection of Prostate	Screen: High Volume Category III Codes 2023	Complete? Yes
Most Recent RUC Meeting:	September 2024	Tab: 07	Specialty Developing Recommendation: AUA	First Identified: April 2023	2023 Medicare Utilization: 5,521
RUC Recommendation:	Deleted from CPT		Referred to CPT May 2024	Referred to CPT Asst ☐	Published in CPT Asst:
				2025 Work RVU:	0.00
				2025 NF PE RVU:	0.00
				2025 Fac PE RVU:	0.00
				Result:	Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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 Interstitial 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	2023 Medicare Utilization: 192	2025 Work RVU: 1.14 2025 NF PE RVU: 90.47 2025 Fac PE RVU: 0.47 Result: Contractor Price	
RUC Recommendation: Contractor Price		Referred to CPT February 2021 Referred to CPT Asst ☐ Published in CPT Asst:			
0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision	Global: 000	Issue: Insertion/ Removal of Implantable Interstitial 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	2023 Medicare Utilization: 56	2025 Work RVU: 1.34 2025 NF PE RVU: 1.54 2025 Fac PE RVU: 0.55 Result: Contractor Price	
RUC Recommendation: Contractor Price		Referred to CPT February 2021 Referred to CPT Asst ☐ Published in CPT Asst:			
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 Interstitial 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	2023 Medicare Utilization: 111	2025 Work RVU: 1.91 2025 NF PE RVU: 84.86 2025 Fac PE RVU: 0.78 Result: Contractor Price	
RUC Recommendation: Contractor Price		Referred to CPT February 2021 Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 2,105	2025 Work RVU: 0.00	2025 NF PE RVU: 0.00	2025 Fac PE RVU: 0.00
RUC Recommendation: Maintain			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		
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	2023 Medicare Utilization:	2025 Work RVU: 0.00	2025 NF PE RVU: 0.00	2025 Fac PE RVU: 0.00
RUC Recommendation: Maintain			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		
0480T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 cm2, or each additional 1% of body surface area of infants and children, or part thereof (List separately in addition to code for primary pr			Global: ZZZ	Issue: RAW	Screen: High Volume Category III Codes 2025	Complete? No
Most Recent RUC Meeting: April 2025	Tab: 14	Specialty Developing Recommendation:	First Identified: April 2025	2023 Medicare Utilization: 1,278	2025 Work RVU:	2025 NF PE RVU: 0.00	2025 Fac PE RVU: 0.00
RUC Recommendation: Review action plan.			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

0486T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral	Global: XXX	Issue: RAW	Screen: High Volume Category III Codes 2025	Complete? No
Most Recent RUC Meeting:	April 2025	Tab: 14	Specialty Developing Recommendation:	First Identified: April 2025	2023 Medicare Utilization: 1,107
RUC Recommendation:	Review action plan.		Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:
				2025 Work RVU:	
				2025 NF PE RVU:	0.00
				2025 Fac PE RVU:	NA
				Result:	
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? Yes
Most Recent RUC Meeting:	April 2025	Tab: 14	Specialty Developing Recommendation: AAO, AOA	First Identified: April 2022	2023 Medicare Utilization: 8,111
RUC Recommendation:	Remove from screen		Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:
				2025 Work RVU:	0.00
				2025 NF PE RVU:	0.00
				2025 Fac PE RVU:	NA
				Result:	Remove from screen
0509T	Electroretinography (ERG) with interpretation and report, pattern (PERG)	Global: XXX	Issue: Electroretinography	Screen: Work Neutrality 2019	Complete? Yes
Most Recent RUC Meeting:	January 2024	Tab: 16	Specialty Developing Recommendation: AAO, AOA (optometry), ASRS	First Identified: October 2020	2023 Medicare Utilization: 11,523
RUC Recommendation:	CPT Assistant article published		Referred to CPT	Referred to CPT Asst ☒	Published in CPT Asst: Aug 2024
				2025 Work RVU:	0.40
				2025 NF PE RVU:	1.84
				2025 Fac PE RVU:	NA
				Result:	Remove from Screen
0512T	Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; initial wound	Global: YYY	Issue: RAW	Screen: High Volume Category III Codes 2025	Complete? No
Most Recent RUC Meeting:	April 2025	Tab: 14	Specialty Developing Recommendation:	First Identified: April 2025	2023 Medicare Utilization: 1,435
RUC Recommendation:	Review action plan.		Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:
				2025 Work RVU:	
				2025 NF PE RVU:	0.00
				2025 Fac PE RVU:	0.00
				Result:	

Status Report: CMS Requests and Relativity Assessment Issues

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? Yes
Most Recent RUC Meeting:	September 2024	Tab: 14	Specialty Developing Recommendation: ANA, APMA	First Identified: April 2024	2023 Medicare Utilization: 377	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result: Maintain	
RUC Recommendation: Maintain				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
0596T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement			Global: YYY	Issue: Temporary Female Intraurethral Valve-Pump	Screen: CMS Request - Final Rule for 2025	Complete? Yes
Most Recent RUC Meeting:	January 2025	Tab: 23	Specialty Developing Recommendation: AUA	First Identified: July 2024	2023 Medicare Utilization:	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result: Maintain	
RUC Recommendation: 2.43				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
0597T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement			Global: YYY	Issue: Temporary Female Intraurethral Valve-Pump	Screen: CMS Request - Final Rule for 2025	Complete? Yes
Most Recent RUC Meeting:	January 2025	Tab: 23	Specialty Developing Recommendation: AUA	First Identified: July 2024	2023 Medicare Utilization:	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result: Maintain	
RUC Recommendation: 1.05				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 44,838	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result: Maintain	
RUC Recommendation: Maintain				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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:	September 2024	Tab: 14	Specialty Developing Recommendation:	ANA, APMA	First Identified: April 2024	2023 Medicare Utilization:	9,989	2025 Work RVU:	0.00	2025 NF PE RVU:	0.00	2025 Fac PE RVU:	0.00	Result:
RUC Recommendation:			Review in 2 years			Referred to CPT Referred to CPT Asst ☐			Published in CPT Asst:					
0627T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level	Global: YYY	Issue: RAW	Screen: High Volume Category III Codes 2025	Complete? No									
Most Recent RUC Meeting:	April 2025	Tab: 14	Specialty Developing Recommendation:		First Identified: April 2025	2023 Medicare Utilization:	1,648	2025 Work RVU:		2025 NF PE RVU:	0.00	2025 Fac PE RVU:	0.00	Result:
RUC Recommendation:			Review action plan.			Referred to CPT Referred to CPT Asst ☐			Published in CPT Asst:					
0640T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; first anatomic site	Global: XXX	Issue: RAW	Screen: High Volume Category III Codes 2025	Complete? No									
Most Recent RUC Meeting:	April 2025	Tab: 14	Specialty Developing Recommendation:		First Identified: April 2025	2023 Medicare Utilization:	3,141	2025 Work RVU:		2025 NF PE RVU:	0.00	2025 Fac PE RVU:	NA	Result:
RUC Recommendation:			Review action plan.			Referred to CPT Referred to CPT Asst ☐			Published in CPT Asst:					

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 440
RUC Recommendation:	Contractor Price		Referred to CPT October 2020		2025 Work RVU: 0.00
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 NF PE RVU: 0.00
					2025 Fac PE RVU: 0.00
					Result: Contractor Price
0753T	Digitization of glass microscope slides for level IV, surgical pathology, gross and microscopic examination (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: RAW	Screen: High Volume Category III Codes 2025	Complete? No
Most Recent RUC Meeting:	April 2025	Tab: 14	Specialty Developing Recommendation:	First Identified: April 2025	2023 Medicare Utilization: 7,330
RUC Recommendation:	Review action plan.		Referred to CPT		2025 Work RVU:
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 NF PE RVU: 0.00
					2025 Fac PE RVU: 0.00
					Result:
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	2023 Medicare Utilization: 219
RUC Recommendation:	0.80		Referred to CPT June 2017		2025 Work RVU: 0.80
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 NF PE RVU: 0.67
					2025 Fac PE RVU: 0.37
					Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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

**2023
Medicare
Utilization:** 130,977

2025 Work RVU: 1.46

2025 NF PE RVU: 2.37

2025 Fac PE RVU: 0.55

Result: Decrease

RUC Recommendation: 1.63

Referred to CPT June 2017

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

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

**2023
Medicare
Utilization:** 29,889

2025 Work RVU: 1.00

2025 NF PE RVU: 0.70

2025 Fac PE RVU: 0.38

Result: Decrease

RUC Recommendation: 1.00

Referred to CPT June 2017

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

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

**2023
Medicare
Utilization:** 656

2025 Work RVU: 1.81

2025 NF PE RVU: 7.05

2025 Fac PE RVU: 0.62

Result: Decrease

RUC Recommendation: 1.81

Referred to CPT June 2017

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

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 14

2025 Work RVU: 1.18
2025 NF PE RVU: 2.91
2025 Fac PE RVU: 0.21
Result: Decrease

RUC Recommendation: 1.18

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

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

2023 Medicare Utilization: 1,911

2025 Work RVU: 2.26
2025 NF PE RVU: 10.06
2025 Fac PE RVU: 0.73
Result: Decrease

RUC Recommendation: 2.43

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

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

2023 Medicare Utilization: 31

2025 Work RVU: 1.65
2025 NF PE RVU: 5.18
2025 Fac PE RVU: 0.29
Result: Decrease

RUC Recommendation: 1.65

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

Status Report: CMS Requests and Relativity Assessment Issues

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

**2023
Medicare
Utilization:** 77

2025 Work RVU: 0.00

2025 NF PE RVU: 0.00

2025 Fac PE RVU: 0.00

Result: Contractor Price

RUC Recommendation: Contractor Price

Referred to CPT June 2017

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

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

**2023
Medicare
Utilization:** 65

2025 Work RVU: 0.00

2025 NF PE RVU: 0.00

2025 Fac PE RVU: 0.00

Result: Contractor Price

RUC Recommendation: Contractor Price

Referred to CPT June 2017

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

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

**2023
Medicare
Utilization:** 10,386

2025 Work RVU: 1.03

2025 NF PE RVU: 1.84

2025 Fac PE RVU: 0.47

Result: Decrease

RUC Recommendation: 1.20

Referred to CPT June 2017

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization:
RUC Recommendation:	Deleted from CPT	Referred to CPT	June 2017	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	2023 Medicare Utilization: 7,452
RUC Recommendation:	3.00	Referred to CPT	October 2012	Referred to CPT Asst	☐ Published in CPT Asst:
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	2023 Medicare Utilization: 45,579
RUC Recommendation:	0.91	Referred to CPT		Referred to CPT Asst	☐ Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 278,408	2025 Work RVU: 1.22 2025 NF PE RVU: 2.49 2025 Fac PE RVU: 1.89 Result: Increase	
RUC Recommendation: 1.50		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
10061	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple	Global: 010	Issue: Incision and Drainage of Abscess	Screen: Harvard Valued - Utilization over 100,000 / 010-Day Global Post-Operative Visits2	Complete? Yes
Most Recent RUC Meeting: January 2020	Tab: 37 Specialty Developing Recommendation: APMA	First Identified: October 2009	2023 Medicare Utilization: 92,801	2025 Work RVU: 2.45 2025 NF PE RVU: 3.69 2025 Fac PE RVU: 2.81 Result: Maintain	
RUC Recommendation: Maintain. 2.45		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 37,789	2025 Work RVU: 1.22 2025 NF PE RVU: 3.18 2025 Fac PE RVU: 1.83 Result: Maintain	
RUC Recommendation: 1.25		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 6,411	2025 Work RVU: 2.30	2025 NF PE RVU: 5.09
RUC Recommendation: Remove from re-review			Referred to CPT		2025 Fac PE RVU: 2.62	Result: Maintain
			Referred to CPT Asst ☐	Published in CPT Asst:		
11040 Deleted from CPT			Global:	Issue: Excision and Debridement	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: September 2007	Tab: 16	Specialty Developing Recommendation: APMA, APTA	First Identified: September 2007	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:
RUC Recommendation: Deleted from CPT			Referred to CPT October 2009		2025 Fac PE RVU:	Result: Deleted from CPT
			Referred to CPT Asst ☐	Published in CPT Asst:		
11041 Deleted from CPT			Global:	Issue: Excision and Debridement	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: September 2007	Tab: 16	Specialty Developing Recommendation: APMA, APTA	First Identified: September 2007	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:
RUC Recommendation: Deleted from CPT			Referred to CPT October 2009		2025 Fac PE RVU:	Result: Deleted from CPT
			Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 1,968,984	2025 Work RVU: 1.01	2025 NF PE RVU: 2.73
RUC Recommendation: 1.12			Referred to CPT October 2009		2025 Fac PE RVU: 0.68	Result: Increase
			Referred to CPT Asst ☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	Global: 000	Issue: Debridement	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: February 2010	Tab: 04 Specialty Developing Recommendation: APMA, APTA	First Identified: September 2007	2023 Medicare Utilization: 501,856	2025 Work RVU: 2.70 2025 NF PE RVU: 3.85 2025 Fac PE RVU: 1.50 Result: Decrease	
RUC Recommendation: 3.00		Referred to CPT October 2009 Referred to CPT Asst ☐ Published in CPT Asst:			
11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	Global: 000	Issue: Debridement	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: February 2010	Tab: 04 Specialty Developing Recommendation: APMA, APTA	First Identified: September 2007	2023 Medicare Utilization: 100,601	2025 Work RVU: 4.10 2025 NF PE RVU: 4.57 2025 Fac PE RVU: 1.99 Result: Increase	
RUC Recommendation: 4.56		Referred to CPT October 2009 Referred to CPT Asst ☐ Published in CPT Asst:			
11045	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Excision and Debridement	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: February 2010	Tab: 04 Specialty Developing Recommendation: ACS, APMA, APTA	First Identified: February 2010	2023 Medicare Utilization: 595,289	2025 Work RVU: 0.50 2025 NF PE RVU: 0.62 2025 Fac PE RVU: 0.17 Result: Increase	
RUC Recommendation: 0.69		Referred to CPT October 2009 Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

11046	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Debridement	Screen: Site of Service Anomaly / High Volume Growth8	Complete? Yes

Most Recent RUC Meeting: April 2024

Tab: 12 **Specialty Developing Recommendation:** AAFP, ACS, ANA, ASPS

First Identified: February 2010

2023 Medicare Utilization: 306,373

2025 Work RVU: 1.03

2025 NF PE RVU: 0.97

2025 Fac PE RVU: 0.41

Result: Decrease

RUC Recommendation: 1.29

Referred to CPT October 2009

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

11047	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Debridement	Screen: Site of Service Anomaly / High Volume Growth6	Complete? Yes

Most Recent RUC Meeting: January 2020

Tab: 37 **Specialty Developing Recommendation:** ACS, APMA, APTA

First Identified: February 2010

2023 Medicare Utilization: 93,968

2025 Work RVU: 1.80

2025 NF PE RVU: 1.48

2025 Fac PE RVU: 0.74

Result: Increase

RUC Recommendation: 2.00

Referred to CPT October 2009

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

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

Most Recent RUC Meeting: January 2012

Tab: 30 **Specialty Developing Recommendation:** APMA

First Identified: November 2011

2023 Medicare Utilization: 774,024

2025 Work RVU: 0.35

2025 NF PE RVU: 1.72

2025 Fac PE RVU: 0.08

Result: Maintain

RUC Recommendation: Maintain

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 000

Issue: Trim Skin Lesions

Screen: MPC List / CMS Request to Re-Review Families of Recently Reviewed CPT Codes

Complete? Yes

Most Recent RUC Meeting: January 2012

Tab: 53 **Specialty Developing Recommendation:** APMA

First Identified: October 2010

2023 Medicare Utilization: 1,797,432

2025 Work RVU: 0.50

2025 NF PE RVU: 1.90

2025 Fac PE RVU: 0.12

Result: Decrease

RUC Recommendation: 0.50

Referred to CPT

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

2023 Medicare Utilization: 305,280

2025 Work RVU: 0.65

2025 NF PE RVU: 1.97

2025 Fac PE RVU: 0.15

Result: Maintain

RUC Recommendation: Maintain

Referred to CPT

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2017

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2017

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

2023 Medicare Utilization: 3,391,157

2025 Work RVU: 0.66

2025 NF PE RVU: 2.24

2025 Fac PE RVU: 0.40

Result: Decrease

RUC Recommendation: 0.66

Referred to CPT February 2017

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

2023 Medicare Utilization: 1,443,613

2025 Work RVU: 0.38

2025 NF PE RVU: 1.06

2025 Fac PE RVU: 0.23

Result: Decrease

RUC Recommendation: 0.38

Referred to CPT February 2017

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	2023 Medicare Utilization: 295,911	2025 Work RVU: 0.83 2025 NF PE RVU: 2.76 2025 Fac PE RVU: 0.47 Result: Decrease	
RUC Recommendation: 0.83		Referred to CPT February 2017 Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 78,806	2025 Work RVU: 0.45 2025 NF PE RVU: 1.27 2025 Fac PE RVU: 0.25 Result: Decrease	
RUC Recommendation: 0.45		Referred to CPT February 2017 Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 30,395	2025 Work RVU: 1.01 2025 NF PE RVU: 3.45 2025 Fac PE RVU: 0.55 Result: Decrease	
RUC Recommendation: 1.01		Referred to CPT February 2017 Referred to CPT Asst ☐ Published in CPT Asst:			

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	2023 Medicare Utilization: 6,205	2025 Work RVU: 0.54 2025 NF PE RVU: 1.50 2025 Fac PE RVU: 0.31 Result: Decrease	
RUC Recommendation: 0.54		Referred to CPT February 2017 Referred to CPT Asst ☐ Published in CPT Asst:			
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	Global: 000	Issue: Shaving of Epidermal or Dermal Lesions	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab: 38 Specialty Developing Recommendation: AAD	First Identified: January 2012	2023 Medicare Utilization: 96,456	2025 Work RVU: 0.60 2025 NF PE RVU: 2.29 2025 Fac PE RVU: 0.35 Result: Increase	
RUC Recommendation: 0.60		Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	Global: 000	Issue: Shaving of Epidermal or Dermal Lesions	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab: 38 Specialty Developing Recommendation: AAD	First Identified: January 2012	2023 Medicare Utilization: 195,446	2025 Work RVU: 0.90 2025 NF PE RVU: 2.59 2025 Fac PE RVU: 0.54 Result: Increase	
RUC Recommendation: 0.90		Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	Global: 000	Issue: Shaving of Epidermal or Dermal Lesions	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent RUC Meeting:	Tab: 38	Specialty Developing Recommendation:	First Identified:	2023 Medicare Utilization:	2025 Work RVU:
April 2012		AAD	January 2012	100,707	1.05
RUC Recommendation:	1.16		Referred to CPT		2025 NF PE RVU:
			Referred to CPT Asst	☐	2.90
				Published in CPT Asst:	2025 Fac PE RVU:
					0.62
					Result: Increase
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:	Tab: 38	Specialty Developing Recommendation:	First Identified:	2023 Medicare Utilization:	2025 Work RVU:
April 2012		AAD	January 2012	16,615	1.25
RUC Recommendation:	1.25		Referred to CPT		2025 NF PE RVU:
			Referred to CPT Asst	☐	3.12
				Published in CPT Asst:	2025 Fac PE RVU:
					0.74
					Result: Increase
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:	Tab: 14	Specialty Developing Recommendation:	First Identified:	2023 Medicare Utilization:	2025 Work RVU:
September 2024		AAD	January 2012	82,089	0.80
RUC Recommendation:	Refer to CPT Assistant. 0.80		Referred to CPT		2025 NF PE RVU:
			Referred to CPT Asst	☒	2.24
				Published in CPT Asst:	2025 Fac PE RVU:
				March 2025	0.25
					Result: Increase

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:	Tab: 38	Specialty Developing Recommendation:	First Identified:	2023 Medicare Utilization:	2025 Work RVU:
April 2012		AAD	January 2012	98,427	0.96
RUC Recommendation:	1.18		Referred to CPT		2025 NF PE RVU:
			Referred to CPT Asst	☐	2.57
				Published in CPT Asst:	2025 Fac PE RVU:
					0.41
					Result: Increase
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:	Tab: 38	Specialty Developing Recommendation:	First Identified:	2023 Medicare Utilization:	2025 Work RVU:
April 2012		AAD	January 2012	53,372	1.20
RUC Recommendation:	1.20		Referred to CPT		2025 NF PE RVU:
			Referred to CPT Asst	☐	2.76
				Published in CPT Asst:	2025 Fac PE RVU:
					0.52
					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:	Tab: 14	Specialty Developing Recommendation:	First Identified:	2023 Medicare Utilization:	2025 Work RVU:
September 2024		AAD	January 2012	19,986	1.46
RUC Recommendation:	Refer to CPT Assistant. 1.46		Referred to CPT		2025 NF PE RVU:
			Referred to CPT Asst	☒	2.71
				Published in CPT Asst:	2025 Fac PE RVU:
				March 2025	0.47
					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	2023 Medicare Utilization: 58,089	2025 Work RVU: 0.80 2025 NF PE RVU: 2.53 2025 Fac PE RVU: 0.47 Result: Increase
RUC Recommendation: 1.19			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	Global: 000	Issue: Shaving of Epidermal or Dermal Lesions	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab: 38	Specialty Developing Recommendation: AAD	First Identified: January 2012	2023 Medicare Utilization: 83,474	2025 Work RVU: 1.10 2025 NF PE RVU: 2.84 2025 Fac PE RVU: 0.65 Result: Increase
RUC Recommendation: 1.43			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization: 37,944	2025 Work RVU: 1.30 2025 NF PE RVU: 3.18 2025 Fac PE RVU: 0.78 Result: Increase
RUC Recommendation: 1.80			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm	Global: 000	Issue: Shaving of Epidermal or Dermal Lesions	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab: 38	Specialty Developing Recommendation: AAD	First Identified: January 2012	2023 Medicare Utilization: 6,538	2025 Work RVU: 1.68 2025 NF PE RVU: 3.53 2025 Fac PE RVU: 1.00 Result: Increase
RUC Recommendation: 2.00			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	

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	2023 Medicare Utilization: 562,353	2025 Work RVU: 0.17 2025 NF PE RVU: 0.25 2025 Fac PE RVU: 0.04 Result: Maintain	
RUC Recommendation: 0.17			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:	
11720 Debridement of nail(s) by any method(s); 1 to 5			Global: 000	Issue: Debridement of Nail	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: September 2011	Tab: 53	Specialty Developing Recommendation: APMA	First Identified: Septemer 2011	2023 Medicare Utilization: 1,886,100	2025 Work RVU: 0.32 2025 NF PE RVU: 0.64 2025 Fac PE RVU: 0.08 Result: Maintain	
RUC Recommendation: 0.32 (Interim)			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:	
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	2023 Medicare Utilization: 5,416,583	2025 Work RVU: 0.54 2025 NF PE RVU: 0.77 2025 Fac PE RVU: 0.13 Result: Maintain	
RUC Recommendation: 0.54 (Interim)			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:	
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	2023 Medicare Utilization: 221,857	2025 Work RVU: 1.05 2025 NF PE RVU: 2.29 2025 Fac PE RVU: 0.48 Result: Maintain	
RUC Recommendation: 1.10			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:	

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	2023 Medicare Utilization: 148,449	2025 Work RVU: 1.58 2025 NF PE RVU: 3.09 2025 Fac PE RVU: 1.36 Result: Decrease
RUC Recommendation: 1.99			Referred to CPT 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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT October 2015 Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization: 54,948	2025 Work RVU: 1.25 2025 NF PE RVU: 2.29 2025 Fac PE RVU: 0.46 Result: Decrease
RUC Recommendation: 1.25			Referred to CPT 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	2023 Medicare Utilization: 255,998	2025 Work RVU: 0.52 2025 NF PE RVU: 1.15 2025 Fac PE RVU: 0.31 Result: Maintain	
RUC Recommendation: 0.52				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:				
11901	Injection, intralesional; more than 7 lesions				Global: 000	Issue: Skin Injection Services	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting:	April 2010	Tab: 31	Specialty Developing Recommendation:	AAD	First Identified: February 2010	2023 Medicare Utilization: 64,313	2025 Work RVU: 0.80 2025 NF PE RVU: 1.23 2025 Fac PE RVU: 0.48 Result: Maintain	
RUC Recommendation: 0.80				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:				
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	2023 Medicare Utilization: 26,223	2025 Work RVU: 1.10 2025 NF PE RVU: 1.58 2025 Fac PE RVU: 0.40 Result: Decrease	
RUC Recommendation: 1.10				Referred to CPT May 2018 Referred to CPT Asst ☐ Published in CPT Asst:				

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	2023 Medicare Utilization: 7,979	2025 Work RVU: 1.14 2025 NF PE RVU: 1.68 2025 Fac PE RVU: 0.54 Result: Decrease
RUC Recommendation: 1.30			Referred to CPT May 2018 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	2023 Medicare Utilization: 1,823	2025 Work RVU: 1.34 2025 NF PE RVU: 1.74 2025 Fac PE RVU: 0.61 Result: Decrease
RUC Recommendation: 1.70			Referred to CPT May 2018 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	2023 Medicare Utilization: 970	2025 Work RVU: 1.91 2025 NF PE RVU: 2.00 2025 Fac PE RVU: 0.85 Result: Decrease
RUC Recommendation: 2.10			Referred to CPT May 2018 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	2023 Medicare Utilization: 148,478	2025 Work RVU: 0.84 2025 NF PE RVU: 1.82 2025 Fac PE RVU: 0.34 Result: Decrease
RUC Recommendation: 0.84			Referred to CPT 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	2023 Medicare Utilization: 123,416	2025 Work RVU: 1.14 2025 NF PE RVU: 2.07 2025 Fac PE RVU: 0.40 Result: Decrease
RUC Recommendation: 1.14			Referred to CPT 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	2023 Medicare Utilization: 19,335	2025 Work RVU: 1.44 2025 NF PE RVU: 2.27 2025 Fac PE RVU: 0.47 Result: Decrease
RUC Recommendation: 1.44			Referred to CPT 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	2023 Medicare Utilization: 5,269	2025 Work RVU: 1.97 2025 NF PE RVU: 2.95 2025 Fac PE RVU: 0.46 Result: Decrease
RUC Recommendation: 1.97			Referred to CPT 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	2023 Medicare Utilization: 924	2025 Work RVU: 2.39 2025 NF PE RVU: 3.28 2025 Fac PE RVU: 0.60 Result: Decrease
RUC Recommendation: 2.39			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
12007	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm	Global: 000	Issue: Repair of Superficial Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab: 32	Specialty Developing Recommendation: ACEP, AAFP	First Identified: April 2010	2023 Medicare Utilization: 345	2025 Work RVU: 2.90 2025 NF PE RVU: 3.39 2025 Fac PE RVU: 0.84 Result: Decrease
RUC Recommendation: 2.90			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization: 79,735	2025 Work RVU: 1.07 2025 NF PE RVU: 2.09 2025 Fac PE RVU: 0.39 Result: Decrease
RUC Recommendation: 1.07			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization: 47,327	2025 Work RVU: 1.22 2025 NF PE RVU: 2.05 2025 Fac PE RVU: 0.27 Result: Decrease
RUC Recommendation: 1.22			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	

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

2023 Medicare Utilization: 6,449

2025 Work RVU: 1.57

2025 NF PE RVU: 2.39

2025 Fac PE RVU: 0.35

Result: Decrease

RUC Recommendation: 1.57

Referred to CPT

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

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

Most Recent RUC Meeting: April 2010

Tab: 32

Specialty Developing Recommendation: ACEP, AAFP

First Identified: April 2010

2023 Medicare Utilization: 3,092

2025 Work RVU: 1.98

2025 NF PE RVU: 2.81

2025 Fac PE RVU: 0.43

Result: Decrease

RUC Recommendation: 1.98

Referred to CPT

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

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

Most Recent RUC Meeting: April 2010

Tab: 32

Specialty Developing Recommendation: ACEP, AAFP

First Identified: April 2010

2023 Medicare Utilization: 472

2025 Work RVU: 2.68

2025 NF PE RVU: 3.40

2025 Fac PE RVU: 0.58

Result: Decrease

RUC Recommendation: 2.68

Referred to CPT

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

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

2023 Medicare Utilization: 49

2025 Work RVU: 3.18

2025 NF PE RVU: NA

2025 Fac PE RVU: 0.75

Result: Decrease

RUC Recommendation: 3.18

Referred to CPT

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

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	2023 Medicare Utilization: 21	2025 Work RVU: 3.61
RUC Recommendation: 3.61			Referred to CPT	2025 NF PE RVU: NA	2025 Fac PE RVU: 0.83
			Referred to CPT Asst ☐	Published in CPT Asst:	Result: Decrease
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	2023 Medicare Utilization: 62,162	2025 Work RVU: 2.00
RUC Recommendation: 2.00			Referred to CPT	2025 NF PE RVU: 5.58	2025 Fac PE RVU: 2.33
			Referred to CPT Asst ☐	Published in CPT Asst:	Result: Decrease
12032	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm	Global: 010	Issue: Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab: 22	Specialty Developing Recommendation: AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	First Identified: October 2009	2023 Medicare Utilization: 341,859	2025 Work RVU: 2.52
RUC Recommendation: 2.52			Referred to CPT	2025 NF PE RVU: 6.28	2025 Fac PE RVU: 2.94
			Referred to CPT Asst ☐	Published in CPT Asst:	Result: Maintain

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	2023 Medicare Utilization: 34,157	2025 Work RVU: 2.97 2025 NF PE RVU: 6.63 2025 Fac PE RVU: 2.83
RUC Recommendation: 2.97		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	Result: Maintain	
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	2023 Medicare Utilization: 5,583	2025 Work RVU: 3.50 2025 NF PE RVU: 7.55 2025 Fac PE RVU: 3.17
RUC Recommendation: 3.60		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	Result: Increase	
12036	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm	Global: 010	Issue: Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab: 22	Specialty Developing Recommendation: AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	First Identified: February 2010	2023 Medicare Utilization: 1,086	2025 Work RVU: 4.23 2025 NF PE RVU: 7.98 2025 Fac PE RVU: 3.45
RUC Recommendation: 4.50		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	Result: Increase	

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

2023 Medicare Utilization: 489

2025 Work RVU: 5.00

2025 NF PE RVU: 8.62

2025 Fac PE RVU: 3.85

RUC Recommendation: 5.25

Referred to CPT

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

Result: Increase

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

2023 Medicare Utilization: 20,316

2025 Work RVU: 2.10

2025 NF PE RVU: 5.49

2025 Fac PE RVU: 2.03

RUC Recommendation: 2.10

Referred to CPT

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

Result: Decrease

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

Global: 010

Issue: Repair of Intermediate Wounds

Screen: Harvard Valued - Utilization over 100,000

Complete? Yes

Most Recent RUC Meeting: October 2010

Tab: 22

Specialty Developing Recommendation:

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

First Identified: February 2010

2023 Medicare Utilization: 65,352

2025 Work RVU: 2.79

2025 NF PE RVU: 6.14

2025 Fac PE RVU: 2.79

RUC Recommendation: 2.79

Referred to CPT

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

Result: Maintain

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	2023 Medicare Utilization: 3,182	2025 Work RVU: 3.19 2025 NF PE RVU: 7.78 2025 Fac PE RVU: 2.82
RUC Recommendation: 3.19			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	Result: Maintain
12045	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm	Global: 010	Issue: Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab: 22	Specialty Developing Recommendation: AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	First Identified: February 2010	2023 Medicare Utilization: 345	2025 Work RVU: 3.75 2025 NF PE RVU: 7.97 2025 Fac PE RVU: 3.82
RUC Recommendation: 3.90			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	Result: Increase
12046	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm	Global: 010	Issue: Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab: 22	Specialty Developing Recommendation: AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	First Identified: February 2010	2023 Medicare Utilization: 79	2025 Work RVU: 4.30 2025 NF PE RVU: 9.63 2025 Fac PE RVU: 4.24
RUC Recommendation: 4.60			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	Result: Increase

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	2023 Medicare Utilization: 46	2025 Work RVU: 4.95 2025 NF PE RVU: 10.27 2025 Fac PE RVU: 4.47
RUC Recommendation: 5.50		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	Result: Increase	
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	2023 Medicare Utilization: 50,441	2025 Work RVU: 2.33 2025 NF PE RVU: 5.81 2025 Fac PE RVU: 2.48
RUC Recommendation: 2.33		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	Result: Decrease	
12052	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	Global: 010	Issue: Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab: 45	Specialty Developing Recommendation: AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	First Identified: February 2010	2023 Medicare Utilization: 98,459	2025 Work RVU: 2.87 2025 NF PE RVU: 6.20 2025 Fac PE RVU: 2.80
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

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	2023 Medicare Utilization: 15,870	2025 Work RVU: 3.17 2025 NF PE RVU: 7.27 2025 Fac PE RVU: 2.93
RUC Recommendation: 3.17		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	Result: Maintain	
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	2023 Medicare Utilization: 3,816	2025 Work RVU: 3.50 2025 NF PE RVU: 7.39 2025 Fac PE RVU: 2.62
RUC Recommendation: 3.50		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	Result: Maintain	
12055	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	Global: 010	Issue: Repair of Intermediate Wounds	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab: 22	Specialty Developing Recommendation: AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA	First Identified: February 2010	2023 Medicare Utilization: 287	2025 Work RVU: 4.50 2025 NF PE RVU: 9.69 2025 Fac PE RVU: 3.77
RUC Recommendation: 4.65		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	Result: Increase	

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	2023 Medicare Utilization: 31	2025 Work RVU: 5.30 2025 NF PE RVU: 11.10 2025 Fac PE RVU: 5.36
RUC Recommendation: 5.50		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	Result: Increase	
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	2023 Medicare Utilization: 29	2025 Work RVU: 6.00 2025 NF PE RVU: 11.02 2025 Fac PE RVU: 5.59
RUC Recommendation: 6.28		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	Result: Increase	
13100	Repair, complex, trunk; 1.1 cm to 2.5 cm	Global: 010	Issue: Complex Wound Repair	Screen: CMS Request	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab: 37	Specialty Developing Recommendation: AAD, AAO-HNS, ASPS	First Identified: July 2011	2023 Medicare Utilization: 4,904	2025 Work RVU: 3.00 2025 NF PE RVU: 6.76 2025 Fac PE RVU: 2.65
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	2023 Medicare Utilization: 90,990	2025 Work RVU: 3.50 2025 NF PE RVU: 7.86 2025 Fac PE RVU: 3.47
RUC Recommendation: 3.50		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	Result: Decrease	

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

2023 Medicare Utilization: 21,515

2025 Work RVU: 1.24
2025 NF PE RVU: 2.03
2025 Fac PE RVU: 0.70
Result: Maintain

RUC Recommendation: 1.24

Referred to CPT
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

2023 Medicare Utilization: 11,362

2025 Work RVU: 3.23
2025 NF PE RVU: 6.94
2025 Fac PE RVU: 3.30
Result: Decrease

RUC Recommendation: 3.23

Referred to CPT September 2018
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

2023 Medicare Utilization: 201,068

2025 Work RVU: 4.00
2025 NF PE RVU: 8.17
2025 Fac PE RVU: 3.26
Result: Decrease

RUC Recommendation: 4.00

Referred to CPT September 2018
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

2023 Medicare Utilization: 27,096

2025 Work RVU: 1.44

2025 NF PE RVU: 2.12

2025 Fac PE RVU: 0.80

Result: Maintain

RUC Recommendation: 1.44

Referred to CPT September 2018

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

2023 Medicare Utilization: 34,352

2025 Work RVU: 3.73

2025 NF PE RVU: 7.37

2025 Fac PE RVU: 3.07

Result: Decrease

RUC Recommendation: 3.73

Referred to CPT

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

2023 Medicare Utilization: 268,017

2025 Work RVU: 4.78

2025 NF PE RVU: 8.69

2025 Fac PE RVU: 3.73

Result: Decrease

RUC Recommendation: 4.78

Referred to CPT

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

2023 Medicare Utilization:

13,530

2025 Work RVU:

2.19

2025 NF PE RVU:

2.56

2025 Fac PE RVU:

1.26

Result:

Maintain

RUC Recommendation:

2.19

Referred to CPT

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result:

Deleted from CPT

RUC Recommendation:

Deleted from CPT

Referred to CPT

October 2012

Referred to CPT Asst

☐

Published in CPT Asst:

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

2023 Medicare Utilization:

28,639

2025 Work RVU:

4.34

2025 NF PE RVU:

7.73

2025 Fac PE RVU:

3.46

Result:

Decrease

RUC Recommendation:

4.34

Referred to CPT

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? No

Most Recent RUC Meeting: September 2024

Tab: 14

Specialty Developing Recommendation: AAD, AAO-HNS, ASPS

First Identified: April 2011

2023 Medicare Utilization: 49,576

2025 Work RVU: 5.34

2025 NF PE RVU: 8.81

2025 Fac PE RVU: 4.05

Result: Decrease

RUC Recommendation: Review in 1 year. 5.34

Referred to CPT

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

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

2023 Medicare Utilization: 692

2025 Work RVU: 2.38

2025 NF PE RVU: 2.80

2025 Fac PE RVU: 1.34

Result: Maintain

RUC Recommendation: 2.38

Referred to CPT

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

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

2023 Medicare Utilization: 5,485

2025 Work RVU: 6.37

2025 NF PE RVU: 11.78

2025 Fac PE RVU: 7.84

Result: Decrease

RUC Recommendation: 6.19

Referred to CPT

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

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

2023
Medicare
Utilization: 7,985

2025 Work RVU: 8.78
2025 NF PE RVU: 14.14
2025 Fac PE RVU: 9.39
Result: Decrease

RUC Recommendation: 8.58

Referred to CPT

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

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

2023
Medicare
Utilization: 15,513

2025 Work RVU: 7.22
2025 NF PE RVU: 13.05
2025 Fac PE RVU: 8.96
Result: Decrease

RUC Recommendation: 7.02

Referred to CPT

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

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

2023
Medicare
Utilization: 18,582

2025 Work RVU: 9.72
2025 NF PE RVU: 15.22
2025 Fac PE RVU: 10.39
Result: Decrease

RUC Recommendation: 9.52

Referred to CPT

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

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

2023
Medicare
Utilization: 56,749

2025 Work RVU: 8.60
2025 NF PE RVU: 13.31
2025 Fac PE RVU: 9.19
Result: Maintain

RUC Recommendation: 8.44

Referred to CPT

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

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

2023 Medicare Utilization: 44,021

2025 Work RVU: 10.83

2025 NF PE RVU: 15.80

2025 Fac PE RVU: 10.88

Result: Decrease

RUC Recommendation: 10.63

Referred to CPT

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

2023 Medicare Utilization: 78,850

2025 Work RVU: 9.23

2025 NF PE RVU: 12.89

2025 Fac PE RVU: 9.77

Result: Maintain

RUC Recommendation: Maintain

Referred to CPT

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

2023 Medicare Utilization: 30,201

2025 Work RVU: 11.48

2025 NF PE RVU: 17.27

2025 Fac PE RVU: 11.82

Result: Decrease

RUC Recommendation: 11.25

Referred to CPT

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2009

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

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 42,545

2025 Work RVU: 12.65

2025 NF PE RVU: 17.94

2025 Fac PE RVU: 11.54

Result: Decrease

RUC Recommendation: 12.47

Referred to CPT February 2009

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

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

Most Recent RUC Meeting: April 2009

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

First Identified: September 2007

2023 Medicare Utilization: 55,376

2025 Work RVU: 3.73

2025 NF PE RVU: 2.04

2025 Fac PE RVU: 2.04

Result: Decrease

RUC Recommendation: 3.73

Referred to CPT February 2009

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

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

Most Recent RUC Meeting: September 2014

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

First Identified: January 2014

2023 Medicare Utilization: 26,604

2025 Work RVU: 3.65

2025 NF PE RVU: 5.94

2025 Fac PE RVU: 2.30

Result: Maintain

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

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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	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	2023 Medicare Utilization: 35,593
RUC Recommendation:	Maintain work RVU and adjust the times from pre-time package 4.		Referred to CPT	2025 Work RVU: 4.58	2025 NF PE RVU: 6.54
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: 2.60
					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	2023 Medicare Utilization: 9,709
RUC Recommendation:	Maintain work RVU and adjust the times from pre-time package 4.		Referred to CPT	2025 Work RVU: 9.90	2025 NF PE RVU: 14.34
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: 9.86
					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	2023 Medicare Utilization: 6,734
RUC Recommendation:	Remove from screen		Referred to CPT	2025 Work RVU: 10.15	2025 NF PE RVU: 13.69
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: 9.09
					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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010

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

Status Report: CMS Requests and Relativity Assessment Issues

15176	Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addit	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	2023 Medicare Utilization:	2025 Work RVU:	
				2025 NF PE RVU:	
				2025 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:		
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	2023 Medicare Utilization: 8,779	2025 Work RVU: 8.09	
				2025 NF PE RVU: 13.98	
				2025 Fac PE RVU: 9.21	
RUC Recommendation: Reduce 99238 to 0.5		Referred to CPT		Result: PE Only	
		Referred to CPT Asst ☐	Published in CPT Asst:		
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less	Global: 090	Issue: RAW	Screen: Pre-Time Analysis	Complete? Yes
Most Recent RUC Meeting: September 2014	Tab: 21 Specialty Developing Recommendation: ASPS, AAD	First Identified: January 2014	2023 Medicare Utilization: 11,765	2025 Work RVU: 10.41	
				2025 NF PE RVU: 16.25	
				2025 Fac PE RVU: 12.27	
RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4.		Referred to CPT		Result: Maintain	
		Referred to CPT Asst ☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: April 2011

Tab: 04

Specialty Developing Recommendation: ACS, APMA, ASPS

First Identified: April 2011

2023 Medicare Utilization: 217,251

2025 Work RVU: 1.50

2025 NF PE RVU: 2.88

2025 Fac PE RVU: 0.81

Result: Decrease

RUC Recommendation: 1.50

Referred to CPT February 2011

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

15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Chronic Wound Dermal Substitute	Screen: Different Performing Specialty from Survey / High Volume Growth10	Complete? Yes

Most Recent RUC Meeting: September 2024

Tab: 14

Specialty Developing Recommendation: ACS, APMA, ASPS

First Identified: April 2011

2023 Medicare Utilization: 38,261

2025 Work RVU: 0.33

2025 NF PE RVU: 0.36

2025 Fac PE RVU: 0.13

Result: Decrease

RUC Recommendation: Remove from screen. 0.59

Referred to CPT February 2011

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

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

Most Recent RUC Meeting: April 2011

Tab: 04

Specialty Developing Recommendation: ACS, APMA, ASPS

First Identified: April 2011

2023 Medicare Utilization: 9,471

2025 Work RVU: 3.50

2025 NF PE RVU: 4.99

2025 Fac PE RVU: 1.66

Result: Decrease

RUC Recommendation: 3.50

Referred to CPT February 2011

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

Status Report: CMS Requests and Relativity Assessment Issues

15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part ther	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	2023 Medicare Utilization: 33,387	2025 Work RVU: 0.80 2025 NF PE RVU: 1.42 2025 Fac PE RVU: 0.35 Result: Decrease
RUC Recommendation: 0.80			Referred to CPT February 2011 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	2023 Medicare Utilization: 177,533	2025 Work RVU: 1.83 2025 NF PE RVU: 2.75 2025 Fac PE RVU: 0.79 Result: Decrease
RUC Recommendation: 1.83			Referred to CPT February 2011 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 separate)	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	2023 Medicare Utilization: 9,104	2025 Work RVU: 0.50 2025 NF PE RVU: 0.42 2025 Fac PE RVU: 0.18 Result: Decrease
RUC Recommendation: 0.59			Referred to CPT February 2011 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 **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

2023 Medicare Utilization: 1,615

2025 Work RVU: 4.00
2025 NF PE RVU: 5.49
2025 Fac PE RVU: 1.96
Result: Decrease

RUC Recommendation: 4.00

Referred to CPT February 2011

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

15278 Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part the **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

2023 Medicare Utilization: 2,818

2025 Work RVU: 1.00
2025 NF PE RVU: 1.61
2025 Fac PE RVU: 0.46
Result: Decrease

RUC Recommendation: 1.00

Referred to CPT February 2011

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

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

Most Recent RUC Meeting: February 2010

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

First Identified: October 2009

2023 Medicare Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010

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

Status Report: CMS Requests and Relativity Assessment Issues

15321 Deleted from CPT

Global:

Issue: Skin Allograft

Screen: Different Performing Specialty from Survey

Complete? Yes

Most Recent RUC Meeting: February 2010

Tab: 31

Specialty Developing Recommendation: APMA, ASPS

First Identified: February 2010

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2011

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2011

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010

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

Status Report: CMS Requests and Relativity Assessment Issues

15336 Deleted from CPT

Global:

Issue: Acellular Dermal Allograft

Screen: Different Performing Specialty from Survey

Complete? Yes

Most Recent RUC Meeting: February 2010

Tab: 31

Specialty Developing Recommendation: AAO-HNS, APMA, ASPS

First Identified: February 2010

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2011

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

15360 Deleted from CPT

Global:

Issue: Tissue Cultured Allogeneic Dermal Substitute

Screen: Different Performing Specialty from Survey

Complete? Yes

Most Recent RUC Meeting: February 2010

Tab: 31

Specialty Developing Recommendation: APMA, ASPS

First Identified: February 2010

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2011

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

15361 Deleted from CPT

Global:

Issue: Tissue Cultured Allogeneic Dermal Substitute

Screen: Different Performing Specialty from Survey

Complete? Yes

Most Recent RUC Meeting: February 2010

Tab: 31

Specialty Developing Recommendation: APMA, ASPS

First Identified: February 2010

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2011

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

15365 Deleted from CPT

Global:

Issue: Tissue Cultured Allogeneic Dermal Substitute

Screen: Different Performing Specialty from Survey

Complete? Yes

Most Recent RUC Meeting: February 2010

Tab: 31

Specialty Developing Recommendation: APMA, ASPS

First Identified: October 2009

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010

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

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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

**2023
Medicare
Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2011

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

15400 Deleted from CPT

Global:

Issue: Xenograft

Screen: Site of Service Anomaly

Complete? Yes

**Most Recent
RUC Meeting:** September 2007

Tab: 16

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

**First
Identified:** September 2007

**2023
Medicare
Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2011

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

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

**2023
Medicare
Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2011

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

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

**2023
Medicare
Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010

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

Status Report: CMS Requests and Relativity Assessment Issues

15421 Deleted from CPT				Global:	Issue:	Xenograft Skin	Screen:	Different Performing Specialty from Survey	Complete?	Yes	
Most Recent RUC Meeting:	February 2010	Tab: 31	Specialty Developing Recommendation:	APMA, ASPS, AAD	First Identified:	February 2010	2023 Medicare Utilization:		2025 Work RVU:		
									2025 NF PE RVU:		
									2025 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	2023 Medicare Utilization:		2025 Work RVU:	10.21	
							197		2025 NF PE RVU:	15.18	
									2025 Fac PE RVU:	9.87	
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	2023 Medicare Utilization:		2025 Work RVU:	10.12	
							499		2025 NF PE RVU:	14.78	
									2025 Fac PE RVU:	10.42	
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	2023 Medicare Utilization:		2025 Work RVU:	10.70	
							2,231		2025 NF PE RVU:	13.69	
									2025 Fac PE RVU:	9.60	
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	2023 Medicare Utilization: 4,359	2025 Work RVU: 9.37 2025 NF PE RVU: 13.13 2025 Fac PE RVU: 9.11 Result: Maintain
RUC Recommendation: 9.24			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization: 1,705	2025 Work RVU: 13.50 2025 NF PE RVU: 26.99 2025 Fac PE RVU: 12.42 Result: Decrease
RUC Recommendation: 13.50			Referred to CPT September 2016 Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization: 2,110	2025 Work RVU: 14.38 2025 NF PE RVU: 17.32 2025 Fac PE RVU: 13.56 Result: Not Part of RAW
RUC Recommendation: Not part of family			Referred to CPT September 2016 Referred to CPT Asst ☐	Published in CPT Asst:	

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 **Tab:** 05 **Specialty Developing** ASPS
RUC Meeting: January 2017 **Recommendation:**

First **2023**
Identified: September 2007 **Medicare**
Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

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

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 **Tab:** 05 **Specialty Developing** ASPS
RUC Meeting: January 2017 **Recommendation:**

First **2023**
Identified: January 2017 **Medicare**
Utilization: 4,445

2025 Work RVU: 15.68
2025 NF PE RVU: NA
2025 Fac PE RVU: 12.79
Result: Decrease

RUC Recommendation: 15.68

Referred to CPT September 2016
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 **Tab:** 14 **Specialty Developing**
RUC Meeting: April 2016 **Recommendation:**

First **2023**
Identified: October 2015 **Medicare**
Utilization: 22,830

2025 Work RVU: 23.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 17.39
Result: Increase

RUC Recommendation: 23.00

Referred to CPT September 2016
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

2023 Medicare Utilization: 1,399

2025 Work RVU: 17.04

2025 NF PE RVU: NA

2025 Fac PE RVU: 16.44

Result: Maintain

RUC Recommendation: 17.04

Referred to CPT September 2016

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

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

2023 Medicare Utilization: 5,130

2025 Work RVU: 19.04

2025 NF PE RVU: NA

2025 Fac PE RVU: 15.43

Result: Maintain

RUC Recommendation: 19.04

Referred to CPT September 2016

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

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

Global: 090

Issue: Dermatology and Plastic Surgery Procedures

Screen: Site of Service Anomaly / CMS Fastest Growing

Complete? Yes

Most Recent RUC Meeting: April 2008

Tab: 28

Specialty Developing Recommendation: AAD, ASPS

First Identified: September 2007

2023 Medicare Utilization: 1,863

2025 Work RVU: 11.80

2025 NF PE RVU: 17.05

2025 Fac PE RVU: 11.85

Result: Maintain

RUC Recommendation: 11.57

Referred to CPT February 2009 & February 2012

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

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

2023 Medicare Utilization: 5,088

2025 Work RVU: 6.68

2025 NF PE RVU: NA

2025 Fac PE RVU: 6.67

Result: Increase

RUC Recommendation: 6.68

Referred to CPT

Referred to CPT Asst ☒ **Published in CPT Asst:** July 2023

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

2023 Medicare Utilization: 3,321

2025 Work RVU: 6.73

2025 NF PE RVU: 10.57

2025 Fac PE RVU: 7.63

Result: Increase

RUC Recommendation: 6.73

Referred to CPT

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

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

2023 Medicare Utilization: 7,642

2025 Work RVU: 2.50

2025 NF PE RVU: 2.83

2025 Fac PE RVU: 1.49

Result: Increase

RUC Recommendation: 2.50

Referred to CPT

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

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

2023 Medicare Utilization: 478

2025 Work RVU: 6.83

2025 NF PE RVU: 10.12

2025 Fac PE RVU: 7.29

Result: Increase

RUC Recommendation: 6.83

Referred to CPT

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

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

Most Recent RUC Meeting: October 2018

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

First Identified: May 2018

2023 Medicare Utilization: 99

2025 Work RVU: 2.41

2025 NF PE RVU: 2.79

2025 Fac PE RVU: 1.45

Result: Increase

RUC Recommendation: 2.41

Referred to CPT

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

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

Most Recent RUC Meeting: April 2011

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

First Identified: April 2011

2023 Medicare Utilization: 6,711

2025 Work RVU: 3.65

2025 NF PE RVU: 2.08

2025 Fac PE RVU: 2.08

Result: Decrease

RUC Recommendation: 3.65

Referred to CPT February 2011

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

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 352

2025 Work RVU: 7.05

2025 NF PE RVU: NA

2025 Fac PE RVU: 2.99

Result: Decrease

RUC Recommendation: 8.00

Referred to CPT February 2021

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

2023 Medicare Utilization: 89,497

2025 Work RVU: 6.81

2025 NF PE RVU: 11.18

2025 Fac PE RVU: 9.07

Result: Decrease

RUC Recommendation: 6.81

Referred to CPT

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

16020 Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area) **Global:** 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey / Different Performing Specialty from Survey7 **Complete?** No

Most Recent RUC Meeting: April 2025

Tab: 14 **Specialty Developing Recommendation:** ASPS, AAFP, AAPMR, ACS, AAP

First Identified: October 2009

2023 Medicare Utilization: 10,823

2025 Work RVU: 0.71

2025 NF PE RVU: 1.74

2025 Fac PE RVU: 0.85

Result: Maintain

RUC Recommendation: Review action plan. 0.80

Referred to CPT

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

2023 Medicare Utilization: 1,601

2025 Work RVU: 1.74
2025 NF PE RVU: 2.67
2025 Fac PE RVU: 1.31
Result: Maintain

RUC Recommendation: 1.85

Referred to CPT

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

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

2023 Medicare Utilization: 891

2025 Work RVU: 2.08
2025 NF PE RVU: 3.44
2025 Fac PE RVU: 1.45
Result: Maintain

RUC Recommendation: CPT Assistant article published.

Referred to CPT

Referred to CPT Asst ☒ **Published in CPT Asst:** Oct 2012

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

2023 Medicare Utilization: 6,114,060

2025 Work RVU: 0.61
2025 NF PE RVU: 1.39
2025 Fac PE RVU: 1.00
Result: Decrease

RUC Recommendation: 0.61

Referred to CPT

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

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	2023 Medicare Utilization: 19,436,161	2025 Work RVU: 0.04 2025 NF PE RVU: 0.16 2025 Fac PE RVU: 0.02 Result: Decrease	
RUC Recommendation: 0.04		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions	Global: 010	Issue: Destruction of Premalignant Lesions	Screen: CMS High Expenditure Procedural Codes1 / Modifier -51 Exempt	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab: 17 Specialty Developing Recommendation: AAD	First Identified: September 2011	2023 Medicare Utilization: 845,558	2025 Work RVU: 1.37 2025 NF PE RVU: 3.47 2025 Fac PE RVU: 1.45 Result: Decrease	
RUC Recommendation: Remove from Modifier -51 Exempt List. 1.37		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	Global: 090	Issue: Destruction of Skin Lesions	Screen: High IWPUT	Complete? Yes
Most Recent RUC Meeting: October 2008	Tab: 11 Specialty Developing Recommendation: AAD	First Identified: February 2008	2023 Medicare Utilization: 3,535	2025 Work RVU: 3.69 2025 NF PE RVU: 6.31 2025 Fac PE RVU: 4.26 Result: Decrease	
RUC Recommendation: 3.61		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

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	2023 Medicare Utilization:	2,125	2025 Work RVU:	4.79	2025 NF PE RVU:	8.25	2025 Fac PE RVU:	5.62	Result:	Decrease
RUC Recommendation:					4.68					Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:						
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm				Global: 090	Issue: Destruction of Skin Lesions	Screen: High IWPUT	Complete? Yes								
Most Recent RUC Meeting:	October 2008	Tab: 11	Specialty Developing Recommendation:	AAD	First Identified:	February 2008	2023 Medicare Utilization:	6,107	2025 Work RVU:	7.49	2025 NF PE RVU:	10.76	2025 Fac PE RVU:	7.50	Result:	Decrease
RUC Recommendation:					6.37					Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:						
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	2023 Medicare Utilization:	3,037,430	2025 Work RVU:	0.70	2025 NF PE RVU:	2.64	2025 Fac PE RVU:	1.33	Result:	Remove from Screen
RUC Recommendation:					Remove from screen					Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:						

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 147,647

2025 Work RVU: 0.97
2025 NF PE RVU: 2.92
2025 Fac PE RVU: 1.48
Result: Remove from Screen

RUC Recommendation: Remove from screen

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

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

Most Recent
RUC Meeting: January 2025 **Tab:** 27 **Specialty Developing Recommendation:** AAFP, ACS, APMA

First Identified: October 2015

2023 Medicare Utilization: 227,314

2025 Work RVU: 0.50
2025 NF PE RVU: 1.97
2025 Fac PE RVU: 0.56
Result:

RUC Recommendation: Review in 2 years (Jan 2027).

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

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

2023 Medicare Utilization: 129,978

2025 Work RVU: 1.22
2025 NF PE RVU: 3.11
2025 Fac PE RVU: 1.31
Result: Maintain

RUC Recommendation: 1.22

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

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 **2023 Medicare Utilization:** 301,342

2025 Work RVU: 1.63
2025 NF PE RVU: 3.56
2025 Fac PE RVU: 1.55
Result: Maintain

RUC Recommendation: 1.63

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

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

Most Recent
RUC Meeting: October 2010 **Tab:** 26 **Specialty Developing Recommendation:** AAD, AAFP

First Identified: February 2010 **2023 Medicare Utilization:** 43,715

2025 Work RVU: 1.54
2025 NF PE RVU: 3.31
2025 Fac PE RVU: 1.49
Result: Maintain

RUC Recommendation: 1.54

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

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

Most Recent
RUC Meeting: October 2010 **Tab:** 26 **Specialty Developing Recommendation:** AAD, AAFP

First Identified: February 2010 **2023 Medicare Utilization:** 75,364

2025 Work RVU: 1.82
2025 NF PE RVU: 3.66
2025 Fac PE RVU: 1.66
Result: Maintain

RUC Recommendation: 1.82

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

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	2023 Medicare Utilization: 60,552	2025 Work RVU: 1.77 2025 NF PE RVU: 3.46 2025 Fac PE RVU: 1.63 Result: Maintain	
RUC Recommendation: 1.77		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 63,118	2025 Work RVU: 2.09 2025 NF PE RVU: 3.88 2025 Fac PE RVU: 1.82 Result: Maintain	
RUC Recommendation: 2.09		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
17311	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (	Global: 000	Issue: Mohs Surgery	Screen: CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part7	Complete? No
Most Recent RUC Meeting: September 2024	Tab: 14 Specialty Developing Recommendation: AAD	First Identified: September 2011	2023 Medicare Utilization: 893,458	2025 Work RVU: 6.20 2025 NF PE RVU: 13.60 2025 Fac PE RVU: 3.76 Result: Maintain	
RUC Recommendation: Review in 1 year. 6.20		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

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) (	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	2023 Medicare Utilization: 497,539	2025 Work RVU: 3.30 2025 NF PE RVU: 8.70 2025 Fac PE RVU: 2.00 Result: Maintain	
RUC Recommendation: 3.30		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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) (	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	2023 Medicare Utilization: 187,048	2025 Work RVU: 5.56 2025 NF PE RVU: 13.06 2025 Fac PE RVU: 3.37 Result: Maintain	
RUC Recommendation: 5.56		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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) (	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	2023 Medicare Utilization: 66,589	2025 Work RVU: 3.06 2025 NF PE RVU: 8.46 2025 Fac PE RVU: 1.85 Result: Maintain	
RUC Recommendation: 3.06		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

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) (**Global:** ZZZ **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

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

First **2023**
Identified: January 2012 **Medicare**
Utilization: 19,566

2025 Work RVU: 0.87
2025 NF PE RVU: 1.47
2025 Fac PE RVU: 0.53
Result: Maintain

RUC Recommendation: 0.87

Referred to CPT
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 **Tab:** 16 **Specialty Developing** ACS
RUC Meeting: September 2007 **Recommendation:**

First **2023**
Identified: September 2007 **Medicare**
Utilization: 935

2025 Work RVU: 3.83
2025 NF PE RVU: 9.11
2025 Fac PE RVU: 4.83
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5, remove hospital visits

Referred to CPT
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 **Tab:** 04 **Specialty Developing** ACR, ACS, ASBS
RUC Meeting: April 2013 **Recommendation:**

First **2023**
Identified: January 2012 **Medicare**
Utilization: 56,278

2025 Work RVU: 3.29
2025 NF PE RVU: 10.94
2025 Fac PE RVU: 1.20
Result: Decrease

RUC Recommendation: 3.29

Referred to CPT October 2012
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 addi	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	2023 Medicare Utilization: 4,273	2025 Work RVU: 1.65 2025 NF PE RVU: 9.27 2025 Fac PE RVU: 0.60 Result: Decrease
RUC Recommendation: 1.65			Referred to CPT October 2012 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	2023 Medicare Utilization: 108,894	2025 Work RVU: 3.10 2025 NF PE RVU: 11.00 2025 Fac PE RVU: 1.13 Result: Decrease
RUC Recommendation: 3.10			Referred to CPT October 2012 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 additi	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	2023 Medicare Utilization: 14,173	2025 Work RVU: 1.55 2025 NF PE RVU: 9.16 2025 Fac PE RVU: 0.57 Result: Decrease
RUC Recommendation: 1.55			Referred to CPT October 2012 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	2023 Medicare Utilization: 7,373	2025 Work RVU: 3.64 2025 NF PE RVU: 18.04 2025 Fac PE RVU: 1.33 Result: Decrease	
RUC Recommendation: 3.64		Referred to CPT October 2012 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 i	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	2023 Medicare Utilization: 1,562	2025 Work RVU: 1.82 2025 NF PE RVU: 14.95 2025 Fac PE RVU: 0.66 Result: Decrease	
RUC Recommendation: 1.82		Referred to CPT October 2012 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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT	
RUC Recommendation: Deleted from CPT		Referred to CPT October 2012 Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

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

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

2023 Medicare Utilization: 22,738

2025 Work RVU: 2.00

2025 NF PE RVU: 5.00

2025 Fac PE RVU: 0.73

Result: Decrease

RUC Recommendation: 2.00

Referred to CPT October 2012

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

2023 Medicare Utilization: 3,362

2025 Work RVU: 1.00

2025 NF PE RVU: 3.95

2025 Fac PE RVU: 0.37

Result: Decrease

RUC Recommendation: 1.00

Referred to CPT October 2012

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

2023 Medicare Utilization: 3,603

2025 Work RVU: 2.00

2025 NF PE RVU: 5.44

2025 Fac PE RVU: 0.73

Result: Decrease

RUC Recommendation: 2.00

Referred to CPT October 2012

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

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

2023 Medicare Utilization: 465

2025 Work RVU: 1.00

2025 NF PE RVU: 4.40

2025 Fac PE RVU: 0.36

Result: Decrease

RUC Recommendation: 1.00

Referred to CPT October 2012

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

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

Most Recent RUC Meeting: April 2013

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

First Identified: January 2012

2023 Medicare Utilization: 28,449

2025 Work RVU: 1.70

2025 NF PE RVU: 8.74

2025 Fac PE RVU: 0.62

Result: Decrease

RUC Recommendation: 1.70

Referred to CPT October 2012

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

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

2023 Medicare Utilization: 2,422

2025 Work RVU: 0.85

2025 NF PE RVU: 7.67

2025 Fac PE RVU: 0.31

Result: Decrease

RUC Recommendation: 0.85

Referred to CPT October 2012

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

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

2023 Medicare Utilization: 289

2025 Work RVU: 2.55

2025 NF PE RVU: 15.48

2025 Fac PE RVU: 0.93

Result: Decrease

RUC Recommendation: 3.02

Referred to CPT October 2012

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

19288 Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)

Global: ZZZ

Issue: Breast Biopsy

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: April 2013

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

First Identified: January 2012

2023 Medicare Utilization: 96

2025 Work RVU: 1.28

2025 NF PE RVU: 12.59

2025 Fac PE RVU: 0.47

Result: Decrease

RUC Recommendation: 1.51

Referred to CPT October 2012

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

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

**2023
Medicare
Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

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

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

**2023
Medicare
Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

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

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

**2023
Medicare
Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 22,981	2025 Work RVU: 15.00	
RUC Recommendation: 15.00			Referred to CPT		2025 NF PE RVU: NA	
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: 10.33	
					Result: Decrease	
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	2023 Medicare Utilization: 3,391	2025 Work RVU: 17.99	
RUC Recommendation: 17.99			Referred to CPT		2025 NF PE RVU: NA	
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: 13.22	
					Result: Decrease	
19318 Breast reduction			Global: 090	Issue: Mammoplasty	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent RUC Meeting: September 2007	Tab: 16	Specialty Developing Recommendation: ASPS	First Identified: September 2007	2023 Medicare Utilization: 7,306	2025 Work RVU: 16.03	
RUC Recommendation: Reduce 99238 to 0.5			Referred to CPT		2025 NF PE RVU: NA	
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: 14.13	
					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

2023 Medicare Utilization: 2,243

2025 Work RVU: 10.48

2025 NF PE RVU: NA

2025 Fac PE RVU: 10.56

Result: Decrease

RUC Recommendation: 11.00

Referred to CPT

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

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

2023 Medicare Utilization: 5,304

2025 Work RVU: 14.84

2025 NF PE RVU: NA

2025 Fac PE RVU: 17.67

Result: Decrease

RUC Recommendation: 15.36

Referred to CPT October 2009

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

20000 Deleted from CPT

Global:

Issue: Incision of Abscess

Screen: Site of Service Anomaly (99238-Only)

Complete? Yes

Most Recent RUC Meeting: September 2007

Tab: 16

Specialty Developing Recommendation: APMA, AAOS

First Identified: September 2007

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT June 2009

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2018

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

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

2023 Medicare Utilization: 11,180

2025 Work RVU: 1.65

2025 NF PE RVU: 4.99

2025 Fac PE RVU: 0.78

Result: Increase

RUC Recommendation: 1.93

Referred to CPT

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

2023 Medicare Utilization: 11,992

2025 Work RVU: 2.45

2025 NF PE RVU: 8.38

2025 Fac PE RVU: 1.15

Result: Increase

RUC Recommendation: 3.00

Referred to CPT

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

2023 Medicare Utilization: 6,447

2025 Work RVU: 2.61

2025 NF PE RVU: NA

2025 Fac PE RVU: 1.30

Result: Increase

RUC Recommendation: 3.73

Referred to CPT

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	2023 Medicare Utilization: 4,220	2025 Work RVU: 6.00
RUC Recommendation: 6.50			Referred to CPT October 2015	2025 NF PE RVU: NA	2025 Fac PE RVU: 3.28
			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	2023 Medicare Utilization: 1,221	2025 Work RVU: 3.54
RUC Recommendation: Reduce 99238 to 0.5			Referred to CPT	2025 NF PE RVU: 9.79	2025 Fac PE RVU: 3.37
			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	2023 Medicare Utilization: 99,085	2025 Work RVU: 0.94
RUC Recommendation: Remove from screen			Referred to CPT	2025 NF PE RVU: 1.40	2025 Fac PE RVU: 0.61
			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	2023 Medicare Utilization: 807,717	2025 Work RVU: 0.75 2025 NF PE RVU: 0.90 2025 Fac PE RVU: 0.32 Result: Maintain
RUC Recommendation: 0.75			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization: 121,736	2025 Work RVU: 0.75 2025 NF PE RVU: 0.90 2025 Fac PE RVU: 0.32 Result: Maintain
RUC Recommendation: 0.75			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization: 271,998	2025 Work RVU: 0.66 2025 NF PE RVU: 0.84 2025 Fac PE RVU: 0.36 Result: Maintain
RUC Recommendation: 0.66			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	

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:	Tab: 28	Specialty Developing Recommendation:	AAPM&R, ACRh, ASA	First Identified: July 2015	2023 Medicare Utilization: 354,841
January 2016					
RUC Recommendation:	0.75	Referred to CPT	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:	Tab: 04	Specialty Developing Recommendation:	AAFP, AAOS, ACR, ACRh, APMA, ASSH	First Identified: February 2010	2023 Medicare Utilization: 465,696
January 2014					
RUC Recommendation:	0.66 and new PE inputs	Referred to CPT	October 2013	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:	Tab: 04	Specialty Developing Recommendation:	AAFP, AAOS, ACR, ACRh, APMA, ASSH	First Identified: July 2013	2023 Medicare Utilization: 60,484
January 2014					
RUC Recommendation:	0.89	Referred to CPT	October 2013	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

2023 Medicare Utilization: 389,364

2025 Work RVU: 0.68

2025 NF PE RVU: 0.89

2025 Fac PE RVU: 0.34

Result: Maintain

RUC Recommendation: 0.68 and new PE inputs

Referred to CPT October 2013

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

2023 Medicare Utilization: 61,560

2025 Work RVU: 1.00

2025 NF PE RVU: 1.57

2025 Fac PE RVU: 0.43

Result: Decrease

RUC Recommendation: 1.00

Referred to CPT October 2013

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

2023 Medicare Utilization: 5,969,253

2025 Work RVU: 0.79

2025 NF PE RVU: 1.04

2025 Fac PE RVU: 0.44

Result: Maintain

RUC Recommendation: 0.79 and new PE inputs

Referred to CPT October 2013

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

2023 Medicare Utilization: 1,200,510

2025 Work RVU: 1.10
2025 NF PE RVU: 1.72
2025 Fac PE RVU: 0.51
Result: Decrease

RUC Recommendation: 1.10

Referred to CPT October 2013

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

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

2023 Medicare Utilization: 25,738

2025 Work RVU: 0.70
2025 NF PE RVU: 1.17
2025 Fac PE RVU: 0.44
Result: Remove from Screen

RUC Recommendation: Remove from screen

Referred to CPT

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

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

2023 Medicare Utilization: 46,117

2025 Work RVU: 5.96
2025 NF PE RVU: 11.03
2025 Fac PE RVU: 5.81
Result: Maintain

RUC Recommendation: 5.96 and adjustments to pre-service time package 3.

Referred to CPT

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

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

2023 Medicare Utilization: 2,834

2025 Work RVU: 16.27

2025 NF PE RVU: NA

2025 Fac PE RVU: 15.29

Result: Maintain

RUC Recommendation: Maintain

Referred to CPT

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

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

2023 Medicare Utilization: 5,191

2025 Work RVU: 4.28

2025 NF PE RVU: 8.09

2025 Fac PE RVU: 5.48

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

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

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

2023 Medicare Utilization: 1,227

2025 Work RVU: 1.50

2025 NF PE RVU: 0.73

2025 Fac PE RVU: 0.73

Result: Increase

RUC Recommendation: 1.50

Referred to CPT

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

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

2023 Medicare Utilization: 164

2025 Work RVU: 1.13

2025 NF PE RVU: 0.57

2025 Fac PE RVU: 0.57

Result: Increase

RUC Recommendation: 1.13

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 633
RUC Recommendation:	2.50		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	2025 Work RVU: 2.50 2025 NF PE RVU: 1.28 2025 Fac PE RVU: 1.28 Result: Increase
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	2023 Medicare Utilization: 41
RUC Recommendation:	1.80		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	2025 Work RVU: 1.80 2025 NF PE RVU: 0.96 2025 Fac PE RVU: 0.96 Result: Increase
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	2023 Medicare Utilization: 912
RUC Recommendation:	2.60		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	2025 Work RVU: 2.60 2025 NF PE RVU: 1.38 2025 Fac PE RVU: 1.38 Result: Increase
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	2023 Medicare Utilization: 226
RUC Recommendation:	2.15		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	2025 Work RVU: 2.15 2025 NF PE RVU: 1.13 2025 Fac PE RVU: 1.13 Result: Increase

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:	Tab: 29 April 2008	Specialty Developing Recommendation: AOFAS, AAOS	First Identified: September 2007	2023 Medicare Utilization: 5,031	2025 Work RVU: 3.00 2025 NF PE RVU: 7.90 2025 Fac PE RVU: 1.92 Result: Decrease
RUC Recommendation:	3.00	Referred to CPT Referred to CPT Asst	☐	Published in CPT Asst:	
20902	Bone graft, any donor area; major or large	Global: 000	Issue: Bone Graft Procedures	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting:	Tab: 29 April 2008	Specialty Developing Recommendation: AOFAS, AAOS	First Identified: April 2008	2023 Medicare Utilization: 4,446	2025 Work RVU: 4.58 2025 NF PE RVU: NA 2025 Fac PE RVU: 2.83 Result: Decrease
RUC Recommendation:	4.58	Referred to CPT Referred to CPT Asst	☐	Published in CPT Asst:	
20926	Tissue grafts, other (eg, paratenon, fat, dermis)	Global:	Issue: Tissue Grafting Procedures	Screen: CMS Fastest Growing / Site of Service Anomaly - 2017	Complete? Yes
Most Recent RUC Meeting:	Tab: 04 October 2018	Specialty Developing Recommendation: AAOS, ASPS, AANS, CNS	First Identified: October 2008	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation:	Deleted from CPT	Referred to CPT Referred to CPT Asst	May 2018 ☒	Published in CPT Asst:	Deleted for 2020
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Computer Assisted Surgical Navigation	Screen: High Volume Growth10	Complete? No
Most Recent RUC Meeting:	Tab: 05 April 2025	Specialty Developing Recommendation: AAOS	First Identified: April 2024	2023 Medicare Utilization: 71,832	2025 Work RVU: 2.50 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.32 Result:
RUC Recommendation:	Survey with pre-post ZZZ template	Referred to CPT Referred to CPT Asst	February 2025 ☐	Published in CPT Asst:	

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	2023 Medicare Utilization: 303	2025 Work RVU: 9.89 2025 NF PE RVU: NA 2025 Fac PE RVU: 9.67 Result: Increase
RUC Recommendation: 9.71			Referred to CPT June 2008 Referred to CPT Asst ☐	Published in CPT Asst:	
21025	Excision of bone (eg, for osteomyelitis or bone abscess); mandible	Global: 090	Issue: Excision of Bone – Mandible	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab: 61	Specialty Developing Recommendation: AAOMS	First Identified: September 2007	2023 Medicare Utilization: 2,506	2025 Work RVU: 10.03 2025 NF PE RVU: 13.18 2025 Fac PE RVU: 9.18 Result: Decrease
RUC Recommendation: 10.03			Referred to CPT 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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
21557	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm	Global: 090	Issue: Radical Resection of Soft Tissue Tumor	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: February 2009	Tab: 6	Specialty Developing Recommendation: ACS, AAOS	First Identified: September 2007	2023 Medicare Utilization: 360	2025 Work RVU: 14.75 2025 NF PE RVU: NA 2025 Fac PE RVU: 11.06 Result: Decrease
RUC Recommendation: 14.57			Referred to CPT June 2008 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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT		Referred to CPT February 2014 Referred to CPT Asst ☐ Published in CPT Asst:			

21805	Open treatment of rib fracture without fixation, each	Global:	Issue: Internal Fixation of Rib Fracture	Screen: CMS Request - Final Rule for 2014	Complete? Yes
Most Recent RUC Meeting: April 2014	Tab: 05	Specialty Developing Recommendation: STS, ACS	First Identified: January 2014	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT		Referred to CPT October 2014 Referred to CPT Asst ☐ Published in CPT Asst:			

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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT		Referred to CPT October 2013 Referred to CPT Asst ☐ Published in CPT Asst:			

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	2023 Medicare Utilization: 504	2025 Work RVU: 10.79 2025 NF PE RVU: NA 2025 Fac PE RVU: 4.36 Result: Decrease
RUC Recommendation: 19.55		Referred to CPT October 2013 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	2023 Medicare Utilization: 537	2025 Work RVU: 13.00 2025 NF PE RVU: NA 2025 Fac PE RVU: 5.40 Result: Decrease
RUC Recommendation: 25.00			Referred to CPT October 2013 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization: 85	2025 Work RVU: 17.61 2025 NF PE RVU: NA 2025 Fac PE RVU: 7.26 Result: Decrease
RUC Recommendation: 35.00			Referred to CPT October 2013 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization: 120	2025 Work RVU: 1.36 2025 NF PE RVU: 3.11 2025 Fac PE RVU: 3.07 Result: PE Only
RUC Recommendation: PE Clinical staff pre-time revised			Referred to CPT October 2013 Referred to CPT Asst ☒ Published in CPT Asst: Jan 2018		

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	2023 Medicare Utilization: 434	2025 Work RVU: 7.76 2025 NF PE RVU: NA 2025 Fac PE RVU: 7.25 Result: Remove from Screen
RUC Recommendation: Unrelated to the family		Referred to CPT October 2013 Referred to CPT Asst ☐ Published in CPT Asst:			

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	2023 Medicare Utilization: 166	2025 Work RVU: 15.72 2025 NF PE RVU: NA 2025 Fac PE RVU: 11.46 Result: Decrease
RUC Recommendation: 15.54		Referred to CPT June 2008 Referred to CPT Asst ☐ Published in CPT Asst:			

22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	Global: 090	Issue: Osteotomy of Spine	Screen: CMS Request - Final Rule for 2025	Complete? No
Most Recent RUC Meeting: January 2025	Tab: 21	Specialty Developing Recommendation: AANS, AAOS, CNS, NASS	First Identified: July 2024	2023 Medicare Utilization: 431	2025 Work RVU: 25.38 2025 NF PE RVU: NA 2025 Fac PE RVU: 21.31 Result:
RUC Recommendation: Refer to CPT		Referred to CPT September 2025 Referred to CPT Asst ☐ Published in CPT Asst:			

22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	Global: 090	Issue: Osteotomy of Spine	Screen: CMS Request - Final Rule for 2025	Complete? No
Most Recent RUC Meeting: January 2025	Tab: 21	Specialty Developing Recommendation: AANS, AAOS, CNS, NASS	First Identified: July 2024	2023 Medicare Utilization: 1,463	2025 Work RVU: 20.99 2025 NF PE RVU: NA 2025 Fac PE RVU: 19.11 Result:
RUC Recommendation: Refer to CPT		Referred to CPT September 2025 Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	Global: 090	Issue: Osteotomy of Spine	Screen: CMS Fastest Growing / CMS Request - Final Rule for 2025	Complete? No
Most Recent RUC Meeting: January 2025	Tab: 21	Specialty Developing Recommendation: AANS, AAOS, CNS, NASS	First Identified: October 2008	2023 Medicare Utilization: 6,962	2025 Work RVU: 21.02 2025 NF PE RVU: NA 2025 Fac PE RVU: 19.07 Result:
RUC Recommendation: Refer to CPT			Referred to CPT September 2025 Referred to CPT Asst ☐ Published in CPT Asst:		
22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)	Global: ZZZ	Issue: Osteotomy of Spine	Screen: CMS Request - Final Rule for 2025	Complete? No
Most Recent RUC Meeting: January 2025	Tab: 21	Specialty Developing Recommendation: AANS, AAOS, CNS, NASS	First Identified: July 2024	2023 Medicare Utilization: 11,400	2025 Work RVU: 6.03 2025 NF PE RVU: NA 2025 Fac PE RVU: 3.09 Result:
RUC Recommendation: Refer to CPT			Referred to CPT September 2025 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT May 2016 Referred to CPT Asst ☐ Published in CPT Asst:		

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?** Yes

Most Recent RUC Meeting: September 2023

Tab: 22

Specialty Developing Recommendation: AANS, AAOS, CNS, ISASS, NASS

First Identified: April 2017

2023 Medicare Utilization: 4,970

2025 Work RVU: 3.45

2025 NF PE RVU: 5.38

2025 Fac PE RVU: 4.96

Result: Decrease

RUC Recommendation: CPT Assistant article published. 3.45.

Referred to CPT

Referred to CPT Asst ☒ **Published in CPT Asst:** May 2024

22510 Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic **Global:** 010 **Issue:** Percutaneous Vertebroplasty and Augmentation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 06

Specialty Developing Recommendation: AANS, CNS, AAOS, NASS, ACR, SIR, ASNR

First Identified: April 2014

2023 Medicare Utilization: 1,906

2025 Work RVU: 7.90

2025 NF PE RVU: 42.85

2025 Fac PE RVU: 3.89

Result: Decrease

RUC Recommendation: 8.15

Referred to CPT February 2014

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

22511 Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral **Global:** 010 **Issue:** Percutaneous Vertebroplasty and Augmentation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014

Tab: 06

Specialty Developing Recommendation: AANS, CNS, AAOS, NASS, ACR, SIR, ASNR

First Identified: April 2014

2023 Medicare Utilization: 2,438

2025 Work RVU: 7.33

2025 NF PE RVU: 43.46

2025 Fac PE RVU: 3.80

Result: Decrease

RUC Recommendation: 8.05

Referred to CPT February 2014

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

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 f	Global: ZZZ	Issue: Percutaneous Vertebroplasty and Augmentation	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: April 2014	Tab: 06	Specialty Developing Recommendation: AANS, CNS, AAOS, NASS, ACR, SIR, ASNR	First Identified: April 2014	2023 Medicare Utilization: 1,465	2025 Work RVU: 4.00 2025 NF PE RVU: 16.37 2025 Fac PE RVU: 1.45 Result: Decrease
RUC Recommendation: 4.00			Referred to CPT February 2014 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	Global: 010	Issue: Percutaneous Vertebroplasty and Augmentation	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: April 2014	Tab: 06	Specialty Developing Recommendation: AANS, CNS, AAOS, NASS, ACR, SIR, ASNR	First Identified: April 2014	2023 Medicare Utilization: 18,935	2025 Work RVU: 8.65 2025 NF PE RVU: 150.73 2025 Fac PE RVU: 5.02 Result: Decrease
RUC Recommendation: 8.90			Referred to CPT February 2014 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	Global: 010	Issue: Percutaneous Vertebroplasty and Augmentation	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: April 2014	Tab: 06	Specialty Developing Recommendation: AANS, CNS, AAOS, NASS, ACR, SIR, ASNR	First Identified: April 2014	2023 Medicare Utilization: 21,428	2025 Work RVU: 7.99 2025 NF PE RVU: 150.75 2025 Fac PE RVU: 4.79 Result: Decrease
RUC Recommendation: 8.24			Referred to CPT February 2014 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	Global: ZZZ	Issue: Percutaneous Vertebroplasty and Augmentation	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: April 2014	Tab: 06	Specialty Developing Recommendation: AANS, CNS, AAOS, NASS, ACR, SIR, ASNR	First Identified: April 2014	2023 Medicare Utilization: 12,989	2025 Work RVU: 4.00 2025 NF PE RVU: 77.33 2025 Fac PE RVU: 1.68 Result: Decrease
RUC Recommendation: 4.00			Referred to CPT February 2014 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 Augmentation	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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT February 2014 Referred to CPT Asst ☐ Published in CPT Asst:		
22521	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; lumbar	Global:	Issue: Percutaneous Vertebroplasty and Augmentation	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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT February 2014 Referred to CPT Asst ☐ Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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 Augmentation	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: April 2014	Tab: 06	Specialty Developing Recommendation: AANS, CNS, AAOS, NASS, ACR, SIR, ASNR	First Identified: April 2014	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT		Referred to CPT February 2014 Referred to CPT Asst ☐ Published in CPT Asst:			
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 Augmentation	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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT		Referred to CPT February 2014 Referred to CPT Asst ☐ Published in CPT Asst:			
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 Augmentation	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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT		Referred to CPT February 2014 Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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 lumba **Global:** **Issue:** Percutaneous Vertebroplasty and Augmentation **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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014

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

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

2023 Medicare Utilization: 519

2025 Work RVU: 24.79

2025 NF PE RVU: NA

2025 Fac PE RVU: 19.31

Result: Remove from Screen

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

Referred to CPT

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

2023 Medicare Utilization: 31,110

2025 Work RVU: 25.00

2025 NF PE RVU: NA

2025 Fac PE RVU: 18.55

Result: Decrease

RUC Recommendation: 24.50

Referred to CPT October 2009

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, osteophyctectomy 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	2023 Medicare Utilization: 28,515	2025 Work RVU: 6.50 2025 NF PE RVU: NA 2025 Fac PE RVU: 3.29 Result: Maintain
RUC Recommendation: 6.50			Referred to CPT October 2009 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? Yes
Most Recent RUC Meeting: September 2022	Tab: 13	Specialty Developing Recommendation: AANS, AAOS, CNS, ISASS, NASS	First Identified: February 2008	2023 Medicare Utilization: 3,039	2025 Work RVU: 17.69 2025 NF PE RVU: NA 2025 Fac PE RVU: 15.12 Result: Maintain
RUC Recommendation: CPT Assistant article published. 17.69			Referred to CPT October 2009 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	2023 Medicare Utilization: 20,385	2025 Work RVU: 23.53 2025 NF PE RVU: NA 2025 Fac PE RVU: 16.33 Result: Maintain
RUC Recommendation: Maintain			Referred to CPT September 2016 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 **2023 Medicare Utilization:** 15,250

2025 Work RVU: 5.52
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.60
Result: Maintain

RUC Recommendation: Remove from screen

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

22600 Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment **Global:** 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part8 **Complete?** No

Most Recent RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:** **First Identified:** April 2025 **2023 Medicare Utilization:** 15,208

2025 Work RVU: 17.40
2025 NF PE RVU: NA
2025 Fac PE RVU: 16.52
Result:

RUC Recommendation: Review action plan.

Referred to CPT
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 **2023 Medicare Utilization:** 41,532

2025 Work RVU: 23.53
2025 NF PE RVU: NA
2025 Fac PE RVU: 17.86
Result: Maintain

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

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

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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	2023 Medicare Utilization: 144,992	2025 Work RVU: 6.43 2025 NF PE RVU: NA 2025 Fac PE RVU: 3.26 Result: Decrease	
RUC Recommendation: 6.43				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
22630 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;				Global: 090	Issue: Lumbar Arthrodesis	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: February 2011	Tab: 04	Specialty Developing Recommendation:	AANS/CNS, AAOS, NASS	First Identified: February 2010	2023 Medicare Utilization: 4,225	2025 Work RVU: 22.09 2025 NF PE RVU: NA 2025 Fac PE RVU: 17.80 Result: Maintain	
RUC Recommendation: 22.09				Referred to CPT October 2010 Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 1,448	2025 Work RVU: 5.22 2025 NF PE RVU: NA 2025 Fac PE RVU: 2.62 Result: Decrease	
RUC Recommendation: 5.22				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 34,325	2025 Work RVU: 26.80 2025 NF PE RVU: NA 2025 Fac PE RVU: 19.88 Result: Decrease
RUC Recommendation: 27.75			Referred to CPT October 2010 Referred to CPT Asst ☐ Published in CPT Asst:		
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (	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	2023 Medicare Utilization: 13,538	2025 Work RVU: 7.96 2025 NF PE RVU: NA 2025 Fac PE RVU: 4.04 Result: Decrease
RUC Recommendation: 8.16			Referred to CPT October 2010 Referred to CPT Asst ☐ Published in CPT Asst:		
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	Global: 090	Issue: Vertebral Body Tethering	Screen: Low Survey Response	Complete? No
Most Recent RUC Meeting: January 2023	Tab: 05	Specialty Developing Recommendation:	First Identified: January 2025	2023 Medicare Utilization:	2025 Work RVU: 36.00 2025 NF PE RVU: NA 2025 Fac PE RVU: 17.83 Result:
RUC Recommendation: Review action plan (April 2028)			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 9,396

2025 Work RVU: 13.44

2025 NF PE RVU: NA

2025 Fac PE RVU: 6.83

Result: Remove from Screen

RUC Recommendation: Remove from screen

Referred to CPT

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

2023 Medicare Utilization: 3,032

2025 Work RVU: 19.17

2025 NF PE RVU: NA

2025 Fac PE RVU: 14.88

Result: Maintain

RUC Recommendation: Maintain

Referred to CPT June 2010

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

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

Global: **Issue:** Biomechanical 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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

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

Status Report: CMS Requests and Relativity Assessment Issues

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)	Global: ZZZ	Issue: Biomechanical 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	2023 Medicare Utilization: 765	2025 Work RVU: 5.50 2025 NF PE RVU: NA 2025 Fac PE RVU: 2.77 Result: Decrease
RUC Recommendation: 6.00			Referred to CPT 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	2023 Medicare Utilization: 869	2025 Work RVU: 15.00 2025 NF PE RVU: NA 2025 Fac PE RVU: 12.93 Result: Increase
RUC Recommendation: 15.00			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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: Biomechanical 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	2023 Medicare Utilization: 130	2025 Work RVU: 4.00 2025 NF PE RVU: NA 2025 Fac PE RVU: 2.00 Result: Decrease
RUC Recommendation: 5.50			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	Global: 090	Issue: Subfascial Excision of Soft Tissue Tumor	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: February 2009	Tab: 5	Specialty Developing Recommendation: ACS, AAOS	First Identified: September 2007	2023 Medicare Utilization: 395	2025 Work RVU: 8.32 2025 NF PE RVU: NA 2025 Fac PE RVU: 7.07 Result: Increase
RUC Recommendation: 8.21			Referred to CPT June 2008 Referred to CPT Asst ☐ Published in CPT Asst:		
23076	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm	Global: 090	Issue: Subfascial Excision of Soft Tissue Tumor	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: February 2009	Tab: 5	Specialty Developing Recommendation: ACS, AAOS	First Identified: September 2007	2023 Medicare Utilization: 563	2025 Work RVU: 7.41 2025 NF PE RVU: NA 2025 Fac PE RVU: 7.70 Result: Decrease
RUC Recommendation: 7.28			Referred to CPT June 2008 Referred to CPT Asst ☐ Published in CPT Asst:		
23120	Claviculectomy; partial	Global: 090	Issue: Claviculectomy	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: April 2008	Tab: 30	Specialty Developing Recommendation: AAOS	First Identified: September 2007	2023 Medicare Utilization: 3,555	2025 Work RVU: 7.39 2025 NF PE RVU: NA 2025 Fac PE RVU: 9.26 Result: Maintain
RUC Recommendation: 7.23			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:		
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	Global: 090	Issue: Removal of Bone	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent RUC Meeting: September 2007	Tab: 16	Specialty Developing Recommendation: AAOS	First Identified: September 2007	2023 Medicare Utilization: 754	2025 Work RVU: 7.77 2025 NF PE RVU: NA 2025 Fac PE RVU: 9.72 Result: PE Only
RUC Recommendation: Reduce 99238 to 0.5			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent **Tab:** 13 **Specialty Developing** ACR, AAOS
RUC Meeting: September 2011 **Recommendation:**

First **2023**
Identified: April 2011 **Medicare**

Utilization: 23,565

2025 Work RVU: 1.00

2025 NF PE RVU: 3.62

2025 Fac PE RVU: 0.38

Result: Maintain

RUC Recommendation: 1.00

Referred to CPT

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

23405 Tenotomy, shoulder area; single tendon

Global: 090

Issue: Tenotomy

Screen: Site of Service Anomaly (99238-Only)

Complete? Yes

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

First **2023**
Identified: September 2007 **Medicare**

Utilization: 2,119

2025 Work RVU: 8.54

2025 NF PE RVU: NA

2025 Fac PE RVU: 8.74

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

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

23410 Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute

Global: 090

Issue: Rotator Cuff

Screen: Site of Service Anomaly

Complete? Yes

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

First **2023**
Identified: September 2007 **Medicare**

Utilization: 2,064

2025 Work RVU: 11.39

2025 NF PE RVU: NA

2025 Fac PE RVU: 11.43

Result: Decrease

RUC Recommendation: 11.23

Referred to CPT

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

23412 Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic

Global: 090

Issue: Rotator Cuff

Screen: Site of Service Anomaly / Pre-Time Analysis

Complete? Yes

Most Recent **Tab:** 21 **Specialty Developing** AAOS
RUC Meeting: September 2014 **Recommendation:**

First **2023**
Identified: September 2007 **Medicare**

Utilization: 6,144

2025 Work RVU: 11.93

2025 NF PE RVU: NA

2025 Fac PE RVU: 11.74

Result: Decrease

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:**

Status Report: CMS Requests and Relativity Assessment Issues

23415 Coracoacromial ligament release, with or without acromioplasty

Global: 090

Issue: Shoulder Ligament Release

Screen: Site of Service Anomaly

Complete? Yes

Most Recent
RUC Meeting: October 2010

Tab: 62

Specialty Developing
Recommendation: AAOS

First
Identified: September 2007

2023
Medicare
Utilization: 209

2025 Work RVU: 9.23

2025 NF PE RVU: NA

2025 Fac PE RVU: 10.41

Result: Decrease

RUC Recommendation: 9.23

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

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

Global: 090

Issue: Rotator Cuff

Screen: Site of Service Anomaly

Complete? Yes

Most Recent
RUC Meeting: February 2008

Tab: 12

Specialty Developing
Recommendation: AAOS

First
Identified: September 2007

2023
Medicare
Utilization: 853

2025 Work RVU: 13.54

2025 NF PE RVU: NA

2025 Fac PE RVU: 13.52

Result: Decrease

RUC Recommendation: 13.35

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

23430 Tenodesis of long tendon of biceps

Global: 090

Issue: Tenodesis

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

Complete? Yes

Most Recent
RUC Meeting: October 2009

Tab: 12

Specialty Developing
Recommendation: AAOS

First
Identified: September 2007

2023
Medicare
Utilization: 20,753

2025 Work RVU: 10.17

2025 NF PE RVU: NA

2025 Fac PE RVU: 10.64

Result: Maintain

RUC Recommendation: 10.17

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

23440 Resection or transplantation of long tendon of biceps

Global: 090

Issue: Tendon Transfer

Screen: Site of Service Anomaly
(99238-Only)

Complete? Yes

Most Recent
RUC Meeting: September 2007

Tab: 16

Specialty Developing
Recommendation: AAOS

First
Identified: September 2007

2023
Medicare
Utilization: 948

2025 Work RVU: 10.64

2025 NF PE RVU: NA

2025 Fac PE RVU: 10.37

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

23470 Arthroplasty, glenohumeral joint; hemiarthroplasty

Global: 090

Issue: Arthroplasty - Shoulder

Screen: Site of Service Anomaly - 2025 **Complete?** No

Most Recent RUC Meeting: April 2025

Tab: 14

Specialty Developing Recommendation:

First Identified: April 2025

2023 Medicare Utilization: 898

2025 Work RVU: 17.89

2025 NF PE RVU: NA

2025 Fac PE RVU: 14.96

Result:

RUC Recommendation: Survey

Referred to CPT

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

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

Global: 090

Issue: Arthroplasty - Shoulder

Screen: CMS Fastest Growing / High Volume Growth3 / Site of Service Anomaly - 2025 **Complete?** No

Most Recent RUC Meeting: April 2025

Tab: 14

Specialty Developing Recommendation: AAOS

First Identified: October 2008

2023 Medicare Utilization: 76,910

2025 Work RVU: 22.13

2025 NF PE RVU: NA

2025 Fac PE RVU: 17.27

Result:

RUC Recommendation: Survey. Remove from screen

Referred to CPT

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

23540 Closed treatment of acromioclavicular dislocation; without manipulation

Global: 090

Issue: PE Subcommittee

Screen: Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016

Tab: 46

Specialty Developing Recommendation: AAOS, ACEP, and orthopaedic subspecialties

First Identified: October 2015

2023 Medicare Utilization: 236

2025 Work RVU: 2.36

2025 NF PE RVU: 4.69

2025 Fac PE RVU: 4.64

Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☒ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 25,306	2025 Work RVU: 3.00 2025 NF PE RVU: 6.99 2025 Fac PE RVU: 6.44 Result: Decrease
RUC Recommendation: 3.00			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
23625	Closed treatment of greater humeral tuberosity fracture; with manipulation	Global: 090	Issue: PE Subcommittee	Screen: Emergent Procedures	Complete? Yes
Most Recent RUC Meeting: April 2016	Tab: 46	Specialty Developing Recommendation: AAOS, ACEP, and orthopaedic subspecialties	First Identified: October 2015	2023 Medicare Utilization: 117	2025 Work RVU: 4.10 2025 NF PE RVU: 7.10 2025 Fac PE RVU: 6.07 Result: PE Only
RUC Recommendation: PE Clinical staff pre-time revised			Referred to CPT Referred to CPT Asst ☒	Published in CPT Asst: Jan 2018	
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	2023 Medicare Utilization: 11,926	2025 Work RVU: 3.53 2025 NF PE RVU: 6.30 2025 Fac PE RVU: 5.26 Result: PE Only
RUC Recommendation: PE Clinical staff pre-time revised			Referred to CPT Referred to CPT Asst ☒	Published in CPT Asst: Jan 2018	
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	2023 Medicare Utilization: 2,355	2025 Work RVU: 4.76 2025 NF PE RVU: NA 2025 Fac PE RVU: 6.96 Result: PE Only
RUC Recommendation: PE Clinical staff pre-time revised			Referred to CPT Referred to CPT Asst ☒	Published in CPT Asst: Jan 2018	

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 301	2025 Work RVU: 4.66 2025 NF PE RVU: 8.08 2025 Fac PE RVU: 6.95 Result: PE Only
RUC Recommendation: PE Clinical staff pre-time revised		Referred to CPT		Referred to CPT Asst ☒	
		Published in CPT Asst: Jan 2018			
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	2023 Medicare Utilization: 603	2025 Work RVU: 5.39 2025 NF PE RVU: 9.30 2025 Fac PE RVU: 7.63 Result: PE Only
RUC Recommendation: PE Clinical staff pre-time revised		Referred to CPT		Referred to CPT Asst ☒	
		Published in CPT Asst: Jan 2018			
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	2023 Medicare Utilization: 1,010	2025 Work RVU: 4.37 2025 NF PE RVU: 6.64 2025 Fac PE RVU: 5.52 Result: PE Only
RUC Recommendation: PE Clinical staff pre-time revised		Referred to CPT		Referred to CPT Asst ☒	
		Published in CPT Asst: Jan 2018			
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	2023 Medicare Utilization: 289	2025 Work RVU: 5.64 2025 NF PE RVU: NA 2025 Fac PE RVU: 8.02 Result: PE Only
RUC Recommendation: PE Clinical staff pre-time revised		Referred to CPT		Referred to CPT Asst ☒	
		Published in CPT Asst: Jan 2018			

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 913

2025 Work RVU: 7.56

2025 NF PE RVU: NA

2025 Fac PE RVU: 9.74

Result: Maintain

RUC Recommendation: 7.56

Referred to CPT

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

25210 Carpectomy; 1 bone

Global: 090 **Issue:** Carpectomy

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

Most Recent RUC Meeting: September 2007

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

First Identified: September 2007

2023 Medicare Utilization: 3,475

2025 Work RVU: 6.12

2025 NF PE RVU: NA

2025 Fac PE RVU: 8.02

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

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

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

Global: 090 **Issue:** Tendon Repair

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

Most Recent RUC Meeting: September 2007

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

First Identified: September 2007

2023 Medicare Utilization: 788

2025 Work RVU: 8.04

2025 NF PE RVU: NA

2025 Fac PE RVU: 10.05

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

25280 Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon

Global: 090

Issue: Tendon Repair

Screen: Site of Service Anomaly (99238-Only)

Complete? Yes

Most Recent RUC Meeting: September 2007

Tab: 16

Specialty Developing Recommendation: AAOS

First Identified: September 2007

2023 Medicare Utilization: 1,727

2025 Work RVU: 7.39

2025 NF PE RVU: NA

2025 Fac PE RVU: 8.71

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

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

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

Global: 090

Issue: 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

2023 Medicare Utilization: 6,292

2025 Work RVU: 9.00

2025 NF PE RVU: NA

2025 Fac PE RVU: 11.26

Result: Decrease

RUC Recommendation: 9.50

Referred to CPT

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

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

2023 Medicare Utilization: 320

2025 Work RVU: 9.82

2025 NF PE RVU: NA

2025 Fac PE RVU: 10.37

Result:

RUC Recommendation: Review action plan

Referred to CPT

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

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

**2023
Medicare
Utilization:** 20,989

2025 Work RVU: 10.50

2025 NF PE RVU: NA

2025 Fac PE RVU: 12.11

Result: Decrease

RUC Recommendation: 11.14

Referred to CPT May 2023

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

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

**2023
Medicare
Utilization:** 502

2025 Work RVU: 5.85

2025 NF PE RVU: 9.24

2025 Fac PE RVU: 7.46

Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☒ **Published in CPT Asst:** Jan 2018

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: RAW

Screen: Emergent Procedures /
Different Performing
Specialty from Survey7

Complete? No

**Most Recent
RUC Meeting:** April 2025

Tab: 14

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

**First
Identified:** October 2015

**2023
Medicare
Utilization:** 17,362

2025 Work RVU: 6.25

2025 NF PE RVU: 9.37

2025 Fac PE RVU: 8.41

Result: PE Only

RUC Recommendation: Review action plan. PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☒ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization:	857	2025 Work RVU:	8.31
								2025 NF PE RVU:	NA	
								2025 Fac PE RVU:	10.73	
RUC Recommendation:				Maintain work RVU and adjust the times from pre-time package 3.				Result: Maintain		
				Referred to CPT						
				Referred to CPT Asst				☐	Published in CPT Asst:	
25607	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation				Global: 090	Issue: RAW	Screen: Pre-Time Analysis	Complete? Yes		
Most Recent RUC Meeting:	September 2014	Tab: 21	Specialty Developing Recommendation:	AAOS, ASSH	First Identified:	September 2014	2023 Medicare Utilization:	6,714	2025 Work RVU:	9.56
								2025 NF PE RVU:		NA
								2025 Fac PE RVU:		11.42
RUC Recommendation:				Maintain work RVU and adjust the times from pre-time package 3.				Result: Maintain		
				Referred to CPT						
				Referred to CPT Asst				☐	Published in CPT Asst:	
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	2023 Medicare Utilization:	5,785	2025 Work RVU:	11.07
								2025 NF PE RVU:		NA
								2025 Fac PE RVU:		12.26
RUC Recommendation:				Maintain work RVU and adjust the times from pre-time package 3.				Result: Maintain		
				Referred to CPT						
				Referred to CPT Asst				☐	Published in CPT Asst:	

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

2023 Medicare Utilization: 17,503

2025 Work RVU: 14.38

2025 NF PE RVU: NA

2025 Fac PE RVU: 15.14

Result: Maintain

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

Referred to CPT

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

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

2023 Medicare Utilization: 535

2025 Work RVU: 4.89

2025 NF PE RVU: 8.52

2025 Fac PE RVU: 7.10

Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☒ **Published in CPT Asst:** Jan 2018

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

2023 Medicare Utilization: 2,174

2025 Work RVU: 6.84

2025 NF PE RVU: NA

2025 Fac PE RVU: 9.05

Result: Increase

RUC Recommendation: 7.79

Referred to CPT

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

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

2023 Medicare Utilization: 101,295

2025 Work RVU: 3.11

2025 NF PE RVU: 13.90

2025 Fac PE RVU: 5.39

Result: Increase

RUC Recommendation: 3.75

Referred to CPT

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

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

2023 Medicare Utilization: 1,797

2025 Work RVU: 4.47

2025 NF PE RVU: NA

2025 Fac PE RVU: 7.11

Result: Maintain

RUC Recommendation: Action plan for RAW Oct 2015. Maintain

Referred to CPT

Referred to CPT Asst ☒ **Published in CPT Asst:** Sep 2012

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

2023 Medicare Utilization: 16,711

2025 Work RVU: 3.57

2025 NF PE RVU: 14.17

2025 Fac PE RVU: 5.61

Result: Maintain

RUC Recommendation: 3.57

Referred to CPT

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

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

2023 Medicare Utilization: 905

2025 Work RVU: 9.56

2025 NF PE RVU: NA

2025 Fac PE RVU: 13.11

Result: Decrease

RUC Recommendation: 10.03

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 69	2025 Work RVU: 11.00 2025 NF PE RVU: NA 2025 Fac PE RVU: 14.09 Result: Increase
RUC Recommendation: 11.50			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
26358	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon	Global: 090	Issue: Repair Flexor Tendon	Screen: 090-Day Global Post-Operative Visits	Complete? Yes
Most Recent RUC Meeting: April 2015	Tab: 25	Specialty Developing Recommendation: AAOS, ASPS, ASSH	First Identified: April 2014	2023 Medicare Utilization: 56	2025 Work RVU: 12.60 2025 NF PE RVU: NA 2025 Fac PE RVU: 14.94 Result: Increase
RUC Recommendation: 13.10			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
26480	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon	Global: 090	Issue: 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	2023 Medicare Utilization: 11,294	2025 Work RVU: 9.00 2025 NF PE RVU: NA 2025 Fac PE RVU: 11.28 Result: Decrease
RUC Recommendation: 9.50			Referred to CPT May 2023 Referred to CPT Asst ☐	Published in CPT Asst:	

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

2023 Medicare Utilization: 428

2025 Work RVU: 8.48

2025 NF PE RVU: NA

2025 Fac PE RVU: 16.27

Result:

RUC Recommendation: Review action plan

Referred to CPT

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

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

Most Recent RUC Meeting: April 2016

Tab: 46

Specialty Developing Recommendation: AAOS, ACEP, and orthopaedic subspecialties

First Identified: October 2015

2023 Medicare Utilization: 405

2025 Work RVU: 3.83

2025 NF PE RVU: 6.18

2025 Fac PE RVU: 5.33

Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☒ **Published in CPT Asst:** Jan 2018

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

2023 Medicare Utilization: 5,317

2025 Work RVU: 1.80

2025 NF PE RVU: 3.87

2025 Fac PE RVU: 3.94

Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☒ **Published in CPT Asst:** Jan 2018

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

2023 Medicare Utilization: 380

2025 Work RVU: 3.23

2025 NF PE RVU: 6.33

2025 Fac PE RVU: 4.86

Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☒ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 5,218

2025 Work RVU: 3.15

2025 NF PE RVU: 5.41

2025 Fac PE RVU: 4.58

Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

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

2023 Medicare Utilization: 278

2025 Work RVU: 8.85

2025 NF PE RVU: NA

2025 Fac PE RVU: 7.97

Result: Increase

RUC Recommendation: 8.74

Referred to CPT June 2008

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

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

Most Recent RUC Meeting: April 2008

Tab: 32

Specialty Developing Recommendation:

AAOS

First Identified: September 2007

2023 Medicare Utilization: 2,186

2025 Work RVU: 5.75

2025 NF PE RVU: NA

2025 Fac PE RVU: 7.10

Result: Maintain

RUC Recommendation: 5.66

Referred to CPT

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

27096 Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed **Global:** 000 **Issue:** Injection for Sacroiliac Joint **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011

Tab: 06

Specialty Developing Recommendation:

AAPM, AAPMR, ASA, ASIPP, ISIS, NASS

First Identified: October 2009

2023 Medicare Utilization: 438,308

2025 Work RVU: 1.48

2025 NF PE RVU: 3.29

2025 Fac PE RVU: 0.87

Result: Decrease

RUC Recommendation: 1.48

Referred to CPT February 2011

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:** Arthroplasty - Hip **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019 / Site of Service Anomaly - 2025 **Complete?** No

Most Recent RUC Meeting: October 2019

Tab: 11 **Specialty Developing Recommendation:** AAOS, AAHKS

First Identified: September 2011

2023 Medicare Utilization: 174,976

2025 Work RVU: 19.60

2025 NF PE RVU: NA

2025 Fac PE RVU: 15.34

Result: Decrease

RUC Recommendation: Survey. 19.60

Referred to CPT

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

2023 Medicare Utilization: 9,503

2025 Work RVU: 30.28

2025 NF PE RVU: NA

2025 Fac PE RVU: 21.01

Result: Maintain

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

Referred to CPT

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT	
RUC Recommendation: Deleted from CPT	Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:			
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/in	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	2023 Medicare Utilization: 7,834	2025 Work RVU: 1.53 2025 NF PE RVU: NA 2025 Fac PE RVU: 2.21 Result: Decrease	
RUC Recommendation: 5.50	Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:			
27198	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/in	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	2023 Medicare Utilization: 123	2025 Work RVU: 4.75 2025 NF PE RVU: NA 2025 Fac PE RVU: 3.88 Result: Decrease	
RUC Recommendation: 9.00	Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:			

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	2023 Medicare Utilization: 2,143	2025 Work RVU: 5.50 2025 NF PE RVU: 6.27 2025 Fac PE RVU: 6.11 Result: Decrease	
RUC Recommendation: 6.00		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 1,243	2025 Work RVU: 5.81 2025 NF PE RVU: 8.10 2025 Fac PE RVU: 7.84 Result: PE Only	
RUC Recommendation: PE Clinical staff pre-time revised		Referred to CPT Referred to CPT Asst ☒	Published in CPT Asst: Jan 2018		
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	2023 Medicare Utilization: 157	2025 Work RVU: 11.72 2025 NF PE RVU: NA 2025 Fac PE RVU: 8.10 Result: PE Only	
RUC Recommendation: PE Clinical staff pre-time revised		Referred to CPT Referred to CPT Asst ☒	Published in CPT Asst: Jan 2018		
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	2023 Medicare Utilization: 53,729	2025 Work RVU: 17.61 2025 NF PE RVU: NA 2025 Fac PE RVU: 15.10 Result: Maintain	
RUC Recommendation: 17.61		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

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	2023 Medicare Utilization: 148	2025 Work RVU: 13.81 2025 NF PE RVU: NA 2025 Fac PE RVU: 12.49 Result: PE Only
RUC Recommendation: PE Clinical staff pre-time revised			Referred to CPT Referred to CPT Asst ☒ Published in CPT Asst: Jan 2018		
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	2023 Medicare Utilization: 3,140	2025 Work RVU: 18.18 2025 NF PE RVU: NA 2025 Fac PE RVU: 15.44 Result: Increase
RUC Recommendation: 18.00			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:		
27245	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage	Global: 090	Issue: Treat Thigh Fracture	Screen: High IWPUT / CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: October 2008	Tab: 12	Specialty Developing Recommendation: AAOS	First Identified: February 2008	2023 Medicare Utilization: 73,428	2025 Work RVU: 18.18 2025 NF PE RVU: NA 2025 Fac PE RVU: 15.41 Result: Decrease
RUC Recommendation: 18.00			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:		
27250	Closed treatment of hip dislocation, traumatic; without anesthesia	Global: 000	Issue: Closed Treatment of Hip Dislocation	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: February 2008	Tab: 18	Specialty Developing Recommendation: ACEP	First Identified: September 2007	2023 Medicare Utilization: 2,843	2025 Work RVU: 3.82 2025 NF PE RVU: NA 2025 Fac PE RVU: 0.77 Result: Decrease
RUC Recommendation: 3.82			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:		

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 **2023 Medicare Utilization:** 900 **2025 Work RVU:** 11.03 **2025 NF PE RVU:** NA **2025 Fac PE RVU:** 9.51 **Result:** PE Only

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

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 **2023 Medicare Utilization:** 6,314 **2025 Work RVU:** 5.24 **2025 NF PE RVU:** NA **2025 Fac PE RVU:** 6.67 **Result:** PE Only

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

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 **2023 Medicare Utilization:** 4,448 **2025 Work RVU:** 7.78 **2025 NF PE RVU:** NA **2025 Fac PE RVU:** 8.52 **Result:** PE Only

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

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

Most Recent RUC Meeting: April 2018 **Tab:** 09 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** July 2017 **2023 Medicare Utilization:** 6,299 **2025 Work RVU:** 12.13 **2025 NF PE RVU:** NA **2025 Fac PE RVU:** 9.84 **Result:** Maintain

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

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	2023 Medicare Utilization: 612	2025 Work RVU: 5.04 2025 NF PE RVU: NA 2025 Fac PE RVU: 6.51 Result: PE Only	
RUC Recommendation: Reduce 99238 to 0.5				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
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? Yes
Most Recent RUC Meeting: April 2024	Tab: 12	Specialty Developing Recommendation:	AAOS, AAPA, ACR, ANA, SIR	First Identified: June 2017	2023 Medicare Utilization: 18,927	2025 Work RVU: 0.77 2025 NF PE RVU: 4.28 2025 Fac PE RVU: 0.33 Result: Maintain	
RUC Recommendation: CPT Assistant article published. 0.96				Referred to CPT February 2018 Referred to CPT Asst ☒ Published in CPT Asst: Oct 2024			
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT	
RUC Recommendation: Deleted from CPT				Referred to CPT June 2017 Referred to CPT Asst ☒ Published in CPT Asst: Clinical Examples of Radiology Bulletin #1 2010			

Status Report: CMS Requests and Relativity Assessment Issues

27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	Global: 090	Issue: Arthroplasty - Knee	Screen: CMS High Expenditure Procedural Codes1 / Harvard-Valued with Annual Allowed Charges Greater than \$10 million / Site of Service Anomaly - 2020 / Site of Service Anomaly - 2025	Complete? No
Most Recent RUC Meeting: April 2021	Tab: 18	Specialty Developing Recommendation: AAOS, AAHKS	First Identified: September 2011	2023 Medicare Utilization: 12,117	2025 Work RVU: 17.13 2025 NF PE RVU: NA 2025 Fac PE RVU: 14.27 Result: Decrease
RUC Recommendation: Survey. 17.13			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	

27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	Global: 090	Issue: Arthroplasty - Knee	Screen: CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019 / Site of Service Anomaly - 2025	Complete? No
Most Recent RUC Meeting: April 2021	Tab: 18	Specialty Developing Recommendation: AAOS, AAHKS	First Identified: September 2011	2023 Medicare Utilization: 313,723	2025 Work RVU: 19.60 2025 NF PE RVU: NA 2025 Fac PE RVU: 15.30 Result: Decrease
RUC Recommendation: Survey. 19.60			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	

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	2023 Medicare Utilization: 342	2025 Work RVU: 11.36 2025 NF PE RVU: NA 2025 Fac PE RVU: 9.34 Result: PE Only
RUC Recommendation: PE Clinical staff pre-time revised			Referred to CPT Referred to CPT Asst ☒	Published in CPT Asst: Jan 2018	

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 274	2025 Work RVU: 9.80 2025 NF PE RVU: NA 2025 Fac PE RVU: 9.03 Result: PE Only
RUC Recommendation: PE Clinical staff pre-time revised				Referred to CPT Referred to CPT Asst ☒ Published in CPT Asst: Jan 2018			
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	2023 Medicare Utilization: 258	2025 Work RVU: 5.98 2025 NF PE RVU: 8.76 2025 Fac PE RVU: 7.43 Result: PE Only
RUC Recommendation: PE Clinical staff pre-time revised				Referred to CPT Referred to CPT Asst ☒ Published in CPT Asst: Jan 2018			
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	2023 Medicare Utilization: 223	2025 Work RVU: 8.18 2025 NF PE RVU: NA 2025 Fac PE RVU: 9.75 Result: PE Only
RUC Recommendation: PE Clinical staff pre-time revised				Referred to CPT Referred to CPT Asst ☒ Published in CPT Asst: Jan 2018			
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	2023 Medicare Utilization: 234	2025 Work RVU: 15.72 2025 NF PE RVU: NA 2025 Fac PE RVU: 11.66 Result: Increase
RUC Recommendation: 15.54				Referred to CPT June 2008 Referred to CPT Asst ☐ Published in CPT Asst:			

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

2023 Medicare Utilization: 640

2025 Work RVU: 6.91
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.18
Result: Decrease

RUC Recommendation: 6.80

Referred to CPT June 2008

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

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

Most Recent RUC Meeting: February 2008

Tab: 19

Specialty Developing Recommendation: AOFAS, AAOS

First Identified: September 2007

2023 Medicare Utilization: 1,502

2025 Work RVU: 12.24
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.83
Result: Maintain

RUC Recommendation: 12.10

Referred to CPT June 2008

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

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

Most Recent RUC Meeting: February 2008

Tab: 19

Specialty Developing Recommendation: AOFAS, AAOS

First Identified: February 2008

2023 Medicare Utilization: 850

2025 Work RVU: 9.84
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.64
Result: Decrease

RUC Recommendation: 9.72

Referred to CPT June 2008

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

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

2023 Medicare Utilization: 2,197

2025 Work RVU: 9.21
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.53
Result: Decrease

RUC Recommendation: 9.00

Referred to CPT

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

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

2023
Medicare
Utilization: 3,084

2025 Work RVU: 10.53

2025 NF PE RVU: NA

2025 Fac PE RVU: 9.84

Result: Maintain

RUC Recommendation: 10.32

Referred to CPT

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

27685 Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)

Global: 090

Issue: Tendon Repair

Screen: Site of Service Anomaly
(99238-Only)

Complete? Yes

Most Recent
RUC Meeting: September 2007

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

First
Identified: September 2007

2023
Medicare
Utilization: 3,890

2025 Work RVU: 6.69

2025 NF PE RVU: 12.17

2025 Fac PE RVU: 6.68

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

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

27687 Gastrocnemius recession (eg, Strayer procedure)

Global: 090

Issue: Tendon Repair

Screen: Site of Service Anomaly
(99238-Only)

Complete? Yes

Most Recent
RUC Meeting: September 2007

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

First
Identified: September 2007

2023
Medicare
Utilization: 5,894

2025 Work RVU: 6.41

2025 NF PE RVU: NA

2025 Fac PE RVU: 6.60

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

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

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

2023
Medicare
Utilization: 1,017

2025 Work RVU: 9.17

2025 NF PE RVU: NA

2025 Fac PE RVU: 9.08

Result: Maintain

RUC Recommendation: 8.96

Referred to CPT

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

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

2023 Medicare Utilization: 3,972

2025 Work RVU: 10.49

2025 NF PE RVU: NA

2025 Fac PE RVU: 10.51

Result: Maintain

RUC Recommendation: 10.28

Referred to CPT

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

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

2023 Medicare Utilization: 945

2025 Work RVU: 6.27

2025 NF PE RVU: 9.11

2025 Fac PE RVU: 7.66

Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☒ **Published in CPT Asst:** Jan 2018

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

2023 Medicare Utilization: 286

2025 Work RVU: 5.47

2025 NF PE RVU: 8.57

2025 Fac PE RVU: 7.09

Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☒ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 5,734

2025 Work RVU: 8.75
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.38
Result: Maintain

RUC Recommendation: 9.71

Referred to CPT
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

2023 Medicare Utilization: 2,347

2025 Work RVU: 5.32
2025 NF PE RVU: 8.47
2025 Fac PE RVU: 6.97
Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT
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

2023 Medicare Utilization: 7,609

2025 Work RVU: 10.62
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.71
Result: Maintain

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

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

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

2023 Medicare Utilization: 3,311

2025 Work RVU: 5.69

2025 NF PE RVU: 8.60

2025 Fac PE RVU: 6.90

Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☒ **Published in CPT Asst:** Jan 2018

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

2023 Medicare Utilization: 590

2025 Work RVU: 6.69

2025 NF PE RVU: 9.01

2025 Fac PE RVU: 7.30

Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☒ **Published in CPT Asst:** Jan 2018

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

2023 Medicare Utilization: 1,663

2025 Work RVU: 4.77

2025 NF PE RVU: NA

2025 Fac PE RVU: 6.35

Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

Referred to CPT Asst ☒ **Published in CPT Asst:** Jan 2018

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 2,121	2025 Work RVU: 2.00 2025 NF PE RVU: 2.93 2025 Fac PE RVU: 0.72 Result: Decrease	
RUC Recommendation: 2.00				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 4,722	2025 Work RVU: 2.79 2025 NF PE RVU: 4.26 2025 Fac PE RVU: 1.18 Result: Decrease	
RUC Recommendation: 3.50				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 4,247	2025 Work RVU: 5.28 2025 NF PE RVU: 5.39 2025 Fac PE RVU: 1.89 Result: Decrease	
RUC Recommendation: 5.28				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
28111 Ostectomy, complete excision; first metatarsal head				Global: 090	Issue: Ostectomy	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent RUC Meeting: September 2007	Tab: 16	Specialty Developing Recommendation:	APMA, AAOS	First Identified: September 2007	2023 Medicare Utilization: 692	2025 Work RVU: 5.15 2025 NF PE RVU: 8.49 2025 Fac PE RVU: 4.04 Result: PE Only	
RUC Recommendation: Reduce 99238 to 0.5				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

28120 Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus **Global:** 090 **Issue:** Removal of Foot Bone **Screen:** Site of Service Anomaly **Complete?** Yes

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

First
Identified: September 2007

2023
Medicare
Utilization: 4,538

2025 Work RVU: 7.31
2025 NF PE RVU: 11.87
2025 Fac PE RVU: 6.88
Result: Increase

RUC Recommendation: 8.27

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

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

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

First
Identified: September 2007

2023
Medicare
Utilization: 12,887

2025 Work RVU: 6.76
2025 NF PE RVU: 10.31
2025 Fac PE RVU: 5.94
Result: Maintain

RUC Recommendation: 7.72

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

28124 Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe **Global:** 090 **Issue:** Toe Removal **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

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

First
Identified: September 2007

2023
Medicare
Utilization: 8,275

2025 Work RVU: 5.00
2025 NF PE RVU: 8.84
2025 Fac PE RVU: 4.78
Result: PE Only

RUC Recommendation: Remove 99238

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

28285 Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy) **Global:** 090 **Issue:** Orthopaedic Surgery/Podiatry **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent **Tab:** 31 **Specialty Developing** AAOS, AOFAS,
RUC Meeting: October 2010 **Recommendation:** APMA

First
Identified: February 2010

2023
Medicare
Utilization: 55,528

2025 Work RVU: 5.62
2025 NF PE RVU: 10.02
2025 Fac PE RVU: 5.66
Result: Increase

RUC Recommendation: 5.62

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

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	2023 Medicare Utilization: 4,118	2025 Work RVU: 6.90 2025 NF PE RVU: 12.89 2025 Fac PE RVU: 6.41 Result: Decrease
RUC Recommendation: 6.90			Referred to CPT October 2015 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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT October 2015 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization: 1,983	2025 Work RVU: 8.01 2025 NF PE RVU: 11.67 2025 Fac PE RVU: 5.79 Result: Decrease
RUC Recommendation: 8.01			Referred to CPT October 2015 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	2023 Medicare Utilization: 4,184	2025 Work RVU: 7.44 2025 NF PE RVU: 12.78 2025 Fac PE RVU: 6.69 Result: Decrease	
RUC Recommendation: 7.44		Referred to CPT October 2015 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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT	
RUC Recommendation: Deleted from CPT		Referred to CPT October 2015 Referred to CPT Asst ☐ Published in CPT Asst:			

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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT	
RUC Recommendation: Deleted from CPT		Referred to CPT October 2015 Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 367	2025 Work RVU: 8.57 2025 NF PE RVU: 21.12 2025 Fac PE RVU: 8.50 Result: Decrease
RUC Recommendation: 8.57			Referred to CPT October 2015 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	2023 Medicare Utilization: 5,497	2025 Work RVU: 8.25 2025 NF PE RVU: 17.27 2025 Fac PE RVU: 6.67 Result: Decrease
RUC Recommendation: 8.25			Referred to CPT October 2015 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	2023 Medicare Utilization: 3,468	2025 Work RVU: 9.29 2025 NF PE RVU: 19.81 2025 Fac PE RVU: 7.86 Result: Decrease
RUC Recommendation: 9.29			Referred to CPT October 2015 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	2023 Medicare Utilization: 2,928	2025 Work RVU: 7.75 2025 NF PE RVU: 16.14 2025 Fac PE RVU: 6.80 Result: Decrease
RUC Recommendation: 7.75			Referred to CPT October 2015 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	2023 Medicare Utilization: 4,770	2025 Work RVU: 9.29 2025 NF PE RVU: 19.78 2025 Fac PE RVU: 7.83 Result: Decrease
RUC Recommendation: 9.29			Referred to CPT October 2015 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	2023 Medicare Utilization: 2,258	2025 Work RVU: 9.73 2025 NF PE RVU: NA 2025 Fac PE RVU: 8.59 Result: PE Only
RUC Recommendation: Reduce 99238 to 0.5			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:		
28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	Global: 090	Issue: Osteotomy	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent RUC Meeting: September 2007	Tab: 16	Specialty Developing Recommendation: APMA, AAOS	First Identified: September 2007	2023 Medicare Utilization: 1,589	2025 Work RVU: 5.57 2025 NF PE RVU: 10.29 2025 Fac PE RVU: 5.00 Result: PE Only
RUC Recommendation: Reduce 99238 to 0.5			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:		
28470	Closed treatment of metatarsal fracture; without manipulation, each	Global: 090	Issue: Treatment of Metatarsal Fracture	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: September 2011	Tab: 15	Specialty Developing Recommendation: AAOS, APMA, AOFAS	First Identified: April 2011	2023 Medicare Utilization: 20,966	2025 Work RVU: 2.03 2025 NF PE RVU: 4.50 2025 Fac PE RVU: 4.12 Result: Maintain
RUC Recommendation: 2.03			Referred to CPT 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	2023 Medicare Utilization: 534	2025 Work RVU: 1.28 2025 NF PE RVU: 2.38 2025 Fac PE RVU: 1.38 Result: PE Only	
RUC Recommendation: PE Clinical staff pre-time revised			Referred to CPT Referred to CPT Asst ☒		Published in CPT Asst: Jan 2018		
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	2023 Medicare Utilization: 4,458	2025 Work RVU: 11.22 2025 NF PE RVU: NA 2025 Fac PE RVU: 10.70 Result: Maintain	
RUC Recommendation: 12.18			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		
28730	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;			Global: 090	Issue: Foot Arthrodesis	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting:	February 2011	Tab: 20	Specialty Developing Recommendation: AOFAS, APMA, AAOS	First Identified: September 2007	2023 Medicare Utilization: 3,935	2025 Work RVU: 10.70 2025 NF PE RVU: NA 2025 Fac PE RVU: 9.80 Result: Maintain	
RUC Recommendation: 12.42			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		
28740	Arthrodesis, midtarsal or tarsometatarsal, single joint			Global: 090	Issue: Arthrodesis	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent RUC Meeting:	September 2007	Tab: 16	Specialty Developing Recommendation: AAOS	First Identified: September 2007	2023 Medicare Utilization: 3,853	2025 Work RVU: 9.29 2025 NF PE RVU: 14.20 2025 Fac PE RVU: 8.19 Result: PE Only	
RUC Recommendation: Reduce 99238 to 0.5			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

28750 Arthrodesis, great toe; metatarsophalangeal joint

Global: 090

Issue: Arthrodesis - Great Toe

Screen: Different Performing Specialty from Survey6

Complete? Yes

Most Recent RUC Meeting: January 2025

Tab: 22

Specialty Developing Recommendation:

AAOS, AOFAS, APMA

First Identified: April 2024

2023 Medicare Utilization: 13,589

2025 Work RVU: 8.57

2025 NF PE RVU: 13.63

2025 Fac PE RVU: 7.80

Result: Increase

RUC Recommendation: 8.75

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

28755 Arthrodesis, great toe; interphalangeal joint

Global: 090

Issue: Arthrodesis - Great Toe

Screen: Different Performing Specialty from Survey6

Complete? Yes

Most Recent RUC Meeting: January 2025

Tab: 22

Specialty Developing Recommendation:

AAOS, AOFAS, APMA

First Identified: September 2024

2023 Medicare Utilization: 1,924

2025 Work RVU: 4.88

2025 NF PE RVU: 9.73

2025 Fac PE RVU: 4.83

Result: Increase

RUC Recommendation: 7.50

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

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

2023 Medicare Utilization: 24,159

2025 Work RVU: 3.51

2025 NF PE RVU: 4.91

2025 Fac PE RVU: 1.42

Result: Decrease

RUC Recommendation: 4.10

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

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

2023 Medicare Utilization: 12,405

2025 Work RVU: 3.41

2025 NF PE RVU: 4.85

2025 Fac PE RVU: 1.40

Result: Decrease

RUC Recommendation: 4.00

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 52,724	2025 Work RVU: 0.77	2025 NF PE RVU: 1.82	2025 Fac PE RVU: 1.00
RUC Recommendation: 0.77				Referred to CPT		Result: Maintain	
				Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 20,770	2025 Work RVU: 0.80	2025 NF PE RVU: 1.61	2025 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	2023 Medicare Utilization: 11,698	2025 Work RVU: 0.39	2025 NF PE RVU: 0.54	2025 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	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 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	

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 17,684

2025 Work RVU: 0.39
2025 NF PE RVU: 0.48
2025 Fac PE RVU: 0.13
Result: Decrease

RUC Recommendation: 0.39

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

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

2023 Medicare Utilization: 5,358

2025 Work RVU: 0.39
2025 NF PE RVU: 0.45
2025 Fac PE RVU: 0.14
Result: Decrease

RUC Recommendation: 0.39

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

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

2023 Medicare Utilization: 4,701

2025 Work RVU: 0.39
2025 NF PE RVU: 0.46
2025 Fac PE RVU: 0.16
Result: Decrease

RUC Recommendation: 0.39

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

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

2023 Medicare Utilization: 19,318

2025 Work RVU: 1.78
2025 NF PE RVU: 1.93
2025 Fac PE RVU: 0.99
Result: Maintain

RUC Recommendation: 1.78

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 17,858	2025 Work RVU: 0.39	
						2025 NF PE RVU: 0.62	
						2025 Fac PE RVU: 0.14	
RUC Recommendation: 0.39				Referred to CPT		Result: Decrease	
				Referred to CPT Asst	☐	Published in CPT Asst:	
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	2023 Medicare Utilization: 23,102	2025 Work RVU: 0.39	
						2025 NF PE RVU: 0.47	
						2025 Fac PE RVU: 0.13	
RUC Recommendation: 0.39				Referred to CPT		Result: Decrease	
				Referred to CPT Asst	☐	Published in CPT Asst:	
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	2023 Medicare Utilization: 148,963	2025 Work RVU: 0.39	
						2025 NF PE RVU: 0.43	
						2025 Fac PE RVU: 0.10	
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

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

2023 Medicare Utilization: 42,635

2025 Work RVU: 0.25

2025 NF PE RVU: 0.32

2025 Fac PE RVU: 0.06

Result: Decrease

RUC Recommendation: 0.25

Referred to CPT

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

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

2023 Medicare Utilization: 186,467

2025 Work RVU: 0.55

2025 NF PE RVU: 1.28

2025 Fac PE RVU: 0.17

Result: Maintain

RUC Recommendation: 0.55

Referred to CPT

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

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

2023 Medicare Utilization: 217,551

2025 Work RVU: 0.60

2025 NF PE RVU: 2.00

2025 Fac PE RVU: 0.18

Result: Maintain

RUC Recommendation: 0.60

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016

Referred to CPT Asst ☒ Published in CPT Asst: Aug 2016

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016

Referred to CPT Asst ☒ Published in CPT Asst: Aug 2016

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

2023 Medicare Utilization: 5,828

2025 Work RVU:	0.35

2025 NF PE RVU:	1.98

2025 Fac PE RVU:	0.11

Result: Maintain

RUC Recommendation: Maintain

Referred to CPT

Referred to CPT Asst ☒ Published in CPT Asst: Aug 2016

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization:	2025 Work RVU:			
								2025 NF PE RVU:			
								2025 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	2023 Medicare Utilization:	289	2025 Work RVU:	6.03	
									2025 NF PE RVU:	NA	
									2025 Fac PE RVU:	7.28	
RUC Recommendation:	No NF PE inputs				Referred to CPT			Result:	PE Only		
					Referred to CPT Asst	☐	Published in CPT Asst:				
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			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	2023 Medicare Utilization:	5,989	2025 Work RVU:	7.03	
									2025 NF PE RVU:	NA	
									2025 Fac PE RVU:	8.24	
RUC Recommendation:	7.03				Referred to CPT	September 2019		Result:	Decrease		
					Referred to CPT Asst	☐	Published in CPT Asst:				

Status Report: CMS Requests and Relativity Assessment Issues

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 si	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	2023 Medicare Utilization: 36,373	2025 Work RVU: 7.98 2025 NF PE RVU: NA 2025 Fac PE RVU: 8.64 Result: Decrease
RUC Recommendation: 7.98			Referred to CPT September 2019 Referred to CPT Asst ☐ Published in CPT Asst:		
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	Global: 090	Issue: RAW	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: October 2015	Tab: 21	Specialty Developing Recommendation: AAOS	First Identified: February 2010	2023 Medicare Utilization: 26,644	2025 Work RVU: 8.98 2025 NF PE RVU: NA 2025 Fac PE RVU: 10.02 Result: Maintain
RUC Recommendation: 8.82			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:		
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: RAW	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: October 2015	Tab: 21	Specialty Developing Recommendation: AAOS	First Identified: February 2010	2023 Medicare Utilization: 58,521	2025 Work RVU: 3.00 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.56 Result: Decrease
RUC Recommendation: 3.00			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

29827 Arthroscopy, shoulder, surgical; with rotator cuff repair

Global: 090 **Issue:** RAW

Screen: CMS Fastest Growing/
Codes Reported
Together 75% or More-
Part1 / Pre-Time
Analysis / 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

2023
Medicare
Utilization: 60,271

2025 Work RVU: 15.59

2025 NF PE RVU: NA

2025 Fac PE RVU: 13.85

Result: Maintain

RUC Recommendation: 15.59. Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT

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

2023
Medicare
Utilization: 20,066

2025 Work RVU: 13.16

2025 NF PE RVU: NA

2025 Fac PE RVU: 12.18

Result: Maintain

RUC Recommendation: 13.16

Referred to CPT

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

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

2023
Medicare
Utilization: 78

2025 Work RVU: 5.88

2025 NF PE RVU: NA

2025 Fac PE RVU: 7.05

Result: PE Only

RUC Recommendation: No NF PE inputs

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 68	2025 Work RVU: 5.68 2025 NF PE RVU: NA 2025 Fac PE RVU: 7.24 Result: PE Only
RUC Recommendation: No NF PE inputs			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	Global: 090	Issue: Arthroscopy	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting: October 2009	Tab: 13	Specialty Developing Recommendation: AAOS	First Identified: NA	2023 Medicare Utilization: 320	2025 Work RVU: 5.19 2025 NF PE RVU: 10.76 2025 Fac PE RVU: 6.56 Result: PE Only
RUC Recommendation: New PE non-facility inputs			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	Global: 090	Issue: ACL Repair	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: April 2008	Tab: 38	Specialty Developing Recommendation: AAOS	First Identified: September 2007	2023 Medicare Utilization: 842	2025 Work RVU: 14.30 2025 NF PE RVU: NA 2025 Fac PE RVU: 12.57 Result: Maintain
RUC Recommendation: 14.14			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
29900	Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy	Global: 090	Issue: Arthroscopy	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting: April 2008	Tab: 51	Specialty Developing Recommendation: AAOS	First Identified: NA	2023 Medicare Utilization: 2	2025 Work RVU: 5.88 2025 NF PE RVU: NA 2025 Fac PE RVU: 8.54 Result: PE Only
RUC Recommendation: No NF PE inputs			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

2X005	Arthroplasty, intercarpal or carpometacarpal joints; suspension, including transfer or transplant of tendon, with interposition, when performed	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	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:
RUC Recommendation: 13.90		Referred to CPT		2025 Fac PE RVU:	Result: Decrease
		Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 22,747	2025 Work RVU: 3.91	2025 NF PE RVU: 24.22
RUC Recommendation: CPT Assistant previously published addressed issue		Referred to CPT		2025 Fac PE RVU: 7.89	Result: Not Part of RAW
		Referred to CPT Asst ☒	Published in CPT Asst: Nov 2019		
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	2023 Medicare Utilization: 45,395	2025 Work RVU: 3.00	2025 NF PE RVU: 5.45
RUC Recommendation: 3.00		Referred to CPT		2025 Fac PE RVU: 1.93	Result: Decrease
		Referred to CPT Asst ☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 2,836	2025 Work RVU: 12.36 2025 NF PE RVU: NA 2025 Fac PE RVU: 16.57 Result: PE Only
RUC Recommendation: Reduce 99238 to 0.5			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization: 58,882	2025 Work RVU: 1.10 2025 NF PE RVU: 3.39 2025 Fac PE RVU: 0.41 Result: Maintain
RUC Recommendation: 1.10			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization: 32,299	2025 Work RVU: 1.54 2025 NF PE RVU: 5.41 2025 Fac PE RVU: 0.51 Result: Maintain
RUC Recommendation: 1.54			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

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:	Tab: 20	Specialty Developing Recommendation:	First Identified:	2023 Medicare Utilization:	2025 Work RVU:
April 2016		AAOHNS	July 2015	3,611	1.97
					2025 NF PE RVU:
					8.03
					2025 Fac PE RVU:
					0.86
RUC Recommendation:	1.97		Referred to CPT		Result: Maintain
			Referred to CPT Asst	☐	Published in CPT Asst:
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:	Tab: 20	Specialty Developing Recommendation:	First Identified:	2023 Medicare Utilization:	2025 Work RVU:
April 2016		AAOHNS	July 2015	702	2.45
					2025 NF PE RVU:
					8.40
					2025 Fac PE RVU:
					1.08
RUC Recommendation:	2.45		Referred to CPT		Result: Maintain
			Referred to CPT Asst	☐	Published in CPT Asst:
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? No
Most Recent RUC Meeting:	Tab: 14	Specialty Developing Recommendation:	First Identified:	2023 Medicare Utilization:	2025 Work RVU:
September 2024		AAO-HNS	October 2010	688,648	1.10
					2025 NF PE RVU:
					4.43
					2025 Fac PE RVU:
					0.67
RUC Recommendation:	Review in 3 years. 1.10		Referred to CPT		Result: Maintain
			Referred to CPT Asst	☐	Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 129,944	2025 Work RVU: 2.60 2025 NF PE RVU: 4.97 2025 Fac PE RVU: 1.84 Result: Decrease	
RUC Recommendation: 2.60		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 22,970	2025 Work RVU: 2.74 2025 NF PE RVU: 4.60 2025 Fac PE RVU: 1.90 Result: Decrease	
RUC Recommendation: 2.74		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 1,264	2025 Work RVU: 9.04 2025 NF PE RVU: NA 2025 Fac PE RVU: 8.25 Result: Decrease	
RUC Recommendation: 9.04		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 3,905	2025 Work RVU: 2.61 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.79 Result: Maintain	
RUC Recommendation: 2.61		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 426	2025 Work RVU: 8.00 2025 NF PE RVU: NA 2025 Fac PE RVU: 4.10 Result: Decrease	
RUC Recommendation: 8.51		Referred to CPT September 2016 Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 6,624	2025 Work RVU: 9.00 2025 NF PE RVU: NA 2025 Fac PE RVU: 4.62 Result: Decrease	
RUC Recommendation: 9.00		Referred to CPT September 2016 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	2023 Medicare Utilization: 11,549	2025 Work RVU: 4.27 2025 NF PE RVU: 8.24 2025 Fac PE RVU: 2.40 Result: Decrease	
RUC Recommendation: 4.27		Referred to CPT September 2016 Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

31255 Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)

Global: 000

Issue: Nasal/Sinus Endoscopy

Screen: Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016

Complete? Yes

Most Recent RUC Meeting: January 2017

Tab: 07 Specialty Developing Recommendation: AAOHNS

First Identified: April 2015

2023 Medicare Utilization: 7,454

2025 Work RVU: 5.75

2025 NF PE RVU: NA

2025 Fac PE RVU: 3.09

Result: Decrease

RUC Recommendation: 5.75

Referred to CPT September 2016

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

31256 Nasal/sinus endoscopy, surgical, with maxillary antrostomy;

Global: 000

Issue: Nasal/Sinus Endoscopy

Screen: CMS Request - Final Rule for 2016

Complete? Yes

Most Recent RUC Meeting: January 2017

Tab: 07 Specialty Developing Recommendation: AAOHNS

First Identified: July 2015

2023 Medicare Utilization: 10,830

2025 Work RVU: 3.11

2025 NF PE RVU: NA

2025 Fac PE RVU: 1.84

Result: Decrease

RUC Recommendation: 3.11

Referred to CPT September 2016

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

31257 Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy

Global: 000

Issue: Nasal/Sinus Endoscopy

Screen: Codes Reported Together 75% or More-Part3

Complete? Yes

Most Recent RUC Meeting: January 2017

Tab: 07 Specialty Developing Recommendation: AAOHNS

First Identified: April 2015

2023 Medicare Utilization: 4,859

2025 Work RVU: 8.00

2025 NF PE RVU: NA

2025 Fac PE RVU: 4.16

Result: Decrease

RUC Recommendation: 8.00

Referred to CPT September 2016

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

Status Report: CMS Requests and Relativity Assessment Issues

31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	Global: 000	Issue: Nasal/Sinus Endoscopy	Screen: Codes Reported Together 75% or More-Part3	Complete? Yes
Most Recent RUC Meeting: January 2017	Tab: 07 Specialty Developing Recommendation: AAOHNS	First Identified: April 2015	2023 Medicare Utilization: 7,325	2025 Work RVU: 8.48 2025 NF PE RVU: NA 2025 Fac PE RVU: 4.37 Result: Decrease	
RUC Recommendation: 8.48		Referred to CPT September 2016 Referred to CPT Asst ☐ Published in CPT Asst:			
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	Global: 000	Issue: Nasal/Sinus Endoscopy	Screen: CMS Request - Final Rule for 2016	Complete? Yes
Most Recent RUC Meeting: January 2017	Tab: 07 Specialty Developing Recommendation: AAOHNS	First Identified: July 2015	2023 Medicare Utilization: 23,833	2025 Work RVU: 4.68 2025 NF PE RVU: NA 2025 Fac PE RVU: 2.58 Result: Decrease	
RUC Recommendation: 4.68		Referred to CPT September 2016 Referred to CPT Asst ☐ Published in CPT Asst:			
31276	Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed	Global: 000	Issue: Nasal/Sinus Endoscopy	Screen: Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016	Complete? Yes
Most Recent RUC Meeting: January 2017	Tab: 07 Specialty Developing Recommendation: AAOHNS	First Identified: April 2015	2023 Medicare Utilization: 12,370	2025 Work RVU: 6.75 2025 NF PE RVU: NA 2025 Fac PE RVU: 3.57 Result: Decrease	
RUC Recommendation: 6.75		Referred to CPT September 2016 Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 2,293	2025 Work RVU: 3.50 2025 NF PE RVU: NA 2025 Fac PE RVU: 2.03 Result: Decrease	
RUC Recommendation: 3.50		Referred to CPT September 2016 Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 3,367	2025 Work RVU: 4.10 2025 NF PE RVU: NA 2025 Fac PE RVU: 2.31 Result: Decrease	
RUC Recommendation: 4.10		Referred to CPT September 2016 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	2023 Medicare Utilization: 22,935	2025 Work RVU: 2.70 2025 NF PE RVU: 43.96 2025 Fac PE RVU: 1.65 Result: Maintain	
RUC Recommendation: 2.70		Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 6,141	2025 Work RVU: 3.10 2025 NF PE RVU: 44.27 2025 Fac PE RVU: 1.84 Result: Decrease	
RUC Recommendation: 3.10		Referred to CPT September 2016 Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 1,529	2025 Work RVU: 2.44 2025 NF PE RVU: 43.82 2025 Fac PE RVU: 1.52 Result: Decrease	
RUC Recommendation: 2.44		Referred to CPT September 2016 Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 16,094	2025 Work RVU: 4.50 2025 NF PE RVU: 83.19 2025 Fac PE RVU: 2.50 Result: Decrease	
RUC Recommendation: 4.50		Referred to CPT September 2016 Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

31500 Intubation, endotracheal, emergency procedure			Global: 000	Issue: Endotracheal Intubation	Screen: CMS High Expenditure Procedural Codes2 / Modifier -51 Exempt	Complete? Yes
Most Recent RUC Meeting: October 2018	Tab: 27	Specialty Developing Recommendation: ACEP, ASA	First Identified: July 2015	2023 Medicare Utilization: 193,071	2025 Work RVU: 3.00 2025 NF PE RVU: NA 2025 Fac PE RVU: 0.76 Result: Increase	
RUC Recommendation: 3.00			Referred to CPT Referred to CPT Asst ☒ Published in CPT Asst: Oct 2016			
31525 Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn			Global: 000	Issue: RAW	Screen: Codes Reported Together 75% or More-Part7 / Harvard Valued - Utilization over 30,000-Part5 / High Volume Growth11	Complete? No
Most Recent RUC Meeting: April 2025	Tab: 14	Specialty Developing Recommendation: AAO-HNS	First Identified: April 2024	2023 Medicare Utilization: 40,659	2025 Work RVU: 2.63 2025 NF PE RVU: 4.47 2025 Fac PE RVU: 1.79 Result:	
RUC Recommendation: Review action plan 2025 for Harvard and High volum screens. Review in 3 years (Sept 2027)			Referred to CPT 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	2023 Medicare Utilization:	2025 Work RVU: 21.50 2025 NF PE RVU: NA 2025 Fac PE RVU: 21.92 Result: Decrease	
RUC Recommendation: 21.50			Referred to CPT October 2015 Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 21	2025 Work RVU: 20.50 2025 NF PE RVU: NA 2025 Fac PE RVU: 21.46 Result: Decrease
RUC Recommendation: 20.50			Referred to CPT October 2015 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization:	2025 Work RVU: 22.00 2025 NF PE RVU: NA 2025 Fac PE RVU: 25.29 Result: Decrease
RUC Recommendation: 22.00			Referred to CPT October 2015 Referred to CPT Asst ☐ Published in CPT Asst:		
31554	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older	Global: 090	Issue: Laryngoplasty	Screen: 090-Day Global Post-Operative Visits	Complete? Yes
Most Recent RUC Meeting: January 2016	Tab: 09	Specialty Developing Recommendation: AAOHNS	First Identified: October 2015	2023 Medicare Utilization: 11	2025 Work RVU: 22.00 2025 NF PE RVU: NA 2025 Fac PE RVU: 25.31 Result: Decrease
RUC Recommendation: 22.00			Referred to CPT October 2015 Referred to CPT Asst ☐ Published in CPT Asst:		
31571	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope	Global: 000	Issue: Laryngoscopy	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent RUC Meeting: September 2007	Tab: 16	Specialty Developing Recommendation: AAO-HNS	First Identified: September 2007	2023 Medicare Utilization: 5,014	2025 Work RVU: 4.26 2025 NF PE RVU: NA 2025 Fac PE RVU: 2.56 Result: PE Only
RUC Recommendation: Reduce 99238 to 0.5			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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

**2023
Medicare
Utilization:** 541,259

2025 Work RVU: 0.94

2025 NF PE RVU: 2.74

2025 Fac PE RVU: 1.00

Result: Decrease

RUC Recommendation: 1.00

Referred to CPT

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

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

**2023
Medicare
Utilization:** 88,555

2025 Work RVU: 1.88

2025 NF PE RVU: 3.76

2025 Fac PE RVU: 1.48

Result: Decrease

RUC Recommendation: 1.94

Referred to CPT

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

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

**2023
Medicare
Utilization:** 26

2025 Work RVU: 14.60

2025 NF PE RVU: NA

2025 Fac PE RVU: 21.82

Result: Decrease

RUC Recommendation: 14.60

Referred to CPT October 2015

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

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

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

2023 Medicare Utilization: 14

2025 Work RVU: 17.58

2025 NF PE RVU: NA

2025 Fac PE RVU: 22.21

Result: Decrease

RUC Recommendation: 20.00

Referred to CPT October 2015

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

2023 Medicare Utilization: 5

2025 Work RVU: 15.27

2025 NF PE RVU: NA

2025 Fac PE RVU: 19.00

Result: Decrease

RUC Recommendation: 15.27

Referred to CPT October 2015

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

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

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 1,143

2025 Work RVU: 13.56

2025 NF PE RVU: NA

2025 Fac PE RVU: 17.76

Result: Decrease

RUC Recommendation: 15.60

Referred to CPT October 2015

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

31592 Cricotracheal resection

Global: 090

Issue: Laryngoplasty

Screen: 090-Day Global Post-Operative Visits

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab: 09

Specialty Developing Recommendation: AAOHNS

First Identified: October 2015

2023 Medicare Utilization: 25

2025 Work RVU: 25.00

2025 NF PE RVU: NA

2025 Fac PE RVU: 23.60

Result: Decrease

RUC Recommendation: 25.00

Referred to CPT October 2015

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

31600 Tracheostomy, planned (separate procedure);

Global: 000

Issue: Tracheostomy

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent RUC Meeting: April 2016

Tab: 21

Specialty Developing Recommendation: AAOHNS

First Identified: July 2015

2023 Medicare Utilization: 16,852

2025 Work RVU: 5.56

2025 NF PE RVU: NA

2025 Fac PE RVU: 2.48

Result: Increase

RUC Recommendation: 5.56

Referred to CPT

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

31601 Tracheostomy, planned (separate procedure); younger than 2 years

Global: 000

Issue: Tracheostomy

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent RUC Meeting: April 2016

Tab: 21

Specialty Developing Recommendation: AAOHNS

First Identified: July 2015

2023 Medicare Utilization: 5

2025 Work RVU: 8.00

2025 NF PE RVU: NA

2025 Fac PE RVU: 4.28

Result: Increase

RUC Recommendation: 8.00

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

31603 Tracheostomy, emergency procedure; transtracheal				Global: 000	Issue: Tracheostomy	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: April 2016	Tab: 21	Specialty Developing Recommendation:	AAOHNS	First Identified: July 2015	2023 Medicare Utilization: 482	2025 Work RVU: 6.00 2025 NF PE RVU: NA 2025 Fac PE RVU: 2.46 Result: Increase	
RUC Recommendation: 6.00				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
31605 Tracheostomy, emergency procedure; cricothyroid membrane				Global: 000	Issue: Tracheostomy	Screen: CMS High Expenditure Procedural Codes2 / Low Survey Response	Complete? Yes
Most Recent RUC Meeting: April 2025	Tab: 14	Specialty Developing Recommendation:	AAOHNS	First Identified: July 2015	2023 Medicare Utilization: 200	2025 Work RVU: 6.45 2025 NF PE RVU: NA 2025 Fac PE RVU: 2.15 Result: Increase	
RUC Recommendation: 6.45. Maintain DNU flag				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
31610 Tracheostomy, fenestration procedure with skin flaps				Global: 090	Issue: Tracheostomy	Screen: CMS High Expenditure Procedural Codes2 / Low Survey Response	Complete? Yes
Most Recent RUC Meeting: April 2025	Tab: 14	Specialty Developing Recommendation:	AAOHNS, ACS	First Identified: July 2015	2023 Medicare Utilization: 799	2025 Work RVU: 12.00 2025 NF PE RVU: NA 2025 Fac PE RVU: 14.80 Result: Increase	
RUC Recommendation: 12.00. Maintain DNU flag				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 612

2025 Work RVU: 6.00

2025 NF PE RVU: NA

2025 Fac PE RVU: 9.29

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014

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

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

2023 Medicare Utilization: 31,336

2025 Work RVU: 2.53

2025 NF PE RVU: 4.70

2025 Fac PE RVU: 1.08

Result: Maintain

RUC Recommendation: 2.78

Referred to CPT October 2014

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

2023 Medicare Utilization: 12,536

2025 Work RVU: 2.63

2025 NF PE RVU: 5.32

2025 Fac PE RVU: 1.02

Result: Maintain

RUC Recommendation: 2.63

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 104,850	2025 Work RVU: 2.63 2025 NF PE RVU: 4.78 2025 Fac PE RVU: 1.07 Result: Maintain	
RUC Recommendation: 2.63		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 13,056	2025 Work RVU: 3.11 2025 NF PE RVU: 6.93 2025 Fac PE RVU: 1.18 Result: Maintain	
RUC Recommendation: 3.36		Referred to CPT October 2014 Referred to CPT Asst ☐	Published in CPT Asst:		
31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	Global: 000	Issue: Endobronchial Ultrasound - EBUS	Screen: High Volume Growth2	Complete? Yes
Most Recent RUC Meeting: January 2015	Tab: 05 Specialty Developing Recommendation: ACCP, ATS	First Identified: April 2013	2023 Medicare Utilization: 2,972	2025 Work RVU: 3.91 2025 NF PE RVU: 18.46 2025 Fac PE RVU: 1.45 Result: Maintain	
RUC Recommendation: 4.16		Referred to CPT October 2014 Referred to CPT Asst ☐	Published in CPT Asst:		
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])	Global: ZZZ	Issue: RAW	Screen: High Volume Growth11	Complete? No
Most Recent RUC Meeting: April 2025	Tab: 14 Specialty Developing Recommendation:	First Identified: April 2025	2023 Medicare Utilization: 24,111	2025 Work RVU: 2.00 2025 NF PE RVU: 28.04 2025 Fac PE RVU: 0.62 Result:	
RUC Recommendation: Review action plan.		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 35,531

2025 Work RVU: 3.55

2025 NF PE RVU: 7.14

2025 Fac PE RVU: 1.31

RUC Recommendation: 3.80

Referred to CPT October 2014

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

Result: Maintain

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

2023 Medicare Utilization: 23,723

2025 Work RVU: 3.75

2025 NF PE RVU: 9.19

2025 Fac PE RVU: 1.38

RUC Recommendation: 4.00

Referred to CPT October 2014

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

Result: Decrease

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

2023 Medicare Utilization: 4,936

2025 Work RVU: 1.03

2025 NF PE RVU: 0.81

2025 Fac PE RVU: 0.31

RUC Recommendation: 1.03

Referred to CPT

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 2,028	2025 Work RVU: 1.32 2025 NF PE RVU: 0.96 2025 Fac PE RVU: 0.40 Result: Maintain	
RUC Recommendation: 1.32		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
31645	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial	Global: 000	Issue: Bronchial Aspiration of Tracheobronchial Tree	Screen: Harvard Valued - Utilization over 30,000-Part2	Complete? Yes
Most Recent RUC Meeting: October 2016	Tab: 08 Specialty Developing Recommendation: ATS, CHEST	First Identified: October 2015	2023 Medicare Utilization: 39,041	2025 Work RVU: 2.88 2025 NF PE RVU: 5.06 2025 Fac PE RVU: 1.17 Result: Decrease	
RUC Recommendation: 2.88		Referred to CPT May 2016 Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 4,254	2025 Work RVU: 2.78 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.15 Result: Increase	
RUC Recommendation: 2.78		Referred to CPT May 2016 Referred to CPT Asst ☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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 stat **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

2023 Medicare Utilization: 25,670

2025 Work RVU: 4.46

2025 NF PE RVU: 30.82

2025 Fac PE RVU: 1.59

Result: Decrease

RUC Recommendation: 5.00

Referred to CPT October 2014

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 stati **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

2023 Medicare Utilization: 17,836

2025 Work RVU: 4.96

2025 NF PE RVU: 31.57

2025 Fac PE RVU: 1.73

Result: Decrease

RUC Recommendation: 5.50

Referred to CPT October 2014

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

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 **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

2023 Medicare Utilization: 19,772

2025 Work RVU: 1.40

2025 NF PE RVU: 2.04

2025 Fac PE RVU: 0.43

Result: Decrease

RUC Recommendation: 1.70

Referred to CPT October 2014

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

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

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

32405 Biopsy, lung or mediastinum, percutaneous needle

Global:

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2019

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

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

2023 Medicare Utilization: 49,686

2025 Work RVU: 3.18

2025 NF PE RVU: 21.02

2025 Fac PE RVU: 0.99

Result: Increase

RUC Recommendation: 4.00

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

32420 Pneumocentesis, puncture of lung for aspiration

Global:

Issue: Thoracentesis with Tube Insertion

Screen: Harvard Valued - Utilization over 30,000

Complete? Yes

Most Recent RUC Meeting: September 2011

Tab: 17

Specialty Developing Recommendation: ACCP, ACR, ATS, SIR, SCCM, STS

First Identified: September 2011

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

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

32421 Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent

Global:

Issue: Thoracentesis with Tube Insertion

Screen: Harvard Valued - Utilization over 30,000

Complete? Yes

Most Recent RUC Meeting: September 2011

Tab: 17

Specialty Developing Recommendation: ACCP, ACR, ATS, SIR, SCCM, STS

First Identified: September 2011

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

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

32422 Thoracentesis with insertion of tube, includes water seal (eg, for pneumothorax), when performed (separate procedure)

Global:

Issue: Thoracentesis with Tube Insertion

Screen: Harvard Valued - Utilization over 30,000

Complete? Yes

Most Recent RUC Meeting: September 2011

Tab: 17

Specialty Developing Recommendation: ACCP, ACR, ATS, SIR, SCCM, STS

First Identified: April 2011

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

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

Status Report: CMS Requests and Relativity Assessment Issues

32440 Removal of lung, pneumonectomy;				Global: 090	Issue: RAW Review	Screen: CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013	Complete? Yes
Most Recent RUC Meeting:	January 2013	Tab: 34	Specialty Developing Recommendation:	ACCP, ATS, ACR, ACS, SIR, SCCM, STS	First Identified: November 2011	2023 Medicare Utilization: 100	2025 Work RVU: 27.28 2025 NF PE RVU: NA 2025 Fac PE RVU: 12.74 Result: Remove from Screen
RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.				Referred to CPT			
				Referred to CPT Asst ☐ Published in CPT Asst:			

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	2023 Medicare Utilization: 2,229	2025 Work RVU: 25.82 2025 NF PE RVU: NA 2025 Fac PE RVU: 11.87 Result: Remove from Screen
RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.				Referred to CPT			
				Referred to CPT Asst ☐ Published in CPT Asst:			

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	2023 Medicare Utilization: 146	2025 Work RVU: 27.44	2025 NF PE RVU: NA	2025 Fac PE RVU: 12.92	Result: Remove from Screen
RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures.				Referred to CPT					
				Referred to CPT Asst ☐		Published in CPT Asst:			
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	2023 Medicare Utilization: 7	2025 Work RVU: 25.24	2025 NF PE RVU: NA	2025 Fac PE RVU: 12.40	Result: Remove from Screen
RUC Recommendation: Request further information from CMS				Referred to CPT					
				Referred to CPT Asst ☐		Published in CPT Asst:			
32551	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)	Global: 000	Issue: Chest Tube Thoracostomy	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes				
Most Recent RUC Meeting:	April 2012	Tab: 10	Specialty Developing Recommendation: ACCP, ATS, ACR, ACS, SIR, SCCM, STS	First Identified: April 2011	2023 Medicare Utilization: 26,764	2025 Work RVU: 3.04	2025 NF PE RVU: NA	2025 Fac PE RVU: 1.04	Result: Increase
RUC Recommendation: 3.50				Referred to CPT February 2012					
				Referred to CPT Asst ☐		Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	Global: 000	Issue: Chest Tube Interventions	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: October 2012	Tab: 04	Specialty Developing Recommendation: ACCP, ACR, ATS, SIR	First Identified: October 2012	2023 Medicare Utilization: 9,903	2025 Work RVU: 1.82 2025 NF PE RVU: 4.84 2025 Fac PE RVU: 0.58 Result: Decrease
RUC Recommendation: 1.82			Referred to CPT February 2012 Referred to CPT Asst ☐ Published in CPT Asst:		
32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	Global: 000	Issue: Chest Tube Interventions	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: October 2012	Tab: 04	Specialty Developing Recommendation: ACCP, ACR, ATS, SIR	First Identified: October 2012	2023 Medicare Utilization: 214,513	2025 Work RVU: 2.27 2025 NF PE RVU: 6.71 2025 Fac PE RVU: 0.73 Result: Decrease
RUC Recommendation: 2.27			Referred to CPT February 2012 Referred to CPT Asst ☐ Published in CPT Asst:		
32556	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance	Global: 000	Issue: Chest Tube Interventions	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: October 2012	Tab: 04	Specialty Developing Recommendation: ACCP, ACR, ATS, SIR	First Identified: October 2012	2023 Medicare Utilization: 4,607	2025 Work RVU: 2.50 2025 NF PE RVU: 18.49 2025 Fac PE RVU: 0.81 Result: Decrease
RUC Recommendation: 2.50			Referred to CPT February 2012 Referred to CPT Asst ☐ Published in CPT Asst:		
32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	Global: 000	Issue: Chest Tube Interventions	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: October 2012	Tab: 04	Specialty Developing Recommendation: ACCP, ACR, ATS, SIR	First Identified: October 2012	2023 Medicare Utilization: 33,335	2025 Work RVU: 3.12 2025 NF PE RVU: 15.71 2025 Fac PE RVU: 0.97 Result: Decrease
RUC Recommendation: 3.62			Referred to CPT February 2012 Referred to CPT Asst ☐ Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

32663 Thoracoscopy, surgical; with lobectomy (single lobe)

Global: 090

Issue: RAW review

Screen: CMS Fastest Growing

Complete? Yes

Most Recent
RUC Meeting: January 2013

Tab: 34
Specialty Developing
Recommendation: STS

First
Identified: October 2008

2023
Medicare
Utilization: 8,333

2025 Work RVU: 24.64
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.81
Result: Remove from Screen

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

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

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

2023
Medicare
Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018

Referred to CPT Asst ☐ Published in CPT Asst:

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

2023
Medicare
Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018

Referred to CPT Asst ☐ Published in CPT Asst:

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

2023
Medicare
Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018

Referred to CPT Asst ☐ Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 3,896	2025 Work RVU: 4.40 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.52 Result: Increase	
RUC Recommendation: 5.00		Referred to CPT September 2018 Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 3,888	2025 Work RVU: 4.62 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.61 Result: Increase	
RUC Recommendation: 5.50		Referred to CPT September 2018 Referred to CPT Asst ☐ Published in CPT Asst:			
33018	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; birth through 5 years of age or any age with congenital cardiac anomaly	Global: 000	Issue: Pericardiocentesis and Pericardial Drainage	Screen: Negative IWPUT	Complete? Yes
Most Recent RUC Meeting: January 2019	Tab: 04 Specialty Developing Recommendation:	First Identified: September 2018	2023 Medicare Utilization: 6	2025 Work RVU: 5.40 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.86 Result: Increase	
RUC Recommendation: 6.00		Referred to CPT September 2018 Referred to CPT Asst ☐ Published in CPT Asst:			

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	2023 Medicare Utilization: 253	2025 Work RVU: 4.29 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.36 Result: Increase
RUC Recommendation: 5.00			Referred to CPT September 2018 Referred to CPT Asst ☐ Published in CPT Asst:		
33020	Pericardiotomy for removal of clot or foreign body (primary procedure)	Global: 090	Issue: Pericardiotomy	Screen: Negative IWPUT	Complete? Yes
Most Recent RUC Meeting: April 2018	Tab: 10	Specialty Developing Recommendation: AATS, STS	First Identified: April 2018	2023 Medicare Utilization: 119	2025 Work RVU: 14.31 2025 NF PE RVU: NA 2025 Fac PE RVU: 6.93 Result: Decrease
RUC Recommendation: 14.31			Referred to CPT May 2018 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization: 3,349	2025 Work RVU: 13.20 2025 NF PE RVU: NA 2025 Fac PE RVU: 6.59 Result: Decrease
RUC Recommendation: 13.20			Referred to CPT May 2018 Referred to CPT Asst ☐ Published in CPT Asst:		
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	Global: 090	Issue: Pacemaker or Pacing 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	2023 Medicare Utilization: 9,151	2025 Work RVU: 7.80 2025 NF PE RVU: NA 2025 Fac PE RVU: 4.60 Result: Maintain
RUC Recommendation: 8.05			Referred to CPT February 2011 Referred to CPT Asst ☐ Published in CPT Asst:		

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 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	2023 Medicare Utilization: 89,186	2025 Work RVU: 8.52 2025 NF PE RVU: NA 2025 Fac PE RVU: 4.87 Result: Maintain	
RUC Recommendation: 8.77		Referred to CPT February 2011 Referred to CPT Asst ☐ Published in CPT Asst:			
33212	Insertion of pacemaker pulse generator only; with existing single lead	Global: 090	Issue: Pacemaker or Pacing Cardioverter - Defibrillator	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: September 2011	Tab: 04 Specialty Developing Recommendation: ACC	First Identified: February 2010	2023 Medicare Utilization: 163	2025 Work RVU: 5.01 2025 NF PE RVU: NA 2025 Fac PE RVU: 3.46 Result: Decrease	
RUC Recommendation: 5.26		Referred to CPT February 2011 Referred to CPT Asst ☐ Published in CPT Asst:			
33213	Insertion of pacemaker pulse generator only; with existing dual leads	Global: 090	Issue: Pacemaker or Pacing Cardioverter - 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	2023 Medicare Utilization: 817	2025 Work RVU: 5.28 2025 NF PE RVU: NA 2025 Fac PE RVU: 3.55 Result: Decrease	
RUC Recommendation: 5.53		Referred to CPT February 2011 Referred to CPT Asst ☐ Published in CPT Asst:			

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	2023 Medicare Utilization: 207	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result:	5.55 NA 3.77 Decrease	
RUC Recommendation: 5.80				Referred to CPT February 2011 Referred to CPT Asst ☐ Published in CPT Asst:					
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	2023 Medicare Utilization: 2,154	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result:	5.25 NA 3.62 Decrease	
RUC Recommendation: 5.50				Referred to CPT February 2011 Referred to CPT Asst ☐ Published in CPT Asst:					
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system				Global: 090	Issue: Pacemaker or Pacing Carioverter - Defibrillator	Screen: Codes Reported Together 75% or More- Part1	Complete?	Yes
Most Recent RUC Meeting:	September 2011	Tab: 04	Specialty Developing Recommendation:	ACC	First Identified: April 2011	2023 Medicare Utilization: 30,320	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result:	5.52 NA 3.74 Decrease	
RUC Recommendation: 5.77				Referred to CPT February 2011 Referred to CPT Asst ☐ Published in CPT Asst:					

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

**2023
Medicare
Utilization:** 6,482

2025 Work RVU: 5.79
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.94
Result: Decrease

RUC Recommendation: 6.04

Referred to CPT February 2011

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

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

**2023
Medicare
Utilization:** 75

2025 Work RVU: 6.07
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.61
Result: Decrease

RUC Recommendation: 6.32

Referred to CPT February 2011

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

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

**2023
Medicare
Utilization:** 114

2025 Work RVU: 6.34
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.10
Result: Decrease

RUC Recommendation: 6.59

Referred to CPT February 2011

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

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

2023
Medicare
Utilization: 7,138

2025 Work RVU: 3.14

2025 NF PE RVU: NA

2025 Fac PE RVU: 3.09

Result: Maintain

RUC Recommendation: 3.39

Referred to CPT February 2011

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

2023
Medicare
Utilization: 60

2025 Work RVU: 5.80

2025 NF PE RVU: NA

2025 Fac PE RVU: 3.52

Result: Decrease

RUC Recommendation: 6.06

Referred to CPT February 2011

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

2023
Medicare
Utilization: 4,408

2025 Work RVU: 3.04

2025 NF PE RVU: NA

2025 Fac PE RVU: 2.67

Result: Maintain

RUC Recommendation: 3.29

Referred to CPT February 2011

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

**2023
Medicare
Utilization:** 29,152

2025 Work RVU: 14.92

2025 NF PE RVU: NA

2025 Fac PE RVU: 8.64

Result: Maintain

RUC Recommendation: 15.17

Referred to CPT February 2011

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

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

**2023
Medicare
Utilization:** 1,992

2025 Work RVU: 5.81

2025 NF PE RVU: NA

2025 Fac PE RVU: 3.91

Result: Decrease

RUC Recommendation: 6.06

Referred to CPT February 2011

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

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

**2023
Medicare
Utilization:** 4,886

2025 Work RVU: 6.08

2025 NF PE RVU: NA

2025 Fac PE RVU: 4.00

Result: Decrease

RUC Recommendation: 6.33

Referred to CPT February 2011

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

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 Cardioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

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

First Identified: April 2011

2023 Medicare Utilization: 12,252

2025 Work RVU: 6.35
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.14
Result: Decrease

RUC Recommendation: 6.60

Referred to CPT February 2011

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

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 **Global:** 090 **Issue:** Transcatheter Insertion or Replacement of Permanent Leadless Pacemaker **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent **Tab:** 12 **Specialty Developing** ACC, HRS
RUC Meeting: September 2023 **Recommendation:**

First Identified: April 2023

2023 Medicare Utilization: 14,419

2025 Work RVU: 7.80
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.56
Result:

RUC Recommendation: Maintain and Review in 3 years (Sept 2026).

Referred to CPT

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

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 **Tab:** 12 **Specialty Developing** ACC, HRS
RUC Meeting: September 2023 **Recommendation:**

First Identified: September 2023

2023 Medicare Utilization: 67

2025 Work RVU: 8.59
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.36
Result:

RUC Recommendation: Maintain and Review in 3 years (Sept 2026).

Referred to CPT

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

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:	Tab: 06 Specialty Developing Recommendation: January 2023	First Identified: January 2023	2023 Medicare Utilization:	2025 Work RVU: 9.50 2025 NF PE RVU: NA 2025 Fac PE RVU: 5.53 Result:	
RUC Recommendation:	Review action Plan	Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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:	Tab: 06 Specialty Developing Recommendation: January 2023	First Identified: January 2023	2023 Medicare Utilization:	2025 Work RVU: 5.43 2025 NF PE RVU: NA 2025 Fac PE RVU: 2.38 Result:	
RUC Recommendation:	Review action Plan	Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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:	Tab: 06 Specialty Developing Recommendation: January 2023	First Identified: January 2023	2023 Medicare Utilization:	2025 Work RVU: 9.55 2025 NF PE RVU: NA 2025 Fac PE RVU: 5.31 Result:	
RUC Recommendation:	Review action Plan	Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

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:	Tab: 06 Specialty Developing Recommendation: January 2023	First Identified: January 2023	2023 Medicare Utilization:	2025 Work RVU: 5.42	2025 NF PE RVU: NA
RUC Recommendation:	Review action Plan	Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: 3.56	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:	Tab: 06 Specialty Developing Recommendation: January 2023	First Identified: January 2023	2023 Medicare Utilization:	2025 Work RVU: 3.04	2025 NF PE RVU: NA
RUC Recommendation:	Review action Plan	Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: 2.86	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:	Tab: 06 Specialty Developing Recommendation: January 2023	First Identified: January 2023	2023 Medicare Utilization:	2025 Work RVU: 6.00	2025 NF PE RVU: NA
RUC Recommendation:	Review action Plan	Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: 4.27	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	2023 Medicare Utilization:	2025 Work RVU:
RUC Recommendation: 3.50			Referred to CPT February 2017		2025 NF PE RVU:
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:
					Result: Deleted from CPT
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	2023 Medicare Utilization:	2025 Work RVU:
RUC Recommendation: 3.00			Referred to CPT February 2017		2025 NF PE RVU:
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:
					Result: Deleted from CPT
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	2023 Medicare Utilization:	2025 Work RVU: 6.05
RUC Recommendation: Review action Plan			Referred to CPT		2025 NF PE RVU: NA
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: 4.11
					Result:

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

2023 Medicare Utilization:

2025 Work RVU: 8.51
2025 NF PE RVU: NA
2025 Fac PE RVU: 5.26
Result:

RUC Recommendation: Review action Plan

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

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 supe **Global:** 000 **Issue:** RAW **Screen:** High Volume Growth11 **Complete?** No

Most Recent
RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:**

First Identified: April 2025

2023 Medicare Utilization: 48,981

2025 Work RVU: 14.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 5.73
Result:

RUC Recommendation: Review action plan.

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

33361 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach **Global:** 000 **Issue:** Transcatheter Aortic Valve Replacement **Screen:** RAW Flag - Co-surgeon status / New Technology- New Services List **Complete?** No

Most Recent
RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:**

First Identified: April 2025

2023 Medicare Utilization: 49,471

2025 Work RVU: 22.47
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.85
Result:

RUC Recommendation: Survey for Sept 2025

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

Status Report: CMS Requests and Relativity Assessment Issues

33362 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach **Global:** 000 **Issue:** Transcatheter Aortic Valve Replacement **Screen:** RAW Flag - Co-surgeon status / New Technology-New Services List **Complete?** No

Most Recent
RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:**

First Identified: April 2025

2023 Medicare Utilization: 1,044

2025 Work RVU: 24.54
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.49
Result:

RUC Recommendation: Survey for Sept 2025

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

33363 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach **Global:** 000 **Issue:** Transcatheter Aortic Valve Replacement **Screen:** RAW Flag - Co-surgeon status / New Technology-New Services List **Complete?** No

Most Recent
RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:**

First Identified: April 2025

2023 Medicare Utilization: 495

2025 Work RVU: 25.47
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.74
Result:

RUC Recommendation: Survey for Sept 2025

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

33364 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach **Global:** 000 **Issue:** Transcatheter Aortic Valve Replacement **Screen:** RAW Flag Service with Less than 30 Survey Responses **Complete?** No

Most Recent
RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:**

First Identified: April 2018

2023 Medicare Utilization: 11

2025 Work RVU: 25.97
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.12
Result:

RUC Recommendation: Survey for Sept 2025

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

Status Report: CMS Requests and Relativity Assessment Issues

33365 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy) **Global:** 000 **Issue:** Transcatheter Aortic Valve Replacement **Screen:** RAW Flag - Co-surgeon status / New Technology-New Services List **Complete?** No

Most Recent RUC Meeting: April 2025

Tab: 14 **Specialty Developing Recommendation:**

First Identified: April 2025

2023 Medicare Utilization: 107

2025 Work RVU: 26.59
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.06
Result:

RUC Recommendation: Survey for Sept 2025

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

33366 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy) **Global:** 000 **Issue:** Transcatheter Aortic Valve Replacement **Screen:** RAW Flag - Co-surgeon status / New Technology-New Services List **Complete?** No

Most Recent RUC Meeting: April 2025

Tab: 14 **Specialty Developing Recommendation:**

First Identified: April 2025

2023 Medicare Utilization: 56

2025 Work RVU: 29.35
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.99
Result:

RUC Recommendation: Survey for Sept 2025

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

33405 Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve **Global:** 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 40 **Specialty Developing Recommendation:** STS

First Identified: September 2011

2023 Medicare Utilization: 11,835

2025 Work RVU: 41.32
2025 NF PE RVU: NA
2025 Fac PE RVU: 15.88
Result: Maintain

RUC Recommendation: 41.32

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

Status Report: CMS Requests and Relativity Assessment Issues

33430 Replacement, mitral valve, with cardiopulmonary bypass

Global: 090

Issue: Valve Replacement and CABG Procedures

Screen: High IWPUT / CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent RUC Meeting: April 2012

Tab: 40 **Specialty Developing Recommendation:** STS

First Identified: February 2008

2023 Medicare Utilization: 6,044

2025 Work RVU: 50.93

2025 NF PE RVU: NA

2025 Fac PE RVU: 19.69

Result: Maintain

RUC Recommendation: 50.93

Referred to CPT

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

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

Global: 090

Issue: Valve Replacement and CABG Procedures

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent RUC Meeting: April 2012

Tab: 40 **Specialty Developing Recommendation:** STS

First Identified: September 2011

2023 Medicare Utilization: 43,401

2025 Work RVU: 33.75

2025 NF PE RVU: NA

2025 Fac PE RVU: 13.54

Result: Increase

RUC Recommendation: 34.98

Referred to CPT

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

33620 Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)

Global: 090

Issue: New Technology Review

Screen: New Technology/New Services / CPT Assistant Analysis 2018

Complete? Yes

Most Recent RUC Meeting: January 2019

Tab: 37 **Specialty Developing Recommendation:** STS

First Identified: January 2015

2023 Medicare Utilization: 67

2025 Work RVU: 30.00

2025 NF PE RVU: NA

2025 Fac PE RVU: 11.33

Result: Maintain

RUC Recommendation: CPT Article published July 2016. Maintain, CPT Assistant addressed issues identified.

Referred to CPT

Referred to CPT Asst ☒ **Published in CPT Asst:** July 2016

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 1

2025 Work RVU: 16.18
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.46
Result: Maintain

RUC Recommendation: CPT Article published July 2016. Maintain, CPT Assistant addressed issues identified.

Referred to CPT

Referred to CPT Asst ☒ **Published in CPT Asst:** July 2016

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 **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

2023 Medicare Utilization: 2

2025 Work RVU: 64.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 21.26
Result: Maintain

RUC Recommendation: CPT Article published July 2016. Maintain, CPT Assistant addressed issues identified.

Referred to CPT

Referred to CPT Asst ☒ **Published in CPT Asst:** July 2016

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

2023 Medicare Utilization: 68

2025 Work RVU: 14.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.82
Result: Maintain

RUC Recommendation: 14.00

Referred to CPT September 2019

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

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 cath	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	2023 Medicare Utilization: 8	2025 Work RVU: 20.00 2025 NF PE RVU: NA 2025 Fac PE RVU: 6.90 Result: Maintain	
RUC Recommendation: 20.00		Referred to CPT September 2019 Referred to CPT Asst ☐ Published in CPT Asst:			
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 cath	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	2023 Medicare Utilization: 2	2025 Work RVU: 8.00 2025 NF PE RVU: NA 2025 Fac PE RVU: 2.76 Result: Maintain	
RUC Recommendation: 10.50		Referred to CPT September 2019 Referred to CPT Asst ☐ Published in CPT Asst:			
33863	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)	Global: 090	Issue: Aortic Graft	Screen: High IWPUT	Complete? Yes
Most Recent RUC Meeting: February 2008	Tab: S Specialty Developing Recommendation: STS, AATS	First Identified: February 2008	2023 Medicare Utilization: 2,008	2025 Work RVU: 58.79 2025 NF PE RVU: NA 2025 Fac PE RVU: 19.77 Result: Remove from Screen	
RUC Recommendation: Remove from screen		Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 656

2025 Work RVU: 89.50

2025 NF PE RVU: NA

2025 Fac PE RVU: 32.42

Result: Maintain

RUC Recommendation: 16.00

Referred to CPT February 2014

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

33946 Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous

Global: XXX **Issue:** ECMO-ECLS

Screen: CMS Request - Final Rule for 2014

Complete? Yes

Most Recent RUC Meeting: April 2014

Tab: 11

Specialty Developing Recommendation: STS, AAP, ACC, SCAI, ACCP

First Identified: November 2014

2023 Medicare Utilization: 447

2025 Work RVU: 6.00

2025 NF PE RVU: NA

2025 Fac PE RVU: 1.83

Result: Maintain

RUC Recommendation: 6.00

Referred to CPT February 2014

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

33947 Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial

Global: XXX **Issue:** ECMO-ECLS

Screen: CMS Request - Final Rule for 2014

Complete? Yes

Most Recent RUC Meeting: April 2014

Tab: 11

Specialty Developing Recommendation: STS, AAP, ACC, SCAI, ACCP

First Identified: November 2013

2023 Medicare Utilization: 1,454

2025 Work RVU: 6.63

2025 NF PE RVU: NA

2025 Fac PE RVU: 2.01

Result: Maintain

RUC Recommendation: 6.63

Referred to CPT February 2014

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

33948 Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous

Global: XXX **Issue:** ECMO-ECLS

Screen: CMS Request - Final Rule for 2014

Complete? Yes

Most Recent RUC Meeting: April 2014

Tab: 11

Specialty Developing Recommendation: STS, AAP, ACC, SCAI, ACCP

First Identified: November 2013

2023 Medicare Utilization: 5,508

2025 Work RVU: 4.73

2025 NF PE RVU: NA

2025 Fac PE RVU: 1.48

Result: Maintain

RUC Recommendation: 4.73

Referred to CPT February 2014

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

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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	2023 Medicare Utilization: 5,915	2025 Work RVU: 4.60 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.46 Result: Maintain
RUC Recommendation: 4.60			Referred to CPT February 2014 Referred to CPT Asst ☐ Published in CPT Asst:		
33951	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Global: 000	Issue: ECMO-ECLS	Screen: CMS Request - Final Rule for 2014	Complete? Yes
Most Recent RUC Meeting: April 2014	Tab: 11	Specialty Developing Recommendation: STS, AAP, ACC, SCAI	First Identified: November 2013	2023 Medicare Utilization:	2025 Work RVU: 8.15 2025 NF PE RVU: NA 2025 Fac PE RVU: 2.35 Result: Maintain
RUC Recommendation: 8.15			Referred to CPT February 2014 Referred to CPT Asst ☐ Published in CPT Asst:		
33952	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Global: 000	Issue: ECMO-ECLS	Screen: CMS Request - Final Rule for 2014	Complete? Yes
Most Recent RUC Meeting: April 2014	Tab: 11	Specialty Developing Recommendation: STS, AAP, ACC, SCAI	First Identified: November 2013	2023 Medicare Utilization: 1,467	2025 Work RVU: 8.15 2025 NF PE RVU: NA 2025 Fac PE RVU: 2.56 Result: Maintain
RUC Recommendation: 8.43			Referred to CPT February 2014 Referred to CPT Asst ☐ Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization:

2025 Work RVU: 9.11

2025 NF PE RVU: NA

2025 Fac PE RVU: 2.61

Result: Maintain

RUC Recommendation: 9.83

Referred to CPT February 2014

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

2023 Medicare Utilization: 277

2025 Work RVU: 9.11

2025 NF PE RVU: NA

2025 Fac PE RVU: 2.74

Result: Maintain

RUC Recommendation: 9.43

Referred to CPT February 2014

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

2023 Medicare Utilization: 364

2025 Work RVU: 16.00

2025 NF PE RVU: NA

2025 Fac PE RVU: 4.70

Result: Maintain

RUC Recommendation: 16.00

Referred to CPT February 2014

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	2023 Medicare Utilization:	2025 Work RVU: 3.51 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.08 Result: Maintain
RUC Recommendation: 4.00			Referred to CPT February 2014 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	2023 Medicare Utilization: 51	2025 Work RVU: 3.51 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.08 Result: Maintain
RUC Recommendation: 4.05			Referred to CPT February 2014 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	2023 Medicare Utilization: 1	2025 Work RVU: 4.47 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.35 Result: Maintain
RUC Recommendation: 4.69			Referred to CPT February 2014 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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT		Referred to CPT February 2014	Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT		Referred to CPT February 2014	Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization: 25	2025 Work RVU: 4.47 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.35 Result: Maintain
RUC Recommendation: 4.73		Referred to CPT February 2014	Referred to CPT Asst ☐	Published in CPT Asst:	

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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	2023 Medicare Utilization:	2025 Work RVU: 9.00 2025 NF PE RVU: NA 2025 Fac PE RVU: 2.58 Result: Maintain
RUC Recommendation: 9.00			Referred to CPT February 2014 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	2023 Medicare Utilization: 4	2025 Work RVU: 9.50 2025 NF PE RVU: NA 2025 Fac PE RVU: 2.72 Result: Maintain
RUC Recommendation: 9.50			Referred to CPT February 2014 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	2023 Medicare Utilization:	2025 Work RVU: 3.51 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.08 Result: Maintain
RUC Recommendation: 3.51			Referred to CPT February 2014 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	2023 Medicare Utilization: 462	2025 Work RVU: 4.50 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.44 Result: Maintain
RUC Recommendation: 4.50			Referred to CPT February 2014 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization:	2025 Work RVU: 5.22 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.54 Result: Maintain
RUC Recommendation: 6.00			Referred to CPT February 2014 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization: 493	2025 Work RVU: 5.46 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.57 Result: Maintain
RUC Recommendation: 6.38			Referred to CPT February 2014 Referred to CPT Asst ☐ Published in CPT Asst:		

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	2023 Medicare Utilization: 1	2025 Work RVU: 9.89 2025 NF PE RVU: NA 2025 Fac PE RVU: 2.83 Result: Maintain
RUC Recommendation: 9.89			Referred to CPT February 2014 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization: 197	2025 Work RVU: 10.00 2025 NF PE RVU: NA 2025 Fac PE RVU: 3.05 Result: Maintain
RUC Recommendation: 10.00			Referred to CPT February 2014 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization: 43	2025 Work RVU: 4.04 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.11 Result: Maintain
RUC Recommendation: 4.08			Referred to CPT February 2014 Referred to CPT Asst ☐ Published in CPT Asst:		

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	2023 Medicare Utilization: 35	2025 Work RVU: 15.00 2025 NF PE RVU: NA 2025 Fac PE RVU: 4.23 Result: Maintain
RUC Recommendation: 15.00	Referred to CPT February 2014 Referred to CPT Asst ☐ Published in CPT Asst:				

33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Global: 000	Issue: ECMO-ECLS	Screen: CMS Request - Final Rule for 2014	Complete? Yes
Most Recent RUC Meeting: April 2014	Tab: 11	Specialty Developing Recommendation: STS, AAP, ACC, SCAI	First Identified: November 2013	2023 Medicare Utilization: 10	2025 Work RVU: 9.50 2025 NF PE RVU: NA 2025 Fac PE RVU: 2.72 Result: Maintain
RUC Recommendation: 9.50	Referred to CPT February 2014 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 ext	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	2023 Medicare Utilization: 546	2025 Work RVU: 23.71 2025 NF PE RVU: NA 2025 Fac PE RVU: 6.82 Result: Decrease
RUC Recommendation: 23.71	Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:				

Status Report: CMS Requests and Relativity Assessment Issues

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 ext **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

2023 Medicare Utilization: 82

2025 Work RVU: 36.00

2025 NF PE RVU: NA

2025 Fac PE RVU: 7.69

Result: Decrease

RUC Recommendation: 36.00

Referred to CPT

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

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 interpreta **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

2023 Medicare Utilization: 530

2025 Work RVU: 26.52

2025 NF PE RVU: NA

2025 Fac PE RVU: 7.22

Result: Decrease

RUC Recommendation: 26.52

Referred to CPT

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

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 interpreta **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

2023 Medicare Utilization: 68

2025 Work RVU: 45.00

2025 NF PE RVU: NA

2025 Fac PE RVU: 10.98

Result: Decrease

RUC Recommendation: 45.00

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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	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	2023 Medicare Utilization: 9,669	2025 Work RVU: 29.58 2025 NF PE RVU: NA 2025 Fac PE RVU: 7.96 Result: Decrease
RUC Recommendation: 29.58			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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	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	2023 Medicare Utilization: 515	2025 Work RVU: 45.00 2025 NF PE RVU: NA 2025 Fac PE RVU: 10.77 Result: Decrease
RUC Recommendation: 45.00			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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 exten	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	2023 Medicare Utilization: 434	2025 Work RVU: 22.28 2025 NF PE RVU: NA 2025 Fac PE RVU: 6.46 Result: Decrease
RUC Recommendation: 22.28			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

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 exten	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	2023 Medicare Utilization: 90	2025 Work RVU: 36.50 2025 NF PE RVU: NA 2025 Fac PE RVU: 7.77 Result: Decrease
RUC Recommendation: 36.50	Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		
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-proced	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	2023 Medicare Utilization: 1,854	2025 Work RVU: 6.50 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.34 Result: Decrease
RUC Recommendation: 6.50	Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		
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 n	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	2023 Medicare Utilization: 911	2025 Work RVU: 15.00 2025 NF PE RVU: NA 2025 Fac PE RVU: 4.74 Result: Decrease
RUC Recommendation: 15.00	Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

34711	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all n	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	2023 Medicare Utilization: 263	2025 Work RVU: 6.00 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.15 Result: Decrease
RUC Recommendation: 6.00			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
34712	Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation	Global: 090	Issue: Endovascular Repair Procedures (EVAR)	Screen: Codes Reported Together 75%or More-Part3	Complete? Yes
Most Recent RUC Meeting: January 2017	Tab: 10	Specialty Developing Recommendation: SVS, SIR, STS, AATS, ACS	First Identified: January 2017	2023 Medicare Utilization: 803	2025 Work RVU: 12.00 2025 NF PE RVU: NA 2025 Fac PE RVU: 4.36 Result: Decrease
RUC Recommendation: 12.00			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
34713	Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Endovascular Repair Procedures (EVAR)	Screen: Codes Reported Together 75%or More-Part3	Complete? Yes
Most Recent RUC Meeting: January 2017	Tab: 10	Specialty Developing Recommendation: SVS, SIR, STS, AATS, ACS	First Identified: January 2017	2023 Medicare Utilization: 16,269	2025 Work RVU: 2.50 2025 NF PE RVU: NA 2025 Fac PE RVU: 0.50 Result: Decrease
RUC Recommendation: 2.50			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 376	2025 Work RVU: 5.25 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.38 Result: Decrease
RUC Recommendation: 5.25			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization: 168	2025 Work RVU: 6.00 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.24 Result: Decrease
RUC Recommendation: 6.00			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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 p	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	2023 Medicare Utilization: 1,501	2025 Work RVU: 7.19 2025 NF PE RVU: NA 2025 Fac PE RVU: 2.01 Result: Decrease
RUC Recommendation: 7.19			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

34800 Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis

Global:

Issue: Endovascular Repair Procedures (EVAR)

Screen: Codes Reported Together 75%or More-Part3

Complete? Yes

Most Recent RUC Meeting: January 2017

Tab: 10

Specialty Developing Recommendation: AAOHNS

First Identified: October 2015

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

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

34802 Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb)

Global:

Issue: Endovascular Repair Procedures (EVAR)

Screen: Pre-Time Analysis / Codes Reported Together 75%or More-Part3

Complete? Yes

Most Recent RUC Meeting: January 2017

Tab: 10

Specialty Developing Recommendation: SVS, SIR, STS, AATS

First Identified: January 2014

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016

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

34803 Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (2 docking limbs)

Global:

Issue: Endovascular Repair Procedures (EVAR)

Screen: Codes Reported Together 75%or More-Part3

Complete? Yes

Most Recent RUC Meeting: January 2017

Tab: 10

Specialty Developing Recommendation: SVS, SIR, STS, AATS

First Identified: October 2015

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

34804 Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis

Global:

Issue: Endovascular Repair Procedures (EVAR)

Screen: Codes Reported Together 75%or More-Part3

Complete? Yes

Most Recent RUC Meeting: January 2017

Tab: 10

Specialty Developing Recommendation: SVS, SIR, STS, AATS

First Identified: October 2015

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

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

34805 Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniliac 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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

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

34806 Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for pr

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 4,251	2025 Work RVU: 4.13 2025 NF PE RVU: NA 2025 Fac PE RVU: 0.86 Result: Decrease	
RUC Recommendation: 4.13		Referred to CPT September 2016 Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 66	2025 Work RVU: 7.00 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.13 Result: Decrease	
RUC Recommendation: 7.00		Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT	
RUC Recommendation: Deleted from CPT		Referred to CPT September 2016 Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

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

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

2023 Medicare Utilization: 29

2025 Work RVU: 8.16

2025 NF PE RVU: NA

2025 Fac PE RVU: 1.32

Result: Decrease

RUC Recommendation: 8.16

Referred to CPT

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

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

2023 Medicare Utilization: 339

2025 Work RVU: 2.65

2025 NF PE RVU: NA

2025 Fac PE RVU: 0.48

Result: Decrease

RUC Recommendation: 2.65

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

34900 Endovascular repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using ilio-iliac tube endoprosthesis

Global:

Issue: Endovascular Repair Procedures (EVAR)

Screen: Codes Reported Together 75%or More-Part3

Complete? Yes

Most Recent RUC Meeting: January 2017

Tab: 10

Specialty Developing Recommendation: SVS, SIR, STS, AATS

First Identified: January 2017

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

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

35301 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision

Global: 090

Issue: Thromboendarterectomy

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent RUC Meeting: January 2013

Tab: 21

Specialty Developing Recommendation: SVS

First Identified: September 2011

2023 Medicare Utilization: 22,058

2025 Work RVU: 21.16

2025 NF PE RVU: NA

2025 Fac PE RVU: 6.66

Result: Increase

RUC Recommendation: 21.16

Referred to CPT

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

35450 Transluminal balloon angioplasty, open; renal or other visceral artery

Global:

Issue: Open and Percutaneous Transluminal Angioplasty

Screen: Codes Reported Together 75% or More-Part3

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab: 15

Specialty Developing Recommendation: ACR, SIR, SVS

First Identified: October 2015

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

35452 Transluminal balloon angioplasty, open; aortic			Global:	Issue: Open and Percutaneous Transluminal Angioplasty	Screen: Codes Reported Together 75% or More-Part3	Complete? Yes
Most Recent RUC Meeting: January 2016	Tab: 15	Specialty Developing Recommendation: ACR, SIR, SVS	First Identified: October 2015	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation: Deleted from CPT			Referred to CPT		2025 NF PE RVU:	
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	
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, ACS, SCAI, SIR, SVS	First Identified: February 2010	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation: Deleted from CPT			Referred to CPT February 2010		2025 NF PE RVU:	
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	
					Result: Deleted from CPT	
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, ACS, SCAI, SIR, SVS	First Identified: February 2010	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation: Deleted from CPT			Referred to CPT February 2010		2025 NF PE RVU:	
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	
					Result: Deleted from CPT	

Status Report: CMS Requests and Relativity Assessment Issues

35458	Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel	Global:	Issue: Open and Percutaneous Transluminal Angioplasty	Screen: Codes Reported Together 75% or More-Part3	Complete? Yes
Most Recent RUC Meeting: January 2016	Tab: 15	Specialty Developing Recommendation: ACR, SIR, SVS	First Identified: October 2015	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT		Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:	
35459	Deleted from CPT	Global:	Issue: Endovascular Revascularization	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab: 07	Specialty Developing Recommendation: ACC, ACR, ACS, SCAI, SIR, SVS	First Identified: February 2010	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT		Referred to CPT February 2010	Referred to CPT Asst ☐	Published in CPT Asst:	
35460	Transluminal balloon angioplasty, open; venous	Global:	Issue: Open and Percutaneous Transluminal Angioplasty	Screen: Codes Reported Together 75% or More-Part3	Complete? Yes
Most Recent RUC Meeting: January 2016	Tab: 15	Specialty Developing Recommendation: ACR, SIR, SVS	First Identified: October 2015	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT		Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

35470 Deleted from CPT

Global:

Issue: Endovascular
Revascularization

Screen: CMS Fastest Growing

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab: 07

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

**First
Identified:** October 2008

**2023
Medicare
Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

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

35471 Transluminal balloon angioplasty, percutaneous; renal or visceral artery

Global:

Issue: Open and Percutaneous
Transluminal Angioplasty

Screen: CMS Fastest Growing /
Codes Reported
Together 75% or More-
Part3

Complete? Yes

**Most Recent
RUC Meeting:** January 2016

Tab: 15

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

**First
Identified:** October 2009

**2023
Medicare
Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

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

35472 Transluminal balloon angioplasty, percutaneous; aortic

Global:

Issue: Open and Percutaneous
Transluminal Angioplasty

Screen: CMS Fastest Growing /
Codes Reported
Together 75% or More-
Part3

Complete? Yes

**Most Recent
RUC Meeting:** January 2016

Tab: 15

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

**First
Identified:** October 2009

**2023
Medicare
Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT Removed from CPT referral

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

Status Report: CMS Requests and Relativity Assessment Issues

35473 Deleted from CPT

Global:

Issue: Endovascular
Revascularization

Screen: CMS Fastest Growing

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab: 07

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

**First
Identified:** February 2010

**2023
Medicare
Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

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

35474 Deleted from CPT

Global:

Issue: Endovascular
Revascularization

Screen: CMS Fastest Growing

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab: 07

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

**First
Identified:** October 2008

**2023
Medicare
Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

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

35475 Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or
branches, each vessel

Global:

Issue: Open and Percutaneous
Transluminal Angioplasty

Screen: CMS Fastest Growing /
CMS High Expenditure
Procedural Codes1 /
Codes Reported
Together 75% or More-
Part3 / High Volume
Growth3

Complete? Yes

**Most Recent
RUC Meeting:** January 2016

Tab: 15

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

**First
Identified:** September 2011

**2023
Medicare
Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

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

Status Report: CMS Requests and Relativity Assessment Issues

35476 Transluminal balloon angioplasty, percutaneous; venous

Global:

Issue: Open and Percutaneous Transluminal Angioplasty

Screen: CMS Fastest Growing / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab: 15

Specialty Developing Recommendation: ACR, SIR, SVS

First Identified: September 2011

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

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

35490 Deleted from CPT

Global:

Issue: Endovascular Revascularization

Screen: High Volume Growth1

Complete? Yes

Most Recent RUC Meeting: April 2010

Tab: 07

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

First Identified: April 2008

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

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

35491 Deleted from CPT

Global:

Issue: Endovascular Revascularization

Screen: High Volume Growth1

Complete? Yes

Most Recent RUC Meeting: April 2010

Tab: 07

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

First Identified: April 2008

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

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

Status Report: CMS Requests and Relativity Assessment Issues

35492	Deleted from CPT			Global:	Issue: Endovascular Revascularization	Screen: High Volume Growth1	Complete? Yes
Most Recent RUC Meeting:	April 2010	Tab: 07	Specialty Developing Recommendation: ACC, ACR, ACS, SCAI, SIR, SVS	First Identified: April 2008	2023 Medicare Utilization:	2025 Work RVU:	
						2025 NF PE RVU:	
						2025 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	2023 Medicare Utilization:	2025 Work RVU:	
						2025 NF PE RVU:	
						2025 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	2023 Medicare Utilization:	2025 Work RVU:	
						2025 NF PE RVU:	
						2025 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:	
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	2023 Medicare Utilization:	2025 Work RVU:	
						2025 NF PE RVU:	
						2025 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:	

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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 **2023 Medicare Utilization:** 729

2025 Work RVU: 7.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.27
Result: Decrease

RUC Recommendation: 7.50

Referred to CPT September 2018
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 **2023 Medicare Utilization:** 350

2025 Work RVU: 7.12
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.39
Result: Decrease

RUC Recommendation: 7.12

Referred to CPT September 2018
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 **2023 Medicare Utilization:** 522

2025 Work RVU: 7.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.08
Result: Decrease

RUC Recommendation: 7.50

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

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 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

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

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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 **Tab:** 06 **Specialty Developing** ACS, SVS
RUC Meeting: January 2019 **Recommendation:**

First **2023**
Identified: January 2018 **Medicare**
 Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

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

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 **Tab:** 06 **Specialty Developing** ACS, SVS
RUC Meeting: January 2019 **Recommendation:**

First **2023**
Identified: April 2017 **Medicare**
 Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

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

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 **Tab:** 45 **Specialty Developing** ACC, AUR, AAP,
RUC Meeting: April 2010 **Recommendation:** AAFP, ACRh

First **2023**
Identified: October 2009 **Medicare**
 Utilization:

2025 Work RVU: 0.18
2025 NF PE RVU: 0.73
2025 Fac PE RVU: 0.07
Result: Maintain

RUC Recommendation: CMS consider a bundled status for this code

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

36010 Introduction of catheter, superior or inferior vena cava **Global:** XXX **Issue:** Introduction of Catheter **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent **Tab:** 18 **Specialty Developing** ACR, SIR, SVS
RUC Meeting: October 2013 **Recommendation:**

First **2023**
Identified: February 2010 **Medicare**
 Utilization: 10,931

2025 Work RVU: 2.18
2025 NF PE RVU: 12.63
2025 Fac PE RVU: 0.59
Result: Remove from Screen

RUC Recommendation: Remove from re-review.

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

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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

2023 Medicare Utilization: 15,126

2025 Work RVU: 1.76

2025 NF PE RVU: 12.37

2025 Fac PE RVU: 0.48

Result: Remove from Screen

RUC Recommendation: Remove from re-review

Referred to CPT

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2009

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

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, inj

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2008

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

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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	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:
RUC Recommendation: Deleted from CPT		Referred to CPT October 2008		2025 Fac PE RVU:	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	2023 Medicare Utilization: 28,718	2025 Work RVU: 4.17	2025 NF PE RVU: 25.01
RUC Recommendation: 4.17		Referred to CPT		2025 Fac PE RVU: 1.48	Result: Decrease
		Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 2,779	2025 Work RVU: 5.27	2025 NF PE RVU: 24.40
RUC Recommendation: 5.27		Referred to CPT		2025 Fac PE RVU: 1.67	Result: Maintain
		Referred to CPT Asst ☐	Published in CPT Asst:		

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36217 Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family **Global:** 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

2023 Medicare Utilization: 3,593

2025 Work RVU: 6.29
2025 NF PE RVU: 45.95
2025 Fac PE RVU: 2.18
Result: Maintain

RUC Recommendation: 6.29

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

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

2023 Medicare Utilization: 2,043

2025 Work RVU: 1.01
2025 NF PE RVU: 4.91
2025 Fac PE RVU: 0.33
Result: Maintain

RUC Recommendation: 1.01

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

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 ce **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

2023 Medicare Utilization: 1,141

2025 Work RVU: 3.92
2025 NF PE RVU: 23.31
2025 Fac PE RVU: 1.08
Result: Decrease

RUC Recommendation: 4.51

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

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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 c	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	2023 Medicare Utilization: 4,880	2025 Work RVU: 5.28 2025 NF PE RVU: 29.10 2025 Fac PE RVU: 1.87 Result: Decrease
RUC Recommendation: 6.00			Referred to CPT February 2012 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 e	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	2023 Medicare Utilization: 25,049	2025 Work RVU: 5.75 2025 NF PE RVU: 42.11 2025 Fac PE RVU: 2.43 Result: Decrease
RUC Recommendation: 6.50			Referred to CPT February 2012 Referred to CPT Asst ☐ Published in CPT Asst:		
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 ce	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	2023 Medicare Utilization: 34,713	2025 Work RVU: 6.25 2025 NF PE RVU: 52.14 2025 Fac PE RVU: 2.86 Result: Decrease
RUC Recommendation: 7.55			Referred to CPT February 2012 Referred to CPT Asst ☐ Published in CPT Asst:		

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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 per	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	2023 Medicare Utilization: 9,374	2025 Work RVU: 5.75 2025 NF PE RVU: 39.58 2025 Fac PE RVU: 2.35 Result: Decrease
RUC Recommendation: 6.50		Referred to CPT February 2012 Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 29,161	2025 Work RVU: 6.25 2025 NF PE RVU: 50.66 2025 Fac PE RVU: 2.81 Result: Decrease
RUC Recommendation: 7.55		Referred to CPT February 2012 Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 17,722	2025 Work RVU: 2.09 2025 NF PE RVU: 4.56 2025 Fac PE RVU: 0.89 Result: Decrease
RUC Recommendation: 2.32		Referred to CPT February 2012 Referred to CPT Asst ☐ Published in CPT Asst:			

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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 arter	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	2023 Medicare Utilization: 1,927	2025 Work RVU: 4.25 2025 NF PE RVU: 33.01 2025 Fac PE RVU: 1.84 Result: Decrease
RUC Recommendation: 4.25			Referred to CPT February 2012 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	2023 Medicare Utilization: 29,685	2025 Work RVU: 4.65 2025 NF PE RVU: 29.89 2025 Fac PE RVU: 1.45 Result: Decrease
RUC Recommendation: 4.90			Referred to CPT February 2010 and February 2011 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization: 26,539	2025 Work RVU: 5.02 2025 NF PE RVU: 17.75 2025 Fac PE RVU: 1.34 Result: Maintain
RUC Recommendation: 5.27			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:		

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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	2023 Medicare Utilization: 63,809	2025 Work RVU: 6.04	2025 NF PE RVU: 33.46	2025 Fac PE RVU: 1.68	Result: Increase
RUC Recommendation: 7.00			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:						
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 appropriat	Global: ZZZ	Issue: Catheter Placement	Screen: CMS Fastest Growing / Harvard Valued - Utilization over 30,000-Part5	Complete? No				
Most Recent RUC Meeting:	April 2025	Tab: 14	Specialty Developing Recommendation: ACR, SIR	First Identified: October 2008	2023 Medicare Utilization: 34,377	2025 Work RVU: 1.01	2025 NF PE RVU: 2.25	2025 Fac PE RVU: 0.28	Result: Remove from Screen
RUC Recommendation: Review action plan. Remove from screen			Referred to CPT February 2010 Referred to CPT Asst ☐ Published in CPT Asst:						
36251	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of	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	2023 Medicare Utilization: 2,488	2025 Work RVU: 5.10	2025 NF PE RVU: 30.56	2025 Fac PE RVU: 1.46	Result: Decrease
RUC Recommendation: 5.45			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:						

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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	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	2023 Medicare Utilization: 4,143	2025 Work RVU: 6.74 2025 NF PE RVU: 31.54 2025 Fac PE RVU: 2.24 Result: Decrease	
RUC Recommendation: 7.38		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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 post	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	2023 Medicare Utilization: 1,751	2025 Work RVU: 7.30 2025 NF PE RVU: 49.30 2025 Fac PE RVU: 2.20 Result: Decrease	
RUC Recommendation: 7.55		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
36254	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image post	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	2023 Medicare Utilization: 143	2025 Work RVU: 7.90 2025 NF PE RVU: 46.15 2025 Fac PE RVU: 2.60 Result: Decrease	
RUC Recommendation: 8.15		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

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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: Venipuncture	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab: 36 Specialty Developing Recommendation: ACP	First Identified: October 2009	2023 Medicare Utilization: 118,105	2025 Work RVU: 0.18 2025 NF PE RVU: 0.34 2025 Fac PE RVU: 0.07 Result: Maintain	
RUC Recommendation: 0.18		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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 saphen	Global: 000	Issue: RAW	Screen: High Volume Growth11	Complete? No
Most Recent RUC Meeting: April 2025	Tab: 14 Specialty Developing Recommendation:	First Identified: April 2025	2023 Medicare Utilization: 84,875	2025 Work RVU: 2.35 2025 NF PE RVU: 33.74 2025 Fac PE RVU: 0.70 Result:	
RUC Recommendation: Review action plan.		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 80,613	2025 Work RVU: 5.30 2025 NF PE RVU: 24.15 2025 Fac PE RVU: 1.71 Result: Decrease	
RUC Recommendation: 5.30		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

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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 t	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	2023 Medicare Utilization: 4,362	2025 Work RVU: 2.65 2025 NF PE RVU: 4.98 2025 Fac PE RVU: 0.70 Result: Decrease
RUC Recommendation: 2.65			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization: 32,298	2025 Work RVU: 5.30 2025 NF PE RVU: 21.84 2025 Fac PE RVU: 1.81 Result: Decrease
RUC Recommendation: 5.30			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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 fo	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	2023 Medicare Utilization: 3,810	2025 Work RVU: 2.65 2025 NF PE RVU: 5.71 2025 Fac PE RVU: 0.80 Result: Decrease
RUC Recommendation: 2.65			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	

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36481 Percutaneous portal vein catheterization by any method

Global: 000

Issue: Interventional Radiology Procedures

Screen: CMS Request - Practice Expense Review

Complete? Yes

Most Recent Tab: 21 Specialty Developing ACR, SIR
RUC Meeting: February 2009 Recommendation:

First Identified: NA

2023 Medicare Utilization: 592

2025 Work RVU: 6.73
2025 NF PE RVU: 42.09
2025 Fac PE RVU: 2.08
Result: PE Only

RUC Recommendation: New PE Inputs

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

36511 Therapeutic apheresis; for white blood cells

Global: 000

Issue: Therapeutic Apheresis

Screen: CMS Request - Final Rule for 2016

Complete? Yes

Most Recent Tab: 12 Specialty Developing CAP, RPA
RUC Meeting: January 2017 Recommendation:

First Identified: January 2017

2023 Medicare Utilization: 309

2025 Work RVU: 2.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.18
Result: Increase

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016
Referred to CPT Asst ☒ Published in CPT Asst: May 2018

36512 Therapeutic apheresis; for red blood cells

Global: 000

Issue: Therapeutic Apheresis

Screen: CMS Request - Final Rule for 2016

Complete? Yes

Most Recent Tab: 12 Specialty Developing CAP, RPA
RUC Meeting: January 2017 Recommendation:

First Identified: January 2017

2023 Medicare Utilization: 2,526

2025 Work RVU: 2.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.01
Result: Increase

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016
Referred to CPT Asst ☒ Published in CPT Asst: May 2018

36513 Therapeutic apheresis; for platelets

Global: 000

Issue: Therapeutic Apheresis

Screen: CMS Request - Final Rule for 2016

Complete? Yes

Most Recent Tab: 12 Specialty Developing CAP, RPA
RUC Meeting: January 2017 Recommendation:

First Identified: January 2017

2023 Medicare Utilization: 206

2025 Work RVU: 2.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.01
Result: Increase

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016
Referred to CPT Asst ☒ Published in CPT Asst: May 2018

Status Report: CMS Requests and Relativity Assessment Issues

36514 Therapeutic apheresis; for plasma pheresis **Global:** 000 **Issue:** Therapeutic Apheresis 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

2023 Medicare Utilization: 20,710

2025 Work RVU: 1.81

2025 NF PE RVU: 18.54

2025 Fac PE RVU: 0.80

Result: Increase

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016

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

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

2023 Medicare Utilization: 1,074

2025 Work RVU: 1.56

2025 NF PE RVU: 62.15

2025 Fac PE RVU: 0.68

Result: Increase

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

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	2023 Medicare Utilization: 6,375	2025 Work RVU: 1.75 2025 NF PE RVU: 37.38 2025 Fac PE RVU: 0.96 Result: Increase
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
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	2023 Medicare Utilization: 26	2025 Work RVU: 1.93 2025 NF PE RVU: 3.42 2025 Fac PE RVU: 0.40 Result: Decrease
RUC Recommendation: 1.93				Referred to CPT			
				Referred to CPT Asst	☐	Published in CPT Asst:	
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	2023 Medicare Utilization: 308,226	2025 Work RVU: 1.75 2025 NF PE RVU: 4.25 2025 Fac PE RVU: 0.52 Result: Decrease
RUC Recommendation: 1.75				Referred to CPT			
				Referred to CPT Asst	☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 26	2025 Work RVU: 4.89 2025 NF PE RVU: 26.95 2025 Fac PE RVU: 3.53 Result:	
RUC Recommendation: Refer to CPT				Referred to CPT September 2025 Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 90,021	2025 Work RVU: 4.59 2025 NF PE RVU: 18.36 2025 Fac PE RVU: 2.46 Result:	
RUC Recommendation: Refer to CPT				Referred to CPT September 2025 Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 7	2025 Work RVU: 6.04 2025 NF PE RVU: 27.78 2025 Fac PE RVU: 3.96 Result:	
RUC Recommendation: Refer to CPT				Referred to CPT September 2025 Referred to CPT Asst ☐	Published in CPT Asst:		

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:	Tab: 12	Specialty Developing Recommendation:	ACR, ACS, APSA, OEIS, SIR, SVS	First Identified: April 2023	2023 Medicare Utilization: 110,592
RUC Recommendation: Refer to CPT		Referred to CPT	September 2025	2025 Work RVU: 5.79	2025 NF PE RVU: 21.11
		Referred to CPT Asst	☐	Published in CPT Asst:	2025 Fac PE RVU: 3.13
				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:	Tab: 12	Specialty Developing Recommendation:	ACR, ACS, OEIS, SIR, SVS	First Identified: April 2023	2023 Medicare Utilization: 110
RUC Recommendation: Refer to CPT		Referred to CPT	September 2025	2025 Work RVU: 5.99	2025 NF PE RVU: 23.92
		Referred to CPT Asst	☐	Published in CPT Asst:	2025 Fac PE RVU: 3.53
				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:	Tab: 12	Specialty Developing Recommendation:	ACR, ACS, OEIS, SIR, SVS	First Identified: April 2023	2023 Medicare Utilization: 523
RUC Recommendation: Refer to CPT		Referred to CPT	September 2025	2025 Work RVU: 5.79	2025 NF PE RVU: 16.76
		Referred to CPT Asst	☐	Published in CPT Asst:	2025 Fac PE RVU: 2.99
				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

2023 Medicare Utilization: 192

2025 Work RVU: 6.29
2025 NF PE RVU: 108.68
2025 Fac PE RVU: 3.19
Result:

RUC Recommendation: Refer to CPT

Referred to CPT September 2025
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

2023 Medicare Utilization: 1

2025 Work RVU: 2.11
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.38
Result: Decrease

RUC Recommendation: 2.11

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

36569 Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older

Global: 000 **Issue:** PICC Line Procedures

Screen: CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: September 2022

Tab: 13 **Specialty Developing Recommendation:** ACR, SIR

First Identified: July 2015

2023 Medicare Utilization: 7,562

2025 Work RVU: 1.90
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.62
Result: Decrease

RUC Recommendation: 1.90.

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

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; yo **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

2023 Medicare Utilization: 14

2025 Work RVU: 1.82

2025 NF PE RVU: 8.90

2025 Fac PE RVU: 0.36

Result: Decrease

RUC Recommendation: 2.00

Referred to CPT

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; ag **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

2023 Medicare Utilization: 48,999

2025 Work RVU: 1.70

2025 NF PE RVU: 9.11

2025 Fac PE RVU: 0.59

Result: Decrease

RUC Recommendation: 1.90

Referred to CPT

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 interpret **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

2023 Medicare Utilization: 2,380

2025 Work RVU: 1.20

2025 NF PE RVU: 8.01

2025 Fac PE RVU: 0.41

Result: Decrease

RUC Recommendation: 1.47

Referred to CPT September 2017

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	2023 Medicare Utilization: 506,301	2025 Work RVU: 1.00 2025 NF PE RVU: NA 2025 Fac PE RVU: 0.21 Result: Decrease	
RUC Recommendation: 1.00			Referred to CPT Referred to CPT Asst ☐			Published in CPT Asst:	

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	2023 Medicare Utilization: 2,456	2025 Work RVU: 12.39 2025 NF PE RVU: NA 2025 Fac PE RVU: 4.87 Result: Increase	
RUC Recommendation: 13.00			Referred to CPT Referred to CPT Asst ☐			Published in CPT Asst:	

36819	Arteriovenous anastomosis, open; by upper arm basilic vein transposition			Global: 090	Issue: Arteriovenous Anastomosis	Screen: CMS Request - Final Rule for 2013	Complete? Yes
Most Recent RUC Meeting:	October 2013	Tab: 10	Specialty Developing Recommendation: ACS, SVS	First Identified: November 2012	2023 Medicare Utilization: 3,765	2025 Work RVU: 13.29 2025 NF PE RVU: NA 2025 Fac PE RVU: 4.89 Result: Increase	
RUC Recommendation: 15.00			Referred to CPT Referred to CPT Asst ☐			Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

36820 Arteriovenous anastomosis, open; by forearm vein transposition

Global: 090

Issue: 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

2023 Medicare Utilization: 806

2025 Work RVU: 13.07

2025 NF PE RVU: NA

2025 Fac PE RVU: 5.20

Result: Decrease

RUC Recommendation: 13.99

Referred to CPT

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

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

2023 Medicare Utilization: 19,939

2025 Work RVU: 11.90

2025 NF PE RVU: NA

2025 Fac PE RVU: 4.61

Result: Decrease

RUC Recommendation: 11.90

Referred to CPT

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

36822 Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)

Global:

Issue: ECMO-ECLS

Screen: CMS Request - Final Rule for 2014

Complete? Yes

Most Recent RUC Meeting: April 2014

Tab: 11

Specialty Developing Recommendation: STS, AAP, ACC, SCAI

First Identified: February 2011

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014

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

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 958

2025 Work RVU: 14.17

2025 NF PE RVU: NA

2025 Fac PE RVU: 5.65

Result: Increase

RUC Recommendation: 15.93

Referred to CPT

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

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

2023 Medicare Utilization: 10,999

2025 Work RVU: 12.03

2025 NF PE RVU: NA

2025 Fac PE RVU: 4.63

Result: Decrease

RUC Recommendation: 11.90

Referred to CPT

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2009

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

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

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

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

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

2023 Medicare Utilization: 35,573

2025 Work RVU: 3.36

2025 NF PE RVU: 16.33

2025 Fac PE RVU: 1.06

Result: Decrease

RUC Recommendation: 3.36

Referred to CPT October 2015

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

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

2023 Medicare Utilization: 108,780

2025 Work RVU: 4.83

2025 NF PE RVU: 28.87

2025 Fac PE RVU: 1.47

Result: Decrease

RUC Recommendation: 4.83

Referred to CPT October 2015

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

Status Report: CMS Requests and Relativity Assessment Issues

36903	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis	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	2023 Medicare Utilization: 11,758	2025 Work RVU: 6.39 2025 NF PE RVU: 111.45 2025 Fac PE RVU: 1.81 Result: Decrease
RUC Recommendation: 6.39			Referred to CPT October 2015 Referred to CPT Asst ☐ Published in CPT Asst:		
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),	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	2023 Medicare Utilization: 1,968	2025 Work RVU: 7.50 2025 NF PE RVU: 42.93 2025 Fac PE RVU: 2.16 Result: Decrease
RUC Recommendation: 7.50			Referred to CPT October 2015 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),	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	2023 Medicare Utilization: 19,261	2025 Work RVU: 9.00 2025 NF PE RVU: 54.27 2025 Fac PE RVU: 2.69 Result: Decrease
RUC Recommendation: 9.00			Referred to CPT October 2015 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),	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	2023 Medicare Utilization: 7,339	2025 Work RVU: 10.42 2025 NF PE RVU: 139.71 2025 Fac PE RVU: 2.99 Result: Decrease
RUC Recommendation: 10.42			Referred to CPT October 2015 Referred to CPT Asst ☐ Published in CPT Asst:		
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 proc	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	2023 Medicare Utilization: 40,996	2025 Work RVU: 3.00 2025 NF PE RVU: 13.37 2025 Fac PE RVU: 0.82 Result: Decrease
RUC Recommendation: 3.00			Referred to CPT October 2015 Referred to CPT Asst ☐ Published in CPT Asst:		
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 dia	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	2023 Medicare Utilization: 2,895	2025 Work RVU: 4.25 2025 NF PE RVU: 35.17 2025 Fac PE RVU: 1.11 Result: Decrease
RUC Recommendation: 4.25			Referred to CPT October 2015 Referred to CPT Asst ☐ Published in CPT Asst:		

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 a	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	2023 Medicare Utilization: 3,385	2025 Work RVU: 4.12 2025 NF PE RVU: 48.36 2025 Fac PE RVU: 1.08 Result: Decrease
RUC Recommendation: 4.12			Referred to CPT October 2015 Referred to CPT Asst ☐ Published in CPT Asst:		
37183	Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recannulization/dilatation, stent placement and all associated	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	2023 Medicare Utilization: 752	2025 Work RVU: 7.74 2025 NF PE RVU: 155.15 2025 Fac PE RVU: 2.37 Result: PE Only
RUC Recommendation: New PE inputs			Referred to CPT 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	2023 Medicare Utilization: 19,043	2025 Work RVU: 4.46 2025 NF PE RVU: 51.91 2025 Fac PE RVU: 1.37 Result: Decrease
RUC Recommendation: 4.71			Referred to CPT February 2011 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 perfo	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	2023 Medicare Utilization: 27	2025 Work RVU: 7.10 2025 NF PE RVU: 27.73 2025 Fac PE RVU: 1.24 Result: Decrease
RUC Recommendation: 8.00			Referred to CPT February 2011 Referred to CPT Asst ☐ Published in CPT Asst:		
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	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	2023 Medicare Utilization: 5,460	2025 Work RVU: 7.10 2025 NF PE RVU: 34.67 2025 Fac PE RVU: 2.01 Result: Decrease
RUC Recommendation: 8.00			Referred to CPT February 2011 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT October 2011 Referred to CPT Asst ☐ Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT June 2011

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2013

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2013

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

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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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2013

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

37207	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; initial vessel	Global:	Issue: Endovascular Revascularization	Screen: High Volume Growth1	Complete? Yes

Most Recent RUC Meeting: April 2010

Tab: 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC

First Identified: February 2010

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2013

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2013

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

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011

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

37210 Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intra

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2013

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

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

2023 Medicare Utilization: 6,202

2025 Work RVU: 7.75

2025 NF PE RVU: NA

2025 Fac PE RVU: 2.10

Result: Decrease

RUC Recommendation: 8.00

Referred to CPT

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

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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	2023 Medicare Utilization: 1,019	2025 Work RVU: 6.81 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.91 Result: Decrease	
RUC Recommendation: 7.06		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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 ca	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	2023 Medicare Utilization: 983	2025 Work RVU: 4.75 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.18 Result: Decrease	
RUC Recommendation: 5.00		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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 ca	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	2023 Medicare Utilization: 2,950	2025 Work RVU: 2.49 2025 NF PE RVU: NA 2025 Fac PE RVU: 0.62 Result: Decrease	
RUC Recommendation: 3.04		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

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: Lower Extremity Revascularization	Screen: High Volume Growth1	Complete? Yes
Most Recent RUC Meeting:	Tab: 06 Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: February 2010	2023 Medicare Utilization: 10,301	2025 Work RVU: 7.90	2025 NF PE RVU: 61.11
				2025 Fac PE RVU: 2.04	Result: Deleted from CPT
RUC Recommendation:	Deleted from CPT	Referred to CPT Referred to CPT Asst	September 2024 ☐	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: Lower Extremity Revascularization	Screen: High Volume Growth1	Complete? Yes
Most Recent RUC Meeting:	Tab: 06 Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: February 2010	2023 Medicare Utilization: 23,950	2025 Work RVU: 9.75	2025 NF PE RVU: 74.63
				2025 Fac PE RVU: 2.41	Result: Deleted from CPT
RUC Recommendation:	Deleted from CPT	Referred to CPT Referred to CPT Asst	September 2024 ☐	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: Lower Extremity Revascularization	Screen: High Volume Growth1	Complete? Yes
Most Recent RUC Meeting:	Tab: 06 Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: February 2010	2023 Medicare Utilization: 2,728	2025 Work RVU: 3.73	2025 NF PE RVU: 13.16
				2025 Fac PE RVU: 0.87	Result: Deleted from CPT
RUC Recommendation:	Deleted from CPT	Referred to CPT Referred to CPT Asst	September 2024 ☐	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 prima	Global: ZZZ	Issue: Lower Extremity Revascularization	Screen: High Volume Growth1	Complete? Yes
Most Recent RUC Meeting:	January 2025	Tab: 06	Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: February 2010	2023 Medicare Utilization: 3,476
RUC Recommendation:	Deleted from CPT	Referred to CPT	September 2024	Referred to CPT Asst	☐ Published in CPT Asst:
				2025 Work RVU:	4.25
				2025 NF PE RVU:	30.50
				2025 Fac PE RVU:	0.95
				Result:	Deleted from CPT
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	Global: 000	Issue: Lower Extremity Revascularization	Screen: High Volume Growth1	Complete? Yes
Most Recent RUC Meeting:	January 2025	Tab: 06	Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: February 2010	2023 Medicare Utilization: 26,393
RUC Recommendation:	Deleted from CPT	Referred to CPT	September 2024	Referred to CPT Asst	☐ Published in CPT Asst:
				2025 Work RVU:	8.75
				2025 NF PE RVU:	71.29
				2025 Fac PE RVU:	2.23
				Result:	Deleted from CPT
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	Global: 000	Issue: Lower Extremity Revascularization	Screen: High Volume Growth1 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting:	January 2025	Tab: 06	Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: February 2010	2023 Medicare Utilization: 38,122
RUC Recommendation:	Deleted from CPT	Referred to CPT	September 2024	Referred to CPT Asst	☐ Published in CPT Asst:
				2025 Work RVU:	11.75
				2025 NF PE RVU:	230.03
				2025 Fac PE RVU:	3.16
				Result:	Deleted from CPT

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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: Lower Extremity Revascularization	Screen: High Volume Growth1	Complete? Yes
Most Recent RUC Meeting:	Tab: 06 Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: February 2010	2023 Medicare Utilization: 16,061	2025 Work RVU: 10.24	2025 NF PE RVU: 213.49
				2025 Fac PE RVU: 2.56	Result: Deleted from CPT
RUC Recommendation:	Deleted from CPT	Referred to CPT Referred to CPT Asst	September 2024 ☐	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: Lower Extremity Revascularization	Screen: High Volume Growth1 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting:	Tab: 06 Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: February 2010	2023 Medicare Utilization: 18,199	2025 Work RVU: 14.25	2025 NF PE RVU: 294.67
				2025 Fac PE RVU: 3.57	Result: Deleted from CPT
RUC Recommendation:	Deleted from CPT	Referred to CPT Referred to CPT Asst	September 2024 ☐	Published in CPT Asst:	

37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	Global: 000	Issue: Lower Extremity Revascularization	Screen: High Volume Growth1	Complete? Yes
Most Recent RUC Meeting:	Tab: 06 Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: February 2010	2023 Medicare Utilization: 26,878	2025 Work RVU: 10.75	2025 NF PE RVU: 102.86
				2025 Fac PE RVU: 2.64	Result: Deleted from CPT
RUC Recommendation:	Deleted from CPT	Referred to CPT Referred to CPT Asst	September 2024 ☐	Published in CPT Asst:	

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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: Lower Extremity Revascularization	Screen: High Volume Growth1 / PE Screen - High Cost Supplies / High Volume Growth5	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: February 2010	2023 Medicare Utilization: 37,066	2025 Work RVU: 13.80 2025 NF PE RVU: 232.95 2025 Fac PE RVU: 3.64 Result: Deleted from CPT
RUC Recommendation: Deleted from CPT		Referred to CPT September 2024 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: Lower Extremity Revascularization	Screen: High Volume Growth1	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: February 2010	2023 Medicare Utilization: 1,838	2025 Work RVU: 13.55 2025 NF PE RVU: 233.13 2025 Fac PE RVU: 3.73 Result: Deleted from CPT
RUC Recommendation: Deleted from CPT		Referred to CPT September 2024 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: Lower Extremity Revascularization	Screen: High Volume Growth1	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: February 2010	2023 Medicare Utilization: 2,625	2025 Work RVU: 14.75 2025 NF PE RVU: 310.05 2025 Fac PE RVU: 4.07 Result: Deleted from CPT
RUC Recommendation: Deleted from CPT		Referred to CPT September 2024 Referred to CPT Asst ☐ Published in CPT Asst:			

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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:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent
RUC Meeting: January 2025

Tab: 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS

First Identified: February 2010

2023 Medicare Utilization: 11,143

2025 Work RVU: 4.00

2025 NF PE RVU: 18.41

2025 Fac PE RVU: 0.98

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT September 2024

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:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent
RUC Meeting: January 2025

Tab: 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS

First Identified: February 2010

2023 Medicare Utilization: 7,277

2025 Work RVU: 6.50

2025 NF PE RVU: 22.52

2025 Fac PE RVU: 1.65

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT September 2024

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 p) **Global:** ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent
RUC Meeting: January 2025

Tab: 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS

First Identified: February 2010

2023 Medicare Utilization: 229

2025 Work RVU: 5.50

2025 NF PE RVU: 94.85

2025 Fac PE RVU: 1.55

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT September 2024

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

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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 additi	Global: ZZZ	Issue: Lower Extremity Revascularization	Screen: High Volume Growth1	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: February 2010	2023 Medicare Utilization: 101	2025 Work RVU: 7.80 2025 NF PE RVU: 103.54 2025 Fac PE RVU: 1.94 Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT September 2024 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 super	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	2023 Medicare Utilization: 10,422	2025 Work RVU: 8.75 2025 NF PE RVU: 66.79 2025 Fac PE RVU: 2.21 Result: Decrease
RUC Recommendation: 9.00			Referred to CPT February 2013 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 super	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	2023 Medicare Utilization: 1,161	2025 Work RVU: 4.25 2025 NF PE RVU: 31.39 2025 Fac PE RVU: 0.97 Result: Decrease
RUC Recommendation: 4.25			Referred to CPT February 2013 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

2023 Medicare Utilization: 10,065

2025 Work RVU: 6.04
2025 NF PE RVU: 89.76
2025 Fac PE RVU: 1.76
Result: Decrease

RUC Recommendation: 6.29

Referred to CPT February 2013

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 f **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

2023 Medicare Utilization: 3,479

2025 Work RVU: 2.97
2025 NF PE RVU: 44.98
2025 Fac PE RVU: 0.85
Result: Decrease

RUC Recommendation: 3.34

Referred to CPT February 2013

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 ma **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

2023 Medicare Utilization: 1,382

2025 Work RVU: 8.75
2025 NF PE RVU: 119.77
2025 Fac PE RVU: 2.47
Result: Decrease

RUC Recommendation: 9.00

Referred to CPT February 2013

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 acquire	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	2023 Medicare Utilization: 10,066	2025 Work RVU: 9.80 2025 NF PE RVU: 188.61 2025 Fac PE RVU: 2.59 Result: Decrease
RUC Recommendation: 11.98			Referred to CPT February 2013 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	2023 Medicare Utilization: 15,872	2025 Work RVU: 11.74 2025 NF PE RVU: 229.43 2025 Fac PE RVU: 3.42 Result: Decrease
RUC Recommendation: 14.00			Referred to CPT February 2013 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	2023 Medicare Utilization: 13,935	2025 Work RVU: 13.75 2025 NF PE RVU: 170.05 2025 Fac PE RVU: 4.07 Result: Decrease
RUC Recommendation: 14.00			Referred to CPT February 2013 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 p	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	2023 Medicare Utilization: 5,848	2025 Work RVU: 7.00 2025 NF PE RVU: 42.89 2025 Fac PE RVU: 1.86 Result: Decrease	
RUC Recommendation: 7.00		Referred to CPT October 2015 Referred to CPT Asst ☐ Published in CPT Asst:			
37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to p	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	2023 Medicare Utilization: 686	2025 Work RVU: 3.50 2025 NF PE RVU: 13.28 2025 Fac PE RVU: 0.96 Result: Decrease	
RUC Recommendation: 3.50		Referred to CPT October 2015 Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 11,948	2025 Work RVU: 6.00 2025 NF PE RVU: 31.45 2025 Fac PE RVU: 1.78 Result: Decrease	
RUC Recommendation: 6.00		Referred to CPT October 2015 Referred to CPT Asst ☐ Published in CPT Asst:			

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 add	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	2023 Medicare Utilization: 3,906	2025 Work RVU: 2.97 2025 NF PE RVU: 9.23 2025 Fac PE RVU: 0.78 Result: Decrease
RUC Recommendation: 2.97			Referred to CPT October 2015 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT October 2014 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT October 2014 Referred to CPT Asst ☐ Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 71,765
RUC Recommendation:	1.80		Referred to CPT October 2014	Referred to CPT Asst ☐	Published in CPT Asst:
				2025 Work RVU:	1.80
				2025 NF PE RVU:	24.44
				2025 Fac PE RVU:	0.45
				Result:	Decrease
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 procedur	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	2023 Medicare Utilization: 108,933
RUC Recommendation:	1.44		Referred to CPT October 2014	Referred to CPT Asst ☐	Published in CPT Asst:
				2025 Work RVU:	1.44
				2025 NF PE RVU:	3.36
				2025 Fac PE RVU:	0.36
				Result:	Decrease
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	2023 Medicare Utilization: 9,622
RUC Recommendation:	Reduce 99238 to 0.5		Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:
				2025 Work RVU:	3.05
				2025 NF PE RVU:	5.48
				2025 Fac PE RVU:	2.41
				Result:	PE Only

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

2023 Medicare Utilization: 29

2025 Work RVU: 30.00

2025 NF PE RVU: NA

2025 Fac PE RVU: 14.11

Result: Increase

RUC Recommendation: 37.60

Referred to CPT February 2011

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

37620 Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device)

Global:

Issue: Major Vein Revision

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2010

Tab: 45

Specialty Developing Recommendation: ACR, SIR, SVS

First Identified: February 2010

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2011

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

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

2023 Medicare Utilization: 54

2025 Work RVU: 10.78

2025 NF PE RVU: NA

2025 Fac PE RVU: 3.62

Result: Maintain

RUC Recommendation: 10.69

Referred to CPT February 2009

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

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	2023 Medicare Utilization: 202	2025 Work RVU: 9.13 2025 NF PE RVU: NA 2025 Fac PE RVU: 4.43 Result: Increase	
RUC Recommendation: 9.00		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	Global: 010	Issue: Stab Phlebectomy of Varicose Veins	Screen: High Volume Growth1 / CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: April 2018	Tab: 12 Specialty Developing Recommendation: ACS, SIR, SVS	First Identified: February 2008	2023 Medicare Utilization: 10,420	2025 Work RVU: 4.80 2025 NF PE RVU: 6.42 2025 Fac PE RVU: 2.09 Result: Decrease	
RUC Recommendation: 4.80		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	Global: 010	Issue: Stab Phlebectomy of Varicose Veins	Screen: High Volume Growth1 / CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: April 2018	Tab: 12 Specialty Developing Recommendation: ACS, SIR, SVS	First Identified: February 2008	2023 Medicare Utilization: 7,200	2025 Work RVU: 6.00 2025 NF PE RVU: 7.21 2025 Fac PE RVU: 2.45 Result: Decrease	
RUC Recommendation: 6.00		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	Global: 090	Issue: Ligation	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent RUC Meeting: September 2007	Tab: 16 Specialty Developing Recommendation: APMA, SVS, ACS	First Identified: September 2007	2023 Medicare Utilization: 745	2025 Work RVU: 3.93 2025 NF PE RVU: 5.31 2025 Fac PE RVU: 2.62 Result: PE Only	
RUC Recommendation: Reduce 99238 to 0.5		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

37X02				Global: ZZZ	Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation:	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Maintain	
RUC Recommendation: 3.00			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		
37X03				Global: 000	Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation:	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Maintain	
RUC Recommendation: 10.75			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		
37X04				Global: ZZZ	Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation:	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Maintain	
RUC Recommendation: 3.89			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		

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37X05				Global: 000	Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation:	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Maintain	
RUC Recommendation: 8.75				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
37X06				Global: ZZZ	Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation:	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Maintain	
RUC Recommendation: 4.00				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
37X07				Global: 000	Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation:	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Maintain	
RUC Recommendation: 12.69				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

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37X08			Global: ZZZ		Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU: Result: Maintain
RUC Recommendation: 4.25			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		
37X09			Global: ZZZ		Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU: Result: Maintain
RUC Recommendation: 3.00			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		
37X10			Global: 000		Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU: Result: Maintain
RUC Recommendation: 7.75			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		

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37X11				Global: ZZZ	Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation:	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Maintain	
RUC Recommendation: 3.00				Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
37X12				Global: 000	Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation:	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Maintain	
RUC Recommendation: 10.50				Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
37X13				Global: ZZZ	Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation:	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Maintain	
RUC Recommendation: 4.00				Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

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37X14			Global: 000		Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU: Result: Maintain
RUC Recommendation: 8.75			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		
37X15			Global: ZZZ		Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU: Result: Maintain
RUC Recommendation: 3.73			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		
37X16			Global: 000		Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU: Result: Maintain
RUC Recommendation: 14.75			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		

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37X17			Global: ZZZ		Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU: Result: Maintain
RUC Recommendation: 5.00			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		
37X18			Global: 000		Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU: Result: Maintain
RUC Recommendation: 9.00			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		
37X19			Global: ZZZ		Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU: Result: Maintain
RUC Recommendation: 4.00			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		

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37X20				Global: 000	Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU: Result: Maintain
RUC Recommendation: 12.63			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		
37X21				Global: ZZZ	Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU: Result: Maintain
RUC Recommendation: 5.50			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		
37X22				Global: 000	Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU: Result: Maintain
RUC Recommendation: 11.00			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		

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37X23				Global: ZZZ	Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation:	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Maintain	
RUC Recommendation: 4.25			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:				
37X24				Global: 000	Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation:	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Maintain	
RUC Recommendation: 15.00			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:				
37X25				Global: ZZZ	Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation:	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Maintain	
RUC Recommendation: 6.00			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:				

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37X26			Global: ZZZ		Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU: Result: Maintain
RUC Recommendation: 4.00			Referred to CPT		Referred to CPT Asst ☐ Published in CPT Asst:		
37X27			Global: 000		Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU: Result: Maintain
RUC Recommendation: 9.80			Referred to CPT		Referred to CPT Asst ☐ Published in CPT Asst:		
37X28			Global: ZZZ		Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU: Result: Maintain
RUC Recommendation: 3.00			Referred to CPT		Referred to CPT Asst ☐ Published in CPT Asst:		

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37X29			Global: 000		Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU: Result: Maintain
RUC Recommendation: 12.31			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		
37X30			Global: ZZZ		Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU: Result: Maintain
RUC Recommendation: 4.26			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		
37X31			Global: 000		Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU: Result: Maintain
RUC Recommendation: 10.00			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

37X32			Global: ZZZ		Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU: Result: Maintain
RUC Recommendation: 3.34			Referred to CPT		Referred to CPT Asst ☐	Published in CPT Asst:	
37X33			Global: 000		Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU: Result: Maintain
RUC Recommendation: 13.46			Referred to CPT		Referred to CPT Asst ☐	Published in CPT Asst:	
37X34			Global: ZZZ		Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU: Result: Maintain
RUC Recommendation: 5.00			Referred to CPT		Referred to CPT Asst ☐	Published in CPT Asst:	

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37X35				Global: 000	Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation:	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Maintain	
RUC Recommendation: 13.50				Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

37X36				Global: ZZZ	Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation:	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Maintain	
RUC Recommendation: 4.75				Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

37X37				Global: 000	Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation:	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Maintain	
RUC Recommendation: 17.00				Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

37X38			Global: ZZZ		Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU: Result: Maintain
RUC Recommendation: 6.50			Referred to CPT		Referred to CPT Asst ☐	Published in CPT Asst:	
37X39			Global: 000		Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU: Result: Maintain
RUC Recommendation: 15.00			Referred to CPT		Referred to CPT Asst ☐	Published in CPT Asst:	
37X40			Global: ZZZ		Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU: Result: Maintain
RUC Recommendation: 6.50			Referred to CPT		Referred to CPT Asst ☐	Published in CPT Asst:	

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37X41				Global: 000	Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting:	January 2025	Tab: 06	Specialty Developing Recommendation:	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Maintain
RUC Recommendation: 18.00				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
37X42				Global: ZZZ	Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting:	January 2025	Tab: 06	Specialty Developing Recommendation:	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Maintain
RUC Recommendation: 8.16				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
37X43				Global: 000	Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting:	January 2025	Tab: 06	Specialty Developing Recommendation:	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Maintain
RUC Recommendation: 11.00				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

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37X44			Global: ZZZ		Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU: Result: Maintain
RUC Recommendation: 4.00			Referred to CPT		Referred to CPT Asst ☐	Published in CPT Asst:	
37X45			Global: 000		Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU: Result: Maintain
RUC Recommendation: 13.70			Referred to CPT		Referred to CPT Asst ☐	Published in CPT Asst:	
37X46			Global: ZZZ		Issue: Lower Extremity Revascularization	Screen: High Volume Growth5 / PE Screen - High Cost Supplies	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 06	Specialty Developing Recommendation: ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU: Result: Maintain
RUC Recommendation: 5.00			Referred to CPT		Referred to CPT Asst ☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

37XX1			Global: 000		Issue: Lower Extremity Revascularization		Screen: High Volume Growth5 / PE Screen - High Cost Supplies		Complete? Yes		
Most Recent RUC Meeting: January 2025			Tab: 06	Specialty Developing Recommendation:	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Maintain			
RUC Recommendation: 7.30					Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:				
38220 Diagnostic bone marrow; aspiration(s)			Global: XXX		Issue: Diagnostic Bone Marrow Aspiration and Biopsy		Screen: CMS High Expenditure Procedural Codes2		Complete? Yes		
Most Recent RUC Meeting: April 2016			Tab: 06	Specialty Developing Recommendation:	ASCO, ASH, CAP ASBMT	First Identified: February 2016	2023 Medicare Utilization: 3,673	2025 Work RVU: 1.20 2025 NF PE RVU: 3.42 2025 Fac PE RVU: 0.71 Result: Decrease			
RUC Recommendation: 1.20					Referred to CPT February 2016 Referred to CPT Asst ☐		Published in CPT Asst:				
38221 Diagnostic bone marrow; biopsy(ies)			Global: XXX		Issue: Diagnostic Bone Marrow Aspiration and Biopsy		Screen: CMS High Expenditure Procedural Codes2		Complete? Yes		
Most Recent RUC Meeting: April 2016			Tab: 06	Specialty Developing Recommendation:	ASCO, ASH, CAP ASBMT	First Identified: July 2015	2023 Medicare Utilization: 5,922	2025 Work RVU: 1.28 2025 NF PE RVU: 3.44 2025 Fac PE RVU: 0.69 Result: Decrease			
RUC Recommendation: 1.28					Referred to CPT February 2016 Referred to CPT Asst ☐		Published in CPT Asst:				

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 119,842	2025 Work RVU: 1.44 2025 NF PE RVU: 3.66 2025 Fac PE RVU: 0.65 Result: Decrease
RUC Recommendation: 1.44			Referred to CPT February 2016 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization: 36,152	2025 Work RVU: 1.59 2025 NF PE RVU: 3.40 2025 Fac PE RVU: 0.80 Result: Increase
RUC Recommendation: 1.59			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:		
38542	Dissection, deep jugular node(s)	Global: 090	Issue: Jugular Node Dissection	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: April 2008	Tab: 40	Specialty Developing Recommendation: ACS, AAO-HNS	First Identified: September 2007	2023 Medicare Utilization: 490	2025 Work RVU: 7.95 2025 NF PE RVU: NA 2025 Fac PE RVU: 6.54 Result: Increase
RUC Recommendation: 7.85			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	Global: 010	Issue: Laparoscopic Prostatectomy	Screen: 010-Day Global Post-Operative Visits / Codes Reported Together 75% or More-Part6	Complete? No				
Most Recent RUC Meeting:	September 2024	Tab: 06	Specialty Developing Recommendation: ACOG, AUA	First Identified: January 2014	2023 Medicare Utilization: 7,737	2025 Work RVU: 8.49	2025 NF PE RVU: NA	2025 Fac PE RVU: 5.63	Result: Maintain
RUC Recommendation:	Review at RAW in 3 years. 9.34			Referred to CPT May 2024	Referred to CPT Asst ☐	Published in CPT Asst:			

38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	Global: 010	Issue: Laparoscopic Prostatectomy	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 2024	Tab: 06	Specialty Developing Recommendation: ACOG, AUA	First Identified: October 2008	2023 Medicare Utilization: 16,367	2025 Work RVU: 12.00	2025 NF PE RVU: NA	2025 Fac PE RVU: 6.33	Result: Decrease
RUC Recommendation:	Review at RAW in 3 years.12.00			Referred to CPT May 2024	Referred to CPT Asst ☐	Published in CPT Asst:			

38572	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple	Global: 010	Issue: Laparoscopic Prostatectomy	Screen: 010-Day Global Post-Operative Visits / Codes Reported Together 75% or More-Part6	Complete? No				
Most Recent RUC Meeting:	September 2024	Tab: 06	Specialty Developing Recommendation: ACOG, AUA	First Identified: January 2014	2023 Medicare Utilization: 1,244	2025 Work RVU: 15.60	2025 NF PE RVU: NA	2025 Fac PE RVU: 8.97	Result: Decrease
RUC Recommendation:	Review at RAW in 3 years.15.60			Referred to CPT May 2024	Referred to CPT Asst ☐	Published in CPT Asst:			

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38573	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(ies), omentectomy, and diaphragmatic washings, including diaphragmatic and other serosal biopsy(ies), when perfo	Global: 010	Issue: Laparoscopic Prostatectomy	Screen: Codes Reported Together 75% or More-Part6	Complete? No
Most Recent RUC Meeting:	September 2024	Tab: 06	Specialty Developing Recommendation: ACOG, AUA	First Identified: May 2024	2023 Medicare Utilization: 278
RUC Recommendation:	Review at RAW in 3 years.		Referred to CPT May 2024	Referred to CPT Asst ☐	Published in CPT Asst:
				2025 Work RVU:	20.00
				2025 NF PE RVU:	NA
				2025 Fac PE RVU:	12.06
				Result:	
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	2023 Medicare Utilization: 26,724
RUC Recommendation:	0.65		Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:
				2025 Work RVU:	0.65
				2025 NF PE RVU:	1.74
				2025 Fac PE RVU:	0.23
				Result:	Increase
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	2023 Medicare Utilization:
RUC Recommendation:	Deleted from CPT		Referred to CPT October 2014	Referred to CPT Asst ☐	Published in CPT Asst:
				2025 Work RVU:	
				2025 NF PE RVU:	
				2025 Fac PE RVU:	
				Result:	Deleted from CPT
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	2023 Medicare Utilization: 219
RUC Recommendation:	5.44		Referred to CPT October 2014	Referred to CPT Asst ☐	Published in CPT Asst:
				2025 Work RVU:	5.44
				2025 NF PE RVU:	NA
				2025 Fac PE RVU:	2.44
				Result:	Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 1,760	2025 Work RVU: 7.25 2025 NF PE RVU: NA 2025 Fac PE RVU: 2.95 Result: Increase
RUC Recommendation: 7.50	Referred to CPT October 2014 Referred to CPT Asst ☐ Published in CPT Asst:				

40490	Biopsy of lip	Global: 000	Issue: Biopsy of Lip	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: September 2011	Tab: 21	Specialty Developing Recommendation: AAO-HNS, AAD	First Identified: April 2011	2023 Medicare Utilization: 27,618	2025 Work RVU: 1.22 2025 NF PE RVU: 2.31 2025 Fac PE RVU: 0.73 Result: Maintain
RUC Recommendation: 1.22	Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:				

40650	Repair lip, full thickness; vermilion only	Global: 090	Issue: PE Subcommittee	Screen: Emergent Procedures	Complete? Yes
Most Recent RUC Meeting: April 2016	Tab: 46	Specialty Developing Recommendation: AAOS, ACEP, and orthopaedic subspecialties	First Identified: October 2015	2023 Medicare Utilization: 396	2025 Work RVU: 3.78 2025 NF PE RVU: 10.03 2025 Fac PE RVU: 5.21 Result: PE Only
RUC Recommendation: PE Clinical staff pre-time revised	Referred to CPT Referred to CPT Asst ☒ Published in CPT Asst: Nov 2016				

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	2023 Medicare Utilization: 2,126	2025 Work RVU: 1.23 2025 NF PE RVU: 4.76 2025 Fac PE RVU: 2.29 Result: Maintain
RUC Recommendation: Maintain	Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:				

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 815

2025 Work RVU: 2.63

2025 NF PE RVU: 5.97

2025 Fac PE RVU: 3.21

Result: PE Only

RUC Recommendation: Maintain. Reduced 99238 to 0.5

Referred to CPT

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

40808 Biopsy, vestibule of mouth

Global: 010

Issue: Biopsy of Mouth Lesion

Screen: Negative IWPUT

Complete? Yes

Most Recent RUC Meeting: April 2018

Tab: 13

Specialty Developing Recommendation: AAOHNS, AAOMS

First Identified: April 2017

2023 Medicare Utilization: 9,007

2025 Work RVU: 1.05

2025 NF PE RVU: 3.87

2025 Fac PE RVU: 1.55

Result: Increase

RUC Recommendation: 1.05

Referred to CPT

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

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

2023 Medicare Utilization: 6,470

2025 Work RVU: 2.37

2025 NF PE RVU: 5.66

2025 Fac PE RVU: 2.89

Result: Maintain

RUC Recommendation: Maintain

Referred to CPT

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

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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	2023 Medicare Utilization: 1,550	2025 Work RVU: 1.34
RUC Recommendation: Maintain			Referred to CPT	2025 NF PE RVU: 6.14	2025 Fac PE RVU: 3.48
			Referred to CPT Asst ☐	Published in CPT Asst:	Result: Maintain
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	2023 Medicare Utilization: 80	2025 Work RVU: 3.50
RUC Recommendation: 3.50			Referred to CPT	2025 NF PE RVU: 22.64	2025 Fac PE RVU: 7.36
			Referred to CPT Asst ☐	Published in CPT Asst:	Result: Decrease
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	2023 Medicare Utilization: 358	2025 Work RVU: 9.78
RUC Recommendation: 9.63			Referred to CPT	2025 NF PE RVU: NA	2025 Fac PE RVU: 9.59
			Referred to CPT Asst ☐	Published in CPT Asst:	Result: Maintain
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	2023 Medicare Utilization: 4,507	2025 Work RVU: 17.16
RUC Recommendation: 18.12			Referred to CPT	2025 NF PE RVU: NA	2025 Fac PE RVU: 12.30
			Referred to CPT Asst ☐	Published in CPT Asst:	Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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

Most Recent RUC Meeting: February 2011

Tab: 27

Specialty Developing Recommendation: ACS, AAO-HNS

First Identified: September 2007

2023 Medicare Utilization: 1,187

2025 Work RVU: 19.53

2025 NF PE RVU: NA

2025 Fac PE RVU: 13.40

Result: Maintain

RUC Recommendation: 21.00

Referred to CPT

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

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

2023 Medicare Utilization: 1,439

2025 Work RVU: 6.14

2025 NF PE RVU: NA

2025 Fac PE RVU: 5.61

Result: Maintain

RUC Recommendation: 7.13

Referred to CPT

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

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

2023 Medicare Utilization: 2,139

2025 Work RVU: 2.49

2025 NF PE RVU: NA

2025 Fac PE RVU: 1.82

Result: Increase

RUC Recommendation: 2.78

Referred to CPT

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

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

2023 Medicare Utilization: 250

2025 Work RVU: 2.79

2025 NF PE RVU: NA

2025 Fac PE RVU: 1.92

Result: Increase

RUC Recommendation: 3.21

Referred to CPT

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

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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	2023 Medicare Utilization: 167	2025 Work RVU: 2.79
RUC Recommendation: 3.36			Referred to CPT		2025 NF PE RVU: NA
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: 1.91
					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	2023 Medicare Utilization: 85	2025 Work RVU: 3.51
RUC Recommendation: 3.99			Referred to CPT		2025 NF PE RVU: NA
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: 1.76
					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	2023 Medicare Utilization: 625	2025 Work RVU: 3.07
RUC Recommendation: 3.21			Referred to CPT		2025 NF PE RVU: NA
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: 2.05
					Result: Increase

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	2023 Medicare Utilization: 310	2025 Work RVU: 3.31
RUC Recommendation: 3.36			Referred to CPT		2025 NF PE RVU: NA
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: 2.13
					Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

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:	Tab: 10 October 2012	Specialty Developing Recommendation: AAO-HNS, ASGE, SAGES, AGA	First Identified: September 2011	2023 Medicare Utilization: 1,068	2025 Work RVU: 1.52 2025 NF PE RVU: 4.02 2025 Fac PE RVU: 0.70 Result: Maintain
RUC Recommendation:	1.59	Referred to CPT 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:	Tab: 10 October 2012	Specialty Developing Recommendation: AAO-HNS, ASGE, SAGES, AGA	First Identified: September 2011	2023 Medicare Utilization: 233	2025 Work RVU: 1.82 2025 NF PE RVU: 4.33 2025 Fac PE RVU: 0.86 Result: Maintain
RUC Recommendation:	1.89	Referred to CPT 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:	Tab: 10 October 2012	Specialty Developing Recommendation: AAO-HNS, AGA, ASGE, SAGES	First Identified: September 2011	2023 Medicare Utilization: 3,227	2025 Work RVU: 1.42 2025 NF PE RVU: 6.16 2025 Fac PE RVU: 0.99 Result: Maintain
RUC Recommendation:	1.59	Referred to CPT May 2012 Referred to CPT Asst ☐	Published in CPT Asst:		
43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	Global: 000	Issue: Esophagoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting:	Tab: 10 October 2012	Specialty Developing Recommendation: AGA, ASGE, SAGES	First Identified: September 2011	2023 Medicare Utilization: 197	2025 Work RVU: 1.72 2025 NF PE RVU: 5.77 2025 Fac PE RVU: 1.14 Result: Decrease
RUC Recommendation:	1.90	Referred to CPT May 2012 Referred to CPT Asst ☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 1,638	2025 Work RVU: 1.72 2025 NF PE RVU: 8.46 2025 Fac PE RVU: 1.12 Result: Maintain
RUC Recommendation: 1.89			Referred to CPT May 2012 Referred to CPT Asst ☐	Published in CPT Asst:	

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	2023 Medicare Utilization: 4	2025 Work RVU: 2.33 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.41 Result: Decrease
RUC Recommendation: 2.89			Referred to CPT May 2012 Referred to CPT Asst ☐	Published in CPT Asst:	

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	2023 Medicare Utilization: 65	2025 Work RVU: 2.44 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.45 Result: Decrease
RUC Recommendation: 3.00			Referred to CPT May 2012 Referred to CPT Asst ☐	Published in CPT Asst:	

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	2023 Medicare Utilization: 6	2025 Work RVU: 2.29 2025 NF PE RVU: 6.45 2025 Fac PE RVU: 1.40 Result: Decrease
RUC Recommendation: 2.39			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

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

2023
Medicare
Utilization: 83

2025 Work RVU: 4.20

2025 NF PE RVU: NA

2025 Fac PE RVU: 2.24

Result: Decrease

RUC Recommendation: 4.58

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

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

2023
Medicare
Utilization: 487

2025 Work RVU: 3.40

2025 NF PE RVU: NA

2025 Fac PE RVU: 1.65

Result: Decrease

RUC Recommendation: 3.73

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

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

2023
Medicare
Utilization: 102

2025 Work RVU: 4.63

2025 NF PE RVU: 29.65

2025 Fac PE RVU: 2.37

Result: Decrease

RUC Recommendation: 5.00

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

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

2023
Medicare
Utilization: 157

2025 Work RVU: 3.40

2025 NF PE RVU: NA

2025 Fac PE RVU: 1.88

Result: Decrease

RUC Recommendation: 3.78

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

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

2023
Medicare
Utilization: 666

2025 Work RVU: 2.44
2025 NF PE RVU: 8.71
2025 Fac PE RVU: 1.39
Result: Maintain

RUC Recommendation: 2.60

Referred to CPT May 2012
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

2023
Medicare
Utilization: 137

2025 Work RVU: 2.30
2025 NF PE RVU: 9.36
2025 Fac PE RVU: 1.40
Result: Maintain

RUC Recommendation: 2.40

Referred to CPT May 2012
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

2023
Medicare
Utilization: 32

2025 Work RVU: 2.80
2025 NF PE RVU: 9.20
2025 Fac PE RVU: 1.61
Result: Maintain

RUC Recommendation: 2.90

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

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

2023
Medicare
Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 1,625	2025 Work RVU: 2.00 2025 NF PE RVU: 23.32 2025 Fac PE RVU: 1.25 Result: Maintain
RUC Recommendation: 2.10			Referred to CPT May 2012 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization: 1,195	2025 Work RVU: 2.24 2025 NF PE RVU: 8.75 2025 Fac PE RVU: 1.29 Result: Maintain
RUC Recommendation: 2.34			Referred to CPT May 2012 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization: 103	2025 Work RVU: 2.89 2025 NF PE RVU: 13.98 2025 Fac PE RVU: 1.64 Result: Decrease
RUC Recommendation: 3.26			Referred to CPT May 2012 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT May 2012 Referred to CPT Asst ☐ Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 1,164

2025 Work RVU: 3.49

2025 NF PE RVU: 16.55

2025 Fac PE RVU: 1.89

Result: Decrease

RUC Recommendation: 3.72

Referred to CPT

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

43231 Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab: 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES

First Identified: September 2011

2023 Medicare Utilization: 457

2025 Work RVU: 2.80

2025 NF PE RVU: NA

2025 Fac PE RVU: 1.52

Result: Maintain

RUC Recommendation: 3.19

Referred to CPT May 2012

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

43232 Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013

Tab: 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES

First Identified: September 2011

2023 Medicare Utilization: 289

2025 Work RVU: 3.59

2025 NF PE RVU: NA

2025 Fac PE RVU: 1.88

Result: Decrease

RUC Recommendation: 3.83

Referred to CPT May 2012

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

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

2023 Medicare Utilization: 1,060

2025 Work RVU: 4.07

2025 NF PE RVU: NA

2025 Fac PE RVU: 2.08

Result: Decrease

RUC Recommendation: 4.45

Referred to CPT October 2012

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT February 2012 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization: 231,264	2025 Work RVU: 2.09 2025 NF PE RVU: 6.18 2025 Fac PE RVU: 1.29 Result: Decrease
RUC Recommendation: 2.26			Referred to CPT October 2012 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization: 13,112	2025 Work RVU: 2.39 2025 NF PE RVU: 9.06 2025 Fac PE RVU: 1.42 Result: Decrease
RUC Recommendation: 2.57			Referred to CPT October 2012 Referred to CPT Asst ☒ Published in CPT Asst: Apr 2009 and Jun 2010		

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 19,537	2025 Work RVU: 3.47 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.91 Result: Decrease	
RUC Recommendation: 3.85		Referred to CPT February 2013 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 stru	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	2023 Medicare Utilization: 16,192	2025 Work RVU: 4.16 2025 NF PE RVU: NA 2025 Fac PE RVU: 2.22 Result: Decrease	
RUC Recommendation: 4.50		Referred to CPT February 2013 Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 1,166,120	2025 Work RVU: 2.39 2025 NF PE RVU: 8.36 2025 Fac PE RVU: 1.42 Result: Maintain	
RUC Recommendation: 2.39		Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 1,272	2025 Work RVU: 7.15
RUC Recommendation: 7.25			Referred to CPT February 2013		2025 NF PE RVU: NA
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: 3.56
					Result: Increase

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	2023 Medicare Utilization: 4,168	2025 Work RVU: 2.49
RUC Recommendation: 2.59			Referred to CPT October 2012		2025 NF PE RVU: NA
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: 1.41
					Result: Maintain

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 surgical	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	2023 Medicare Utilization: 24,366	2025 Work RVU: 4.73
RUC Recommendation: 5.39			Referred to CPT February 2013		2025 NF PE RVU: NA
			Referred to CPT Asst ☒	Published in CPT Asst: Mar 2009	2025 Fac PE RVU: 2.47
					Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 310

2025 Work RVU: 4.27

2025 NF PE RVU: NA

2025 Fac PE RVU: 2.18

Result: Decrease

RUC Recommendation: 4.37

Referred to CPT October 2012

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

2023 Medicare Utilization: 17,137

2025 Work RVU: 4.40

2025 NF PE RVU: NA

2025 Fac PE RVU: 2.32

Result: Decrease

RUC Recommendation: 4.50

Referred to CPT October 2012

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

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

2023 Medicare Utilization: 11,985

2025 Work RVU: 3.08

2025 NF PE RVU: 13.69

2025 Fac PE RVU: 1.69

Result: Maintain

RUC Recommendation: 3.18

Referred to CPT October 2012

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

2023 Medicare Utilization: 47,724

2025 Work RVU: 3.56

2025 NF PE RVU: NA

2025 Fac PE RVU: 1.83

Result: Maintain

RUC Recommendation: 4.32

Referred to CPT October 2012

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 22,139	2025 Work RVU: 3.11 2025 NF PE RVU: 7.82 2025 Fac PE RVU: 1.72 Result: Decrease	
RUC Recommendation: 3.27				Referred to CPT October 2012 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	2023 Medicare Utilization: 85,103	2025 Work RVU: 2.91 2025 NF PE RVU: 8.88 2025 Fac PE RVU: 1.65 Result: Decrease	
RUC Recommendation: 3.01				Referred to CPT October 2012 Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 119,490	2025 Work RVU: 2.67 2025 NF PE RVU: 27.63 2025 Fac PE RVU: 1.54 Result: Decrease	
RUC Recommendation: 2.77				Referred to CPT October 2012 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	2023 Medicare Utilization: 2,527	2025 Work RVU: 2.97 2025 NF PE RVU: 9.79 2025 Fac PE RVU: 1.65 Result: Decrease	
RUC Recommendation: 3.07				Referred to CPT October 2012 Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 42,905

2025 Work RVU: 3.47

2025 NF PE RVU: 10.57

2025 Fac PE RVU: 1.90

Result: Decrease

RUC Recommendation: 3.57

Referred to CPT October 2012

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

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

2023 Medicare Utilization: 1,710

2025 Work RVU: 4.73

2025 NF PE RVU: NA

2025 Fac PE RVU: 2.47

Result: Decrease

RUC Recommendation: 5.39

Referred to CPT February 2013

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

2023 Medicare Utilization: 6,053

2025 Work RVU: 4.87

2025 NF PE RVU: NA

2025 Fac PE RVU: 2.53

Result: Decrease

RUC Recommendation: 5.25

Referred to CPT October 2012

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

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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

2023 Medicare Utilization: 51,562

2025 Work RVU: 3.56

2025 NF PE RVU: 14.17

2025 Fac PE RVU: 1.95

Result: Decrease

RUC Recommendation: 4.20

Referred to CPT October 2012

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

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

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

2023 Medicare Utilization: 72

2025 Work RVU: 4.15

2025 NF PE RVU: NA

2025 Fac PE RVU: 2.22

Result: Decrease

RUC Recommendation: 4.25

Referred to CPT October 2012

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

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

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

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

2023 Medicare Utilization: 29,545

2025 Work RVU: 4.04

2025 NF PE RVU: NA

2025 Fac PE RVU: 2.17

Result: Decrease

RUC Recommendation: 4.74

Referred to CPT February 2013

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

2023 Medicare Utilization: 3,203

2025 Work RVU: 5.85

2025 NF PE RVU: NA

2025 Fac PE RVU: 2.97

Result: Maintain

RUC Recommendation: 5.95

Referred to CPT February 2013

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 6,210	2025 Work RVU: 6.15 2025 NF PE RVU: NA 2025 Fac PE RVU: 3.10 Result: Decrease
RUC Recommendation: 6.25			Referred to CPT January 2013 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization: 23,667	2025 Work RVU: 6.50 2025 NF PE RVU: NA 2025 Fac PE RVU: 3.26 Result: Decrease
RUC Recommendation: 6.60			Referred to CPT January 2013 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization: 9	2025 Work RVU: 6.50 2025 NF PE RVU: NA 2025 Fac PE RVU: 3.27 Result: Maintain
RUC Recommendation: 7.28			Referred to CPT February 2013 Referred to CPT Asst ☐ Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 53,092	2025 Work RVU: 6.63 2025 NF PE RVU: NA 2025 Fac PE RVU: 3.32 Result: Decrease
RUC Recommendation: 6.73			Referred to CPT February 2013 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization: 2,151	2025 Work RVU: 7.93 2025 NF PE RVU: NA 2025 Fac PE RVU: 3.89 Result: Decrease
RUC Recommendation: 8.03			Referred to CPT February 2013 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization: 5,886	2025 Work RVU: 3.92 2025 NF PE RVU: NA 2025 Fac PE RVU: 2.00 Result: Decrease
RUC Recommendation: 4.40			Referred to CPT October 2012 Referred to CPT Asst ☐ Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

43267	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube	Global:	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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation: Deleted from CPT		Referred to CPT February 2013		2025 NF PE RVU:	
		Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	
				Result: Deleted from CPT	
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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation: Deleted from CPT		Referred to CPT February 2013		2025 NF PE RVU:	
		Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	
				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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation: Deleted from CPT		Referred to CPT February 2013		2025 NF PE RVU:	
		Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	
				Result: Deleted from CPT	

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 17,070

2025 Work RVU: 4.01
2025 NF PE RVU: 16.63
2025 Fac PE RVU: 2.14
Result: Decrease

RUC Recommendation: 4.39

Referred to CPT October 2012

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

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

2023 Medicare Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2013

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

43272	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	Global:	Issue: ERCP	Screen: MPC List	Complete? Yes

Most Recent RUC Meeting: April 2013

Tab: 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES

First Identified: September 2011

2023 Medicare Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2013

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 7,532	2025 Work RVU: 2.24 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.00 Result: Maintain	
RUC Recommendation: 2.24		Referred to CPT February 2013 Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 39,292	2025 Work RVU: 8.48 2025 NF PE RVU: NA 2025 Fac PE RVU: 4.14 Result: Decrease	
RUC Recommendation: 8.74		Referred to CPT February 2013 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	2023 Medicare Utilization: 13,108	2025 Work RVU: 6.86 2025 NF PE RVU: NA 2025 Fac PE RVU: 3.42 Result: Decrease	
RUC Recommendation: 6.96		Referred to CPT February 2013 Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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 exchange	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

**2023
Medicare
Utilization:** 16,091

2025 Work RVU: 8.84

2025 NF PE RVU: NA

2025 Fac PE RVU: 4.30

Result: Decrease

RUC Recommendation: 9.10

Referred to CPT February 2013

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

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

**2023
Medicare
Utilization:** 5,426

2025 Work RVU: 6.90

2025 NF PE RVU: NA

2025 Fac PE RVU: 3.44

Result: Decrease

RUC Recommendation: 7.11

Referred to CPT February 2013

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

43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed	Global: 000	Issue: ERCP	Screen: MPC List	Complete? Yes

**Most Recent
RUC Meeting:** April 2013

Tab: 12

**Specialty Developing
Recommendation:** AGA, ASGE,
SAGES

**First
Identified:** September 2011

**2023
Medicare
Utilization:** 454

2025 Work RVU: 7.92

2025 NF PE RVU: NA

2025 Fac PE RVU: 3.89

Result: Decrease

RUC Recommendation: 8.08

Referred to CPT February 2013

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 52,545	2025 Work RVU: 1.28 2025 NF PE RVU: 4.16 2025 Fac PE RVU: 0.94 Result: Decrease
RUC Recommendation: 1.30			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	

43453	Dilation of esophagus, over guide wire	Global: 000	Issue: Dilation of Esophagus	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting: October 2012	Tab: 17	Specialty Developing Recommendation: AGA, ASGE, SAGES, AAO-HNS	First Identified: September 2011	2023 Medicare Utilization: 1,003	2025 Work RVU: 1.41 2025 NF PE RVU: 21.20 2025 Fac PE RVU: 1.00 Result: Maintain
RUC Recommendation: 1.51			Referred to CPT May 2012 Referred to CPT Asst ☐	Published in CPT Asst:	

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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT October 2012 Referred to CPT Asst ☐	Published in CPT Asst:	

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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT October 2012 Referred to CPT Asst ☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT		Referred to CPT September 2017 Referred to CPT Asst ☐ Published in CPT Asst:			
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? No
Most Recent RUC Meeting: January 2022	Tab: 20	Specialty Developing Recommendation: ACEP, ACG, ACS, AGA, ASGE	First Identified: September 2017	2023 Medicare Utilization: 45,121	2025 Work RVU: 0.75 2025 NF PE RVU: 5.67 2025 Fac PE RVU: 0.22 Result: Decrease
RUC Recommendation: 0.75. CPT Assistant article		Referred to CPT Referred to CPT Asst ☒ Published in CPT Asst: June 2022			
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? No
Most Recent RUC Meeting: January 2022	Tab: 20	Specialty Developing Recommendation: ACEP, ACG, ACS, AGA, ASGE	First Identified: September 2017	2023 Medicare Utilization: 2,112	2025 Work RVU: 1.41 2025 NF PE RVU: 8.01 2025 Fac PE RVU: 0.94 Result: Decrease
RUC Recommendation: 1.41. CPT Assistant article.		Referred to CPT Referred to CPT Asst ☒ Published in CPT Asst: June 2022			

Status Report: CMS Requests and Relativity Assessment Issues

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:	Tab: 54 January 2016	Specialty Developing Recommendation:	First Identified: October 2015	2023 Medicare Utilization: 7,777	2025 Work RVU: 27.79 2025 NF PE RVU: NA 2025 Fac PE RVU: 15.23 Result: Remove from Screen
RUC Recommendation:	99214 visit appropriate. Remove from screen.	Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy	Global: 090	Issue: Laproscopic Procedures	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting:	Tab: 26 October 2008	Specialty Developing Recommendation: ACS, ASCRS	First Identified: October 2008	2023 Medicare Utilization: 10,527	2025 Work RVU: 22.95 2025 NF PE RVU: NA 2025 Fac PE RVU: 12.26 Result: Remove from Screen
RUC Recommendation:	Remove from screen	Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
44207	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	Global: 090	Issue: Laproscopic Procedures	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting:	Tab: 26 October 2008	Specialty Developing Recommendation: ACS, ASCRS	First Identified: February 2008	2023 Medicare Utilization: 8,896	2025 Work RVU: 31.92 2025 NF PE RVU: NA 2025 Fac PE RVU: 15.85 Result: Remove from Screen
RUC Recommendation:	Remove from screen	Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
44380	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Global: 000	Issue: Ileoscopy Ileoscopy	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting:	Tab: 04 October 2013	Specialty Developing Recommendation: AGA, ASGE, ACG	First Identified: September 2011	2023 Medicare Utilization: 1,386	2025 Work RVU: 0.87 2025 NF PE RVU: 4.89 2025 Fac PE RVU: 0.74 Result: Decrease
RUC Recommendation:	0.97	Referred to CPT May 2013 Referred to CPT Asst ☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 127
RUC Recommendation:	1.48	Referred to CPT	May 2013	Referred to CPT Asst	☐ Published in CPT Asst:
				2025 Work RVU:	1.38
				2025 NF PE RVU:	26.08
				2025 Fac PE RVU:	0.96
				Result:	Decrease
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	2023 Medicare Utilization: 1,281
RUC Recommendation:	1.27	Referred to CPT	May 2013	Referred to CPT Asst	☐ Published in CPT Asst:
				2025 Work RVU:	1.17
				2025 NF PE RVU:	7.37
				2025 Fac PE RVU:	0.89
				Result:	Maintain
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	2023 Medicare Utilization:
RUC Recommendation:	Deleted from CPT	Referred to CPT	May 2013	Referred to CPT Asst	☐ Published in CPT Asst:
				2025 Work RVU:	
				2025 NF PE RVU:	
				2025 Fac PE RVU:	
				Result:	Deleted from CPT
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	2023 Medicare Utilization: 50
RUC Recommendation:	3.11	Referred to CPT	May 2013	Referred to CPT Asst	☐ Published in CPT Asst:
				2025 Work RVU:	2.85
				2025 NF PE RVU:	NA
				2025 Fac PE RVU:	1.34
				Result:	Decrease

Status Report: CMS Requests and Relativity Assessment Issues

44385 Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or JJ]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) **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

2023 Medicare Utilization: 906

2025 Work RVU: 1.20

2025 NF PE RVU: 5.09

2025 Fac PE RVU: 0.81

Result: Decrease

RUC Recommendation: 1.30

Referred to CPT May 2013

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

44386 Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or JJ]); with biopsy, single or multiple **Global:** 000 **Issue:** Pouchoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013

Tab: 05

Specialty Developing Recommendation:

ACG, ACS, AGA, ASGE, ASCRS, SAGES

First Identified: September 2011

2023 Medicare Utilization: 1,920

2025 Work RVU: 1.50

2025 NF PE RVU: 7.42

2025 Fac PE RVU: 0.97

Result: Decrease

RUC Recommendation: 1.60

Referred to CPT May 2013

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

2023 Medicare Utilization: 3,153

2025 Work RVU: 2.72

2025 NF PE RVU: 6.30

2025 Fac PE RVU: 1.51

Result: Maintain

RUC Recommendation: 2.82

Referred to CPT October 2013

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

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

2023 Medicare Utilization: 1,957

2025 Work RVU: 3.02

2025 NF PE RVU: 8.71

2025 Fac PE RVU: 1.66

Result: Decrease

RUC Recommendation: 3.12

Referred to CPT October 2013

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 21	2025 Work RVU: 3.74
RUC Recommendation: 3.82			Referred to CPT October 2013		2025 NF PE RVU: 7.80
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: 2.03
					Result: Maintain

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	2023 Medicare Utilization: 126	2025 Work RVU: 4.12
RUC Recommendation: 4.22			Referred to CPT October 2013		2025 NF PE RVU: 13.92
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: 2.17
					Result: Decrease

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	2023 Medicare Utilization: 192	2025 Work RVU: 3.53
RUC Recommendation: 3.63			Referred to CPT October 2013		2025 NF PE RVU: 7.47
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: 1.81
					Result: Decrease

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	2023 Medicare Utilization:	2025 Work RVU:
RUC Recommendation: Deleted from CPT			Referred to CPT October 2013		2025 NF PE RVU:
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:
					Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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:	Tab: 08	Specialty Developing Recommendation:	ASCRS, ACS, SAGES, AGA, ASGE, ACG	First Identified: September 2011	2023 Medicare Utilization: 1,650
RUC Recommendation: 4.13			Referred to CPT	October 2013	2025 Work RVU: 4.03
			Referred to CPT Asst	☐	Published in CPT Asst:
					2025 NF PE RVU: 8.40
					2025 Fac PE RVU: 2.10
					Result: Decrease
44397	Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)	Global:	Issue: Colonoscopy through stoma	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting:	Tab: 08	Specialty Developing Recommendation:	ASCRS, ACS, SAGES, AGA, ASGE, ACG	First Identified: September 2011	2023 Medicare Utilization:
RUC Recommendation: Deleted from CPT			Referred to CPT	October 2013	2025 Work RVU:
			Referred to CPT Asst	☐	Published in CPT Asst:
					2025 NF PE RVU:
					2025 Fac PE RVU:
					Result: Deleted from CPT
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:	Tab: 08	Specialty Developing Recommendation:	ASCRS, ACS, SAGES, AGA, ASGE, ACG	First Identified: September 2011	2023 Medicare Utilization: 38
RUC Recommendation: 4.44			Referred to CPT	October 2013	2025 Work RVU: 4.34
			Referred to CPT Asst	☐	Published in CPT Asst:
					2025 NF PE RVU: 61.83
					2025 Fac PE RVU: 2.30
					Result: Decrease
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:	Tab: 08	Specialty Developing Recommendation:	ASCRS, ACS, SAGES, AGA, ASGE, ACG	First Identified: January 2014	2023 Medicare Utilization: 11
RUC Recommendation: 4.96			Referred to CPT	October 2013	2025 Work RVU: 4.70
			Referred to CPT Asst	☐	Published in CPT Asst:
					2025 NF PE RVU: NA
					2025 Fac PE RVU: 2.46
					Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 64	2025 Work RVU: 5.50 2025 NF PE RVU: NA 2025 Fac PE RVU: 2.82 Result: Decrease	
RUC Recommendation: 5.81				Referred to CPT October 2013 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	2023 Medicare Utilization: 168	2025 Work RVU: 3.02 2025 NF PE RVU: 8.96 2025 Fac PE RVU: 1.66 Result: Decrease	
RUC Recommendation: 3.13				Referred to CPT October 2013 Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 35	2025 Work RVU: 3.23 2025 NF PE RVU: 12.54 2025 Fac PE RVU: 1.81 Result: Decrease	
RUC Recommendation: 3.33				Referred to CPT October 2013 Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 4	2025 Work RVU: 4.10 2025 NF PE RVU: NA 2025 Fac PE RVU: 2.19 Result: Decrease	
RUC Recommendation: 4.41				Referred to CPT October 2013 Referred to CPT Asst ☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

44407 Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjae **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

2023 Medicare Utilization: 1

2025 Work RVU: 4.96

2025 NF PE RVU: NA

2025 Fac PE RVU: 2.58

Result: Decrease

RUC Recommendation: 5.06

Referred to CPT October 2013

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

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

2023 Medicare Utilization: 21

2025 Work RVU: 4.14

2025 NF PE RVU: NA

2025 Fac PE RVU: 2.21

Result: Decrease

RUC Recommendation: 4.24

Referred to CPT October 2013

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

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

Status Report: CMS Requests and Relativity Assessment Issues

44950 Appendectomy;		Global: 090	Issue: Appendectomy	Screen: Site of Service Anomaly - 2025	Complete? No
Most Recent RUC Meeting: April 2025	Tab: 14	Specialty Developing Recommendation:	First Identified: April 2025	2023 Medicare Utilization: 627	2025 Work RVU: 10.60 2025 NF PE RVU: NA 2025 Fac PE RVU: 6.25 Result:
RUC Recommendation: Survey		Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:	
44955 Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)		Global: ZZZ	Issue: Appendectomy	Screen: Site of Service Anomaly - 2025	Complete? No
Most Recent RUC Meeting: April 2025	Tab: 14	Specialty Developing Recommendation:	First Identified: April 2025	2023 Medicare Utilization: 2,356	2025 Work RVU: 1.53 2025 NF PE RVU: NA 2025 Fac PE RVU: 0.62 Result:
RUC Recommendation: Survey		Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:	
44960 Appendectomy; for ruptured appendix with abscess or generalized peritonitis		Global: 090	Issue: Appendectomy	Screen: Site of Service Anomaly - 2025	Complete? No
Most Recent RUC Meeting: April 2025	Tab: 14	Specialty Developing Recommendation:	First Identified: April 2025	2023 Medicare Utilization: 549	2025 Work RVU: 14.50 2025 NF PE RVU: NA 2025 Fac PE RVU: 8.40 Result:
RUC Recommendation: Survey		Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

44970 Laparoscopy, surgical, appendectomy

Global: 090

Issue: Appendectomy

Screen: CMS Fastest Growing /
Site of Service Anomaly -
2025

Complete? No

**Most Recent
RUC Meeting:** April 2025

Tab: 14

**Specialty Developing
Recommendation:** ACS

**First
Identified:** October 2008

**2023
Medicare
Utilization:** 19,647

2025 Work RVU: 9.45

2025 NF PE RVU: NA

2025 Fac PE RVU: 6.53

Result:

RUC Recommendation: Survey

Referred to CPT

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

45170 Deleted from CPT

Global:

Issue: Rectal Tumor Excision

Screen: Site of Service Anomaly

Complete? Yes

**Most Recent
RUC Meeting:** February 2009

Tab: 11

**Specialty Developing
Recommendation:** ACS, ASCRS,
ASGS

**First
Identified:** September 2007

**2023
Medicare
Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2008

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

45171 Excision of rectal tumor, transanal approach; not including muscularis propria
(ie, partial thickness)

Global: 090

Issue: Rectal Tumor Excision

Screen: Site of Service Anomaly

Complete? Yes

**Most Recent
RUC Meeting:** February 2009

Tab: 11

**Specialty Developing
Recommendation:** ACS, ASCRS,
ASGS

**First
Identified:** September 2007

**2023
Medicare
Utilization:** 1,987

2025 Work RVU: 8.13

2025 NF PE RVU: NA

2025 Fac PE RVU: 9.04

Result: Decrease

RUC Recommendation: 8.00

Referred to CPT

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

45172 Excision of rectal tumor, transanal approach; including muscularis propria (ie,
full thickness)

Global: 090

Issue: Rectal Tumor Excision

Screen: Site of Service Anomaly

Complete? Yes

**Most Recent
RUC Meeting:** February 2009

Tab: 11

**Specialty Developing
Recommendation:** ACS, ASCRS,
ASGS

**First
Identified:** September 2007

**2023
Medicare
Utilization:** 1,706

2025 Work RVU: 12.13

2025 NF PE RVU: NA

2025 Fac PE RVU: 10.61

Result: Decrease

RUC Recommendation: 12.00

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 14,357

2025 Work RVU: 0.80
2025 NF PE RVU: 2.95
2025 Fac PE RVU: 0.53
Result: Maintain

RUC Recommendation: 0.80

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

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

2023 Medicare Utilization: 38,732

2025 Work RVU: 0.84
2025 NF PE RVU: 4.60
2025 Fac PE RVU: 0.74
Result: Decrease

RUC Recommendation: 0.84

Referred to CPT May 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

45331 Sigmoidoscopy, flexible; with biopsy, single or multiple **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013

Tab: 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES

First Identified: September 2011

2023 Medicare Utilization: 28,372

2025 Work RVU: 1.14
2025 NF PE RVU: 7.11
2025 Fac PE RVU: 0.87
Result: Decrease

RUC Recommendation: 1.14

Referred to CPT May 2013
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

2023 Medicare Utilization: 288

2025 Work RVU: 1.76
2025 NF PE RVU: 6.21
2025 Fac PE RVU: 1.14
Result: Decrease

RUC Recommendation: 1.85

Referred to CPT May 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 466

2025 Work RVU: 1.55

2025 NF PE RVU: 7.83

2025 Fac PE RVU: 1.03

Result: Decrease

RUC Recommendation: 1.65

Referred to CPT May 2013

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

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

2023 Medicare Utilization: 3,017

2025 Work RVU: 2.00

2025 NF PE RVU: 11.99

2025 Fac PE RVU: 1.25

Result: Decrease

RUC Recommendation: 2.10

Referred to CPT May 2013

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

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

2023 Medicare Utilization: 2,444

2025 Work RVU: 1.04

2025 NF PE RVU: 7.35

2025 Fac PE RVU: 0.82

Result: Decrease

RUC Recommendation: 1.15

Referred to CPT May 2013

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

45337 Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed

Global: 000

Issue: Flexible Sigmoidoscopy

Screen: MPC List

Complete? Yes

Most Recent RUC Meeting: October 2013

Tab: 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES

First Identified: September 2011

2023 Medicare Utilization: 1,667

2025 Work RVU: 2.10

2025 NF PE RVU: NA

2025 Fac PE RVU: 1.02

Result: Decrease

RUC Recommendation: 2.20

Referred to CPT May 2013

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

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 4,835

2025 Work RVU: 2.05

2025 NF PE RVU: 6.54

2025 Fac PE RVU: 1.26

Result: Decrease

RUC Recommendation: 2.15

Referred to CPT May 2013

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT May 2013

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

2023 Medicare Utilization: 948

2025 Work RVU: 1.25

2025 NF PE RVU: 11.77

2025 Fac PE RVU: 0.91

Result: Decrease

RUC Recommendation: 1.35

Referred to CPT May 2013

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

2023 Medicare Utilization: 1,579

2025 Work RVU: 2.12

2025 NF PE RVU: NA

2025 Fac PE RVU: 1.31

Result: Increase

RUC Recommendation: 2.43

Referred to CPT October 2013

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 380	2025 Work RVU: 2.98 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.67 Result: Decrease	
RUC Recommendation: 3.08	Referred to CPT October 2013 Referred to CPT Asst ☐ Published in CPT Asst:				
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT	
RUC Recommendation: Deleted from CPT	Referred to CPT May 2013 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	2023 Medicare Utilization: 793	2025 Work RVU: 2.81 2025 NF PE RVU: 61.24 2025 Fac PE RVU: 1.59 Result: Decrease	
RUC Recommendation: 2.97	Referred to CPT May 2013 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	2023 Medicare Utilization: 526	2025 Work RVU: 2.72 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.51 Result: Decrease	
RUC Recommendation: 2.98	Referred to CPT May 2013 Referred to CPT Asst ☐ Published in CPT Asst:				

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 690	2025 Work RVU: 3.52
RUC Recommendation: 3.83			Referred to CPT October 2013		2025 NF PE RVU: NA
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: 1.92
					Result: Decrease

45350	Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	Global: 000	Issue: Flexible Sigmoidoscopy	Screen: MPC List	Complete? Yes

Most Recent RUC Meeting: April 2014	Tab: 13	Specialty Developing Recommendation: AGA, ASGE, ACG, ASCRS, SAGES, ACS	First Identified: January 2014	2023 Medicare Utilization: 1,030	2025 Work RVU: 1.68
RUC Recommendation: 1.78			Referred to CPT October 2013		2025 NF PE RVU: 17.34
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: 1.10
					Result: Decrease

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	2023 Medicare Utilization:	2025 Work RVU:
RUC Recommendation: Deleted from CPT			Referred to CPT February 2014		2025 NF PE RVU:
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:
					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	2023 Medicare Utilization: 229,904	2025 Work RVU: 3.26
RUC Recommendation: 3.36			Referred to CPT October 2013		2025 NF PE RVU: 6.44
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: 1.79
					Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization:	885	2025 Work RVU:	4.28
									2025 NF PE RVU:	8.08
									2025 Fac PE RVU:	2.25
RUC Recommendation:	4.37				Referred to CPT	October 2013			Result:	Decrease
					Referred to CPT Asst	☐	Published in CPT Asst:			

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	2023 Medicare Utilization:	910,246	2025 Work RVU:	3.56
									2025 NF PE RVU:	8.79
									2025 Fac PE RVU:	1.93
RUC Recommendation:	3.66				Referred to CPT	October 2013			Result:	Decrease
					Referred to CPT Asst	☐	Published in CPT Asst:			

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	2023 Medicare Utilization: 62,076	2025 Work RVU: 3.56
RUC Recommendation:	3.67			Referred to CPT Asst ☒ Published in CPT Asst: Jun 2010	2025 NF PE RVU: 9.04	2025 Fac PE RVU: 1.93
				Referred to CPT October 2013	Result: Decrease	

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	2023 Medicare Utilization: 20,075	2025 Work RVU: 4.66	2025 NF PE RVU: 14.16
						2025 Fac PE RVU: 2.43	
RUC Recommendation:	4.76			Referred to CPT	October 2013	Result: Decrease	
				Referred to CPT Asst	☐	Published in CPT Asst:	

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2013

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

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

2023 Medicare Utilization: 39,039

2025 Work RVU: 4.07

2025 NF PE RVU: 9.74

2025 Fac PE RVU: 2.07

Result: Decrease

RUC Recommendation: 4.17

Referred to CPT October 2013

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

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

2023 Medicare Utilization: 1,028,197

2025 Work RVU: 4.57

2025 NF PE RVU: 8.33

2025 Fac PE RVU: 2.38

Result: Maintain

RUC Recommendation: 4.57

Referred to CPT October 2013

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

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	2023 Medicare Utilization: 1,822	2025 Work RVU: 3.77 2025 NF PE RVU: 13.48 2025 Fac PE RVU: 2.02 Result: Decrease
RUC Recommendation: 3.87			Referred to CPT October 2013 Referred to CPT Asst ☐ Published in CPT Asst:		

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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT October 2013 Referred to CPT Asst ☐ Published in CPT Asst:		

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	2023 Medicare Utilization: 17,504	2025 Work RVU: 4.88 2025 NF PE RVU: 63.54 2025 Fac PE RVU: 2.48 Result: Decrease
RUC Recommendation: 4.98			Referred to CPT October 2013 Referred to CPT Asst ☐ Published in CPT Asst:		

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	2023 Medicare Utilization: 389	2025 Work RVU: 5.24 2025 NF PE RVU: NA 2025 Fac PE RVU: 2.67 Result: Decrease
RUC Recommendation: 5.50			Referred to CPT October 2013 Referred to CPT Asst ☐ Published in CPT Asst:		

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

2023
Medicare
Utilization: 27,740

2025 Work RVU: 6.04

2025 NF PE RVU: NA

2025 Fac PE RVU: 3.05

Result: Decrease

RUC Recommendation: 6.35

Referred to CPT October 2013

Referred to CPT Asst ☐ Published in CPT Asst:

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

2023
Medicare
Utilization: 697

2025 Work RVU: 4.64

2025 NF PE RVU: NA

2025 Fac PE RVU: 2.43

Result: Decrease

RUC Recommendation: 4.95

Referred to CPT October 2013

Referred to CPT Asst ☐ Published in CPT Asst:

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 a

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

2023
Medicare
Utilization: 148

2025 Work RVU: 5.50

2025 NF PE RVU: NA

2025 Fac PE RVU: 2.83

Result: Decrease

RUC Recommendation: 5.60

Referred to CPT October 2013

Referred to CPT Asst ☐ Published in CPT Asst:

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

2023 Medicare Utilization: 1,978

2025 Work RVU: 4.68

2025 NF PE RVU: NA

2025 Fac PE RVU: 2.14

Result: Decrease

RUC Recommendation: 4.78

Referred to CPT October 2013

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

2023 Medicare Utilization: 3,079

2025 Work RVU: 4.20

2025 NF PE RVU: 18.91

2025 Fac PE RVU: 2.14

Result: Decrease

RUC Recommendation: 4.30

Referred to CPT October 2013

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

2023 Medicare Utilization: 1,201

2025 Work RVU: 1.86

2025 NF PE RVU: NA

2025 Fac PE RVU: 1.32

Result: Increase

RUC Recommendation: 3.50

Referred to CPT

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

2023 Medicare Utilization: 281

2025 Work RVU: 1.48

2025 NF PE RVU: 5.82

2025 Fac PE RVU: 0.90

Result: Increase

RUC Recommendation: 2.00

Referred to CPT

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	2023 Medicare Utilization: 694	2025 Work RVU: 3.59 2025 NF PE RVU: 10.16 2025 Fac PE RVU: 6.17 Result: PE Only	
RUC Recommendation: Reduce 99238 to 0.5				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
46500 Injection of sclerosing solution, hemorrhoids				Global: 010	Issue: Hemorrhoid Injection	Screen: 010-Day Global Post-Operative Visits / Negative IWPOT	Complete? Yes
Most Recent RUC Meeting: January 2018	Tab: 24	Specialty Developing Recommendation:	ACS, ASCRS (colon)	First Identified: January 2014	2023 Medicare Utilization: 12,634	2025 Work RVU: 1.74 2025 NF PE RVU: 7.38 2025 Fac PE RVU: 3.58 Result: Increase	
RUC Recommendation: 2.00				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
47011 Hepatotomy; for percutaneous drainage of abscess or cyst, 1 or 2 stages				Global:	Issue: Drainage of Abscess	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: January 2013	Tab: 04	Specialty Developing Recommendation:		First Identified: January 2012	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT	
RUC Recommendation: Deleted from CPT				Referred to CPT October 2012 Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 1,355
RUC Recommendation:	91.78		Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:
				2025 Work RVU: 90.00	2025 NF PE RVU: NA
				2025 Fac PE RVU: 49.95	Result: Increase
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	2023 Medicare Utilization:
RUC Recommendation:	Deleted from CPT		Referred to CPT October 2014	Referred to CPT Asst ☐	Published in CPT Asst:
				2025 Work RVU:	2025 NF PE RVU:
				2025 Fac PE RVU:	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	2023 Medicare Utilization: 2,573
RUC Recommendation:	New PE Inputs		Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:
				2025 Work RVU: 14.97	2025 NF PE RVU: 87.64
				2025 Fac PE RVU: 5.19	Result: PE Only

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 **2023 Medicare Utilization:** 11,835

2025 Work RVU: 4.76
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.62
Result: Decrease

RUC Recommendation: 4.76

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

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 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

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

47525 Change of percutaneous biliary drainage catheter

Global:

Issue: Percutaneous Biliary Procedures Bundling

Screen: High IWPUT

Complete? Yes

Most Recent RUC Meeting: October 2015

Tab: 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2008

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

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

Status Report: CMS Requests and Relativity Assessment Issues

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

**2023
Medicare
Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

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

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

**2023
Medicare
Utilization:** 6,003

2025 Work RVU: 1.30

2025 NF PE RVU: 10.70

2025 Fac PE RVU: 0.65

Result: Increase

RUC Recommendation: 1.30

Referred to CPT February 2015

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

47532 Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic c

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

**2023
Medicare
Utilization:** 373

2025 Work RVU: 4.25

2025 NF PE RVU: 19.56

2025 Fac PE RVU: 1.47

Result: Increase

RUC Recommendation: 4.50

Referred to CPT February 2015

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

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

2023 Medicare Utilization: 1,184

2025 Work RVU: 5.38

2025 NF PE RVU: 27.50

2025 Fac PE RVU: 1.78

Result: Increase

RUC Recommendation: 5.63

Referred to CPT February 2015

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

2023 Medicare Utilization: 3,720

2025 Work RVU: 7.60

2025 NF PE RVU: 28.48

2025 Fac PE RVU: 2.41

Result: Increase

RUC Recommendation: 7.85

Referred to CPT February 2015

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

2023 Medicare Utilization: 330

2025 Work RVU: 3.95

2025 NF PE RVU: 21.18

2025 Fac PE RVU: 1.37

Result: Increase

RUC Recommendation: 4.20

Referred to CPT February 2015

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 radiolo	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	2023 Medicare Utilization: 12,998	2025 Work RVU: 2.61 2025 NF PE RVU: 15.34 2025 Fac PE RVU: 0.99 Result: Increase	
RUC Recommendation: 2.86		Referred to CPT February 2015 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 s	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	2023 Medicare Utilization: 1,896	2025 Work RVU: 1.84 2025 NF PE RVU: 12.05 2025 Fac PE RVU: 0.81 Result: Increase	
RUC Recommendation: 1.85		Referred to CPT February 2015 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 radiologica	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	2023 Medicare Utilization: 713	2025 Work RVU: 4.75 2025 NF PE RVU: 100.66 2025 Fac PE RVU: 1.62 Result: Increase	
RUC Recommendation: 5.00		Referred to CPT February 2015 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 radiologica	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	2023 Medicare Utilization: 94	2025 Work RVU: 8.75 2025 NF PE RVU: 108.62 2025 Fac PE RVU: 2.70 Result: Increase	
RUC Recommendation: 9.00		Referred to CPT February 2015 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 radiologica	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	2023 Medicare Utilization: 138	2025 Work RVU: 9.03 2025 NF PE RVU: 109.72 2025 Fac PE RVU: 2.85 Result: Increase	
RUC Recommendation: 9.28		Referred to CPT February 2015 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 fluoros	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	2023 Medicare Utilization: 137	2025 Work RVU: 6.75 2025 NF PE RVU: 26.28 2025 Fac PE RVU: 2.33 Result: Increase	
RUC Recommendation: 7.00		Referred to CPT February 2015 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 pr	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	2023 Medicare Utilization: 970	2025 Work RVU: 2.85 2025 NF PE RVU: 11.21 2025 Fac PE RVU: 0.82 Result: Increase	
RUC Recommendation: 2.85		Referred to CPT February 2015 Referred to CPT Asst ☐ Published in CPT Asst:			
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	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	2023 Medicare Utilization: 491	2025 Work RVU: 3.00 2025 NF PE RVU: 8.05 2025 Fac PE RVU: 0.88 Result: Increase	
RUC Recommendation: 3.00		Referred to CPT February 2015 Referred to CPT Asst ☐ Published in CPT Asst:			
47544	Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiolog	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	2023 Medicare Utilization: 231	2025 Work RVU: 3.28 2025 NF PE RVU: 20.31 2025 Fac PE RVU: 0.94 Result: Increase	
RUC Recommendation: 3.28		Referred to CPT February 2015 Referred to CPT Asst ☐ Published in CPT Asst:			

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	2023 Medicare Utilization:	2025 Work RVU:		
							2025 NF PE RVU:		
							2025 Fac PE RVU:		
RUC Recommendation:	Deleted from CPT		Referred to CPT				Result:	Maintain	
			Referred to CPT Asst	☐	Published in CPT Asst:				
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	2023 Medicare Utilization:	71,982	
							2025 Work RVU:	10.47	
							2025 NF PE RVU:	NA	
							2025 Fac PE RVU:	6.97	
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:				
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	2023 Medicare Utilization:	32,117	
							2025 Work RVU:	11.47	
							2025 NF PE RVU:	NA	
							2025 Fac PE RVU:	7.45	
RUC Recommendation:	No further action. 12.11		Referred to CPT				Result:	Maintain	
			Referred to CPT Asst	☐	Published in CPT Asst:				

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

2023 Medicare Utilization: 4,918

2025 Work RVU: 17.48

2025 NF PE RVU: NA

2025 Fac PE RVU: 10.61

Result: Increase

RUC Recommendation: 20.00

Referred to CPT

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

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

2023 Medicare Utilization: 644

2025 Work RVU: 18.48

2025 NF PE RVU: NA

2025 Fac PE RVU: 10.99

Result: Increase

RUC Recommendation: 21.00

Referred to CPT

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

48102 Biopsy of pancreas, percutaneous needle

Global: 010

Issue: Percutaneous Needle Biopsy

Screen: Site of Service Anomaly (99238-Only)

Complete? Yes

Most Recent RUC Meeting: September 2007

Tab: 16

Specialty Developing Recommendation: SIR

First Identified: September 2007

2023 Medicare Utilization: 492

2025 Work RVU: 4.70

2025 NF PE RVU: 9.77

2025 Fac PE RVU: 1.78

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation: Deleted from CPT			Referred to CPT October 2012		2025 NF PE RVU:	
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	Result: Deleted from CPT
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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation: Deleted from CPT			Referred to CPT October 2012		2025 NF PE RVU:	
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	Result: Deleted from CPT
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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation: Deleted from CPT			Referred to CPT October 2012		2025 NF PE RVU:	
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	Result: Deleted from CPT

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT June 2010

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

49081 Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); subsequent

Global:

Issue: Peritoneocentesis

Screen: Harvard Valued - Utilization over 100,000

Complete? Yes

Most Recent RUC Meeting: October 2010

Tab: 5

Specialty Developing Recommendation: ACR, AGA, ASGE, AUR, SIR

First Identified: February 2010

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT June 2010

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

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	2023 Medicare Utilization: 8,296	2025 Work RVU: 1.24 2025 NF PE RVU: 4.77 2025 Fac PE RVU: 0.76 Result: Decrease	
RUC Recommendation: 1.35				Referred to CPT June 2010 Referred to CPT Asst ☐	Published in CPT Asst:		
49083	Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance			Global: 000	Issue: Abdominal Paracentesis	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab: 05	Specialty Developing Recommendation:	ACR, ACS, AGA, ASGE, SIR	First Identified: February 2010	2023 Medicare Utilization: 239,938	2025 Work RVU: 2.00 2025 NF PE RVU: 6.37 2025 Fac PE RVU: 0.95 Result: Decrease	
RUC Recommendation: 2.00				Referred to CPT June 2010 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	2023 Medicare Utilization: 1,330	2025 Work RVU: 2.00 2025 NF PE RVU: NA 2025 Fac PE RVU: 0.74 Result: Increase	
RUC Recommendation: 2.50				Referred to CPT June 2010 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

2023 Medicare Utilization: 4,750

2025 Work RVU: 4.00
2025 NF PE RVU: 21.07
2025 Fac PE RVU: 1.32
Result: Decrease

RUC Recommendation: 4.25

Referred to CPT October 2012

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

2023 Medicare Utilization: 28,441

2025 Work RVU: 4.00
2025 NF PE RVU: 21.08
2025 Fac PE RVU: 1.31
Result: Decrease

RUC Recommendation: 4.25

Referred to CPT October 2012

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

2023 Medicare Utilization: 140

2025 Work RVU: 4.25
2025 NF PE RVU: 17.07
2025 Fac PE RVU: 1.33
Result: Decrease

RUC Recommendation: 4.50

Referred to CPT October 2012

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 superv	Global: 000	Issue: Intraperitoneal Catheter Codes	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting:	Tab: 11	Specialty Developing Recommendation:	ACS, ACR, SIR	First Identified: February 2010	2023 Medicare Utilization: 6,907
RUC Recommendation:	4.21			Referred to CPT February 2010	2025 Work RVU: 3.96
				Referred to CPT Asst ☐	2025 NF PE RVU: 23.80
				Published in CPT Asst:	2025 Fac PE RVU: 1.52
					Result: Decrease
49420	Deleted from CPT	Global:	Issue: Insertion of Intraperitoneal Cannula or Catheter	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting:	Tab: 40	Specialty Developing Recommendation:	ACS	First Identified: April 2008	2023 Medicare Utilization:
RUC Recommendation:	Deleted from CPT			Referred to CPT February 2010	2025 Work RVU:
				Referred to CPT Asst ☐	2025 NF PE RVU:
				Published in CPT Asst:	2025 Fac PE RVU:
					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:	Tab: 11	Specialty Developing Recommendation:	ACS, ACR, SIR	First Identified: September 2007	2023 Medicare Utilization: 1,061
RUC Recommendation:	4.21			Referred to CPT February 2010	2025 Work RVU: 4.21
				Referred to CPT Asst ☐	2025 NF PE RVU: NA
				Published in CPT Asst:	2025 Fac PE RVU: 1.55
					Result: Decrease

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

2023
Medicare
Utilization: 9,754

2025 Work RVU: 4.00

2025 NF PE RVU: NA

2025 Fac PE RVU: 1.67

Result: Decrease

RUC Recommendation: 4.00

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

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

2023
Medicare
Utilization: 224

2025 Work RVU: 2.72

2025 NF PE RVU: 12.29

2025 Fac PE RVU: 2.25

Result: PE Only

RUC Recommendation: PE Inputs

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

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

2023
Medicare
Utilization: 35,000

2025 Work RVU: 7.96

2025 NF PE RVU: NA

2025 Fac PE RVU: 5.99

Result: Maintain

RUC Recommendation: Reaffirmed

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

49507 Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated

Global: 090

Issue: Hernia Repair

Screen: Site of Service Anomaly

Complete? Yes

Most Recent
RUC Meeting: February 2011

Tab: 29

Specialty Developing
Recommendation: ACS

First
Identified: September 2007

2023
Medicare
Utilization: 8,300

2025 Work RVU: 9.09

2025 NF PE RVU: NA

2025 Fac PE RVU: 6.55

Result: Maintain

RUC Recommendation: 10.05

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

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	2023 Medicare Utilization: 1,627
RUC Recommendation:	12.44		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	2025 Work RVU: 11.48 2025 NF PE RVU: NA 2025 Fac PE RVU: 7.45 Result: Maintain
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	2023 Medicare Utilization:
RUC Recommendation:	Deleted from CPT		Referred to CPT February 2021 Referred to CPT Asst ☐	Published in CPT Asst:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: 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	2023 Medicare Utilization:
RUC Recommendation:	Deleted from CPT		Referred to CPT February 2021 Referred to CPT Asst ☐	Published in CPT Asst:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: 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	2023 Medicare Utilization:
RUC Recommendation:	Deleted from CPT		Referred to CPT February 2021 Referred to CPT Asst ☐	Published in CPT Asst:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: 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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2021

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2021

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2021

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2021

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2021

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2021

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2021

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

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

2023 Medicare Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2021
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

2023 Medicare Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2021
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

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

2023 Medicare Utilization: 18,181

2025 Work RVU: 5.96
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.88
Result: Decrease

RUC Recommendation: 6.27

Referred to CPT February 2021
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **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

2023 Medicare Utilization: 9,916

2025 Work RVU: 8.46

2025 NF PE RVU: NA

2025 Fac PE RVU: 3.75

Result: Decrease

RUC Recommendation: 9.00

Referred to CPT February 2021

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 **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

2023 Medicare Utilization: 14,858

2025 Work RVU: 10.26

2025 NF PE RVU: NA

2025 Fac PE RVU: 4.44

Result: Decrease

RUC Recommendation: 10.80

Referred to CPT February 2021

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 **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

2023 Medicare Utilization: 14,836

2025 Work RVU: 13.46

2025 NF PE RVU: NA

2025 Fac PE RVU: 5.62

Result: Decrease

RUC Recommendation: 14.00

Referred to CPT February 2021

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); grea **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

2023 Medicare Utilization: 4,409

2025 Work RVU: 13.94

2025 NF PE RVU: NA

2025 Fac PE RVU: 5.90

Result: Decrease

RUC Recommendation: 14.88

Referred to CPT February 2021

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); grea **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

2023 Medicare Utilization: 4,152

2025 Work RVU: 18.67

2025 NF PE RVU: NA

2025 Fac PE RVU: 7.60

Result: Decrease

RUC Recommendation: 20.00

Referred to CPT February 2021

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); ie **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

2023 Medicare Utilization: 1,044

2025 Work RVU: 7.42

2025 NF PE RVU: NA

2025 Fac PE RVU: 3.46

Result: Decrease

RUC Recommendation: 7.75

Referred to CPT February 2021

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

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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); 1e **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

2023 Medicare Utilization: 784

2025 Work RVU: 10.25

2025 NF PE RVU: NA

2025 Fac PE RVU: 4.42

Result: Decrease

RUC Recommendation: 10.79

Referred to CPT February 2021

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 **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

2023 Medicare Utilization: 2,480

2025 Work RVU: 11.46

2025 NF PE RVU: NA

2025 Fac PE RVU: 4.95

Result: Decrease

RUC Recommendation: 12.00

Referred to CPT February 2021

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 **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

2023 Medicare Utilization: 2,685

2025 Work RVU: 15.55

2025 NF PE RVU: NA

2025 Fac PE RVU: 6.41

Result: Decrease

RUC Recommendation: 16.50

Referred to CPT February 2021

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

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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); gr	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	2023 Medicare Utilization: 1,468	2025 Work RVU: 16.03 2025 NF PE RVU: NA 2025 Fac PE RVU: 6.80 Result: Decrease	
RUC Recommendation: 16.97		Referred to CPT February 2021 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); gr	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	2023 Medicare Utilization: 2,378	2025 Work RVU: 22.67 2025 NF PE RVU: NA 2025 Fac PE RVU: 9.15 Result: Decrease	
RUC Recommendation: 24.00		Referred to CPT February 2021 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	2023 Medicare Utilization: 1,430	2025 Work RVU: 13.70 2025 NF PE RVU: NA 2025 Fac PE RVU: 5.78 Result: Decrease	
RUC Recommendation: 14.24		Referred to CPT February 2021 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

2023 Medicare Utilization: 1,076

2025 Work RVU: 17.06

2025 NF PE RVU: NA

2025 Fac PE RVU: 7.01

Result: Decrease

RUC Recommendation: 18.00

Referred to CPT February 2021

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 **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

2023 Medicare Utilization: 1,583

2025 Work RVU: 3.75

2025 NF PE RVU: NA

2025 Fac PE RVU: 1.42

Result: Decrease

RUC Recommendation: 5.00

Referred to CPT February 2021

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2021

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2021

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2021

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2021

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2021

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2021

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

50021 Drainage of perirenal or renal abscess; percutaneous

Global:

Issue: Drainage of Abscess

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: January 2013

Tab: 04

Specialty Developing Recommendation:

First Identified: January 2012

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

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

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

Global: 090

Issue: Percutaneous Nephrostolithotomy

Screen: Site of Service Anomaly - 2019 / Work Neutrality 2023

Complete? No

Most Recent RUC Meeting: April 2025

Tab: 14

Specialty Developing Recommendation: AUA

First Identified: October 2019

2023 Medicare Utilization: 1,678

2025 Work RVU: 12.41

2025 NF PE RVU: NA

2025 Fac PE RVU: 7.01

Result: Decrease

RUC Recommendation: Review action plan. 13.50

Referred to CPT September 2021

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

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, st	Global: 090	Issue: Percutaneous Nephrostolithotomy	Screen: Site of Service Anomaly - 2019 / Work Neutrality 2023	Complete? No
Most Recent RUC Meeting: April 2025	Tab: 14 Specialty Developing Recommendation: AUA	First Identified: October 2019	2023 Medicare Utilization: 6,711	2025 Work RVU: 20.91 2025 NF PE RVU: NA 2025 Fac PE RVU: 10.20 Result: Decrease	
RUC Recommendation: Review action plan. 22.00		Referred to CPT September 2021 Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 31,242	2025 Work RVU: 2.38 2025 NF PE RVU: 12.23 2025 Fac PE RVU: 1.13 Result: PE Only	
RUC Recommendation: New PE Inputs		Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 9,890	2025 Work RVU: 39.88 2025 NF PE RVU: NA 2025 Fac PE RVU: 23.99 Result: Maintain	
RUC Recommendation: 40.90		Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

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	2023 Medicare Utilization: 7,609	2025 Work RVU: 1.75 2025 NF PE RVU: 13.81 2025 Fac PE RVU: 0.51 Result: Maintain	
RUC Recommendation: 2.00		Referred to CPT October 2014 Referred to CPT Asst ☐ Published in CPT Asst:			
50392	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous	Global:	Issue: Genitourinary Catheter Procedures	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: January 2015	Tab: 09 Specialty Developing Recommendation: ACR, SIR	First Identified: October 2012	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT	
RUC Recommendation: Deleted from CPT		Referred to CPT October 2014 Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT	
RUC Recommendation: Deleted from CPT		Referred to CPT October 2014 Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT September 2017

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014

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

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 798

2025 Work RVU: 2.90

2025 NF PE RVU: 15.10

2025 Fac PE RVU: 1.34

Result: Increase

RUC Recommendation: 3.15

Referred to CPT October 2014

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

50431 Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access **Global:** 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014

2023 Medicare Utilization: 6,374

2025 Work RVU: 1.10

2025 NF PE RVU: 8.05

2025 Fac PE RVU: 0.75

Result: Increase

RUC Recommendation: 1.42

Referred to CPT October 2014

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 / Work Neutrality 2023 **Complete?** No

Most Recent RUC Meeting: April 2025 **Tab:** 14 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014

2023 Medicare Utilization: 27,669

2025 Work RVU: 4.00

2025 NF PE RVU: 21.69

2025 Fac PE RVU: 1.61

Result: Maintain

RUC Recommendation: Review action plan. 4.00

Referred to CPT October 2014

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	2023 Medicare Utilization: 5,165	2025 Work RVU: 5.05 2025 NF PE RVU: 26.93 2025 Fac PE RVU: 1.91 Result: Maintain
RUC Recommendation: 5.05			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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	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	2023 Medicare Utilization: 2,065	2025 Work RVU: 3.75 2025 NF PE RVU: 21.94 2025 Fac PE RVU: 1.47 Result: Increase
RUC Recommendation: 4.20			Referred to CPT October 2014 Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization: 48,604	2025 Work RVU: 1.82 2025 NF PE RVU: 15.09 2025 Fac PE RVU: 0.94 Result: Increase
RUC Recommendation: 2.00			Referred to CPT October 2014 Referred to CPT Asst ☐	Published in CPT Asst:	

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	2023 Medicare Utilization: 1,320	2025 Work RVU: 2.78 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.42 Result: Decrease
RUC Recommendation: 3.37			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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; inclu	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	2023 Medicare Utilization: 2,250	2025 Work RVU: 4.85 2025 NF PE RVU: NA 2025 Fac PE RVU: 2.09 Result: Decrease
RUC Recommendation: 5.44			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization: 80	2025 Work RVU: 21.36 2025 NF PE RVU: NA 2025 Fac PE RVU: 10.92 Result: Remove from Screen
RUC Recommendation: Remove from screen			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 2,016	2025 Work RVU: 25.36 2025 NF PE RVU: NA 2025 Fac PE RVU: 11.57 Result: Remove from Screen	
RUC Recommendation: Remove from screen			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
50590 Lithotripsy, extracorporeal shock wave			Global: 090	Issue: Lithotripsy	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab: 42	Specialty Developing Recommendation: AUA	First Identified: September 2011	2023 Medicare Utilization: 38,936	2025 Work RVU: 9.77 2025 NF PE RVU: 11.22 2025 Fac PE RVU: 6.31 Result: Maintain	
RUC Recommendation: 9.77			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
50605 Ureterotomy for insertion of indwelling stent, all types			Global: 090	Issue: Ureterotomy	Screen: CMS Fastest Growing / CPT Assistant Analysis	Complete? Yes
Most Recent RUC Meeting: October 2015	Tab: 21	Specialty Developing Recommendation: AUA, SIR	First Identified: October 2008	2023 Medicare Utilization: 1,893	2025 Work RVU: 16.79 2025 NF PE RVU: NA 2025 Fac PE RVU: 9.76 Result: Maintain	
RUC Recommendation: Review action plan at the RAW Oct 2015. CPT Assistant article published.			Referred to CPT Referred to CPT Asst ☒ Published in CPT Asst: Dec 2009			

Status Report: CMS Requests and Relativity Assessment Issues

50606	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Genitourinary Catheter Procedures	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: April 2015	Tab: 08 Specialty Developing Recommendation: ACR, SIR	First Identified: October 2014	2023 Medicare Utilization: 67	2025 Work RVU: 3.16 2025 NF PE RVU: 10.65 2025 Fac PE RVU: 0.56 Result: Increase	
RUC Recommendation: 3.16		Referred to CPT October 2014 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	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	2023 Medicare Utilization: 3,176	2025 Work RVU: 3.96 2025 NF PE RVU: 24.14 2025 Fac PE RVU: 1.62 Result: Increase	
RUC Recommendation: 4.60		Referred to CPT October 2014 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 sepa	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	2023 Medicare Utilization: 689	2025 Work RVU: 5.25 2025 NF PE RVU: 26.31 2025 Fac PE RVU: 2.04 Result: Increase	
RUC Recommendation: 6.00		Referred to CPT October 2014 Referred to CPT Asst ☐ Published in CPT Asst:			

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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 separat	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	2023 Medicare Utilization: 845	2025 Work RVU: 6.80 2025 NF PE RVU: 31.02 2025 Fac PE RVU: 2.54 Result: Increase	
RUC Recommendation: 7.55		Referred to CPT October 2014 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	2023 Medicare Utilization: 61	2025 Work RVU: 4.03 2025 NF PE RVU: 48.27 2025 Fac PE RVU: 0.72 Result: Increase	
RUC Recommendation: 4.03		Referred to CPT October 2014 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	2023 Medicare Utilization: 1,125	2025 Work RVU: 3.80 2025 NF PE RVU: 19.84 2025 Fac PE RVU: 1.10 Result: Increase	
RUC Recommendation: 3.80		Referred to CPT October 2014 Referred to CPT Asst ☐ Published in CPT Asst:			

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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

2023
Medicare
Utilization: 4,026

2025 Work RVU: 4.49

2025 NF PE RVU: NA

2025 Fac PE RVU: 3.82

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

51102 Aspiration of bladder; with insertion of suprapubic catheter

Global: 000

Issue: Urological Procedures

Screen: Site of Service Anomaly

Complete? Yes

Most Recent
RUC Meeting: April 2008

Tab: 45

Specialty Developing
Recommendation: AUA

First
Identified: September 2007

2023
Medicare
Utilization: 13,204

2025 Work RVU: 2.70

2025 NF PE RVU: 4.08

2025 Fac PE RVU: 1.22

Result: Decrease

RUC Recommendation: 2.70

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

51700 Bladder irrigation, simple, lavage and/or instillation

Global: 000

Issue: Bladder Catheter

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent
RUC Meeting: January 2016

Tab: 32

Specialty Developing
Recommendation: AUA

First
Identified: July 2015

2023
Medicare
Utilization: 170,149

2025 Work RVU: 0.60

2025 NF PE RVU: 1.60

2025 Fac PE RVU: 0.22

Result: Decrease

RUC Recommendation: 0.60

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

51701 Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)

Global: 000

Issue: Bladder Catheter

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent
RUC Meeting: January 2016

Tab: 32

Specialty Developing
Recommendation: AUA

First
Identified: July 2015

2023
Medicare
Utilization: 138,903

2025 Work RVU: 0.50

2025 NF PE RVU: 0.76

2025 Fac PE RVU: 0.19

Result: Maintain

RUC Recommendation: 0.50

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

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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	2023 Medicare Utilization: 224,191	2025 Work RVU: 0.50	2025 NF PE RVU: 1.30	2025 Fac PE RVU: 0.19
RUC Recommendation: 0.50				Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:	
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	2023 Medicare Utilization: 49,438	2025 Work RVU: 1.47	2025 NF PE RVU: 2.79	2025 Fac PE RVU: 0.63
RUC Recommendation: 1.47				Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:	
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	2023 Medicare Utilization: 158,561	2025 Work RVU: 0.87	2025 NF PE RVU: 1.68	2025 Fac PE RVU: 0.32
RUC Recommendation: 0.87				Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:	
51726 Complex cystometrogram (ie, calibrated electronic equipment);				Global: 000	Issue: Urodynamic Studies	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting: April 2009	Tab: 16	Specialty Developing Recommendation: AUA, ACOG	First Identified: February 2008	2023 Medicare Utilization: 2,772	2025 Work RVU: 1.71	2025 NF PE RVU: 6.43	2025 Fac PE RVU: NA
RUC Recommendation: 1.71				Referred to CPT February 2009 Referred to CPT Asst ☐		Published in CPT Asst:	

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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:	Tab: 16 Specialty Developing Recommendation: AUA, ACOG	First Identified: February 2009	2023 Medicare Utilization: 1,582	2025 Work RVU: 2.11	2025 NF PE RVU: 7.86
RUC Recommendation: 2.11		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: NA	Result: Decrease
51728	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique	Global: 000	Issue: Urodynamic Studies	Screen: Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part5	Complete? Yes
Most Recent RUC Meeting:	Tab: 13 Specialty Developing Recommendation: AUA, ACOG	First Identified: February 2009	2023 Medicare Utilization: 77,213	2025 Work RVU: 2.11	2025 NF PE RVU: 7.85
RUC Recommendation: CPT Assistant article published. 2.11		Referred to CPT Referred to CPT Asst ☒	Published in CPT Asst: Aug 2024	2025 Fac PE RVU: NA	Result: Decrease
51729	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique	Global: 000	Issue: Urodynamic Studies	Screen: Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part5	Complete? Yes
Most Recent RUC Meeting:	Tab: 13 Specialty Developing Recommendation: AUA, ACOG	First Identified: February 2009	2023 Medicare Utilization: 48,493	2025 Work RVU: 2.51	2025 NF PE RVU: 7.94
RUC Recommendation: CPT Assistant article published. 2.51		Referred to CPT Referred to CPT Asst ☒	Published in CPT Asst: Aug 2024	2025 Fac PE RVU: NA	Result: Decrease

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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	2023 Medicare Utilization: 8,544	2025 Work RVU: 0.17 2025 NF PE RVU: 0.22 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 0.17				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
51741 Complex uroflowmetry (eg, calibrated electronic equipment)				Global: XXX	Issue: Uroflowmetry	Screen: Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part5	Complete? Yes
Most Recent RUC Meeting: September 2022	Tab: 13	Specialty Developing Recommendation:	AUA	First Identified: October 2009	2023 Medicare Utilization: 316,816	2025 Work RVU: 0.17 2025 NF PE RVU: 0.23 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: CPT Assistant article published. 0.17				Referred to CPT Referred to CPT Asst ☒ Published in CPT Asst: Aug 2024			
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT	
RUC Recommendation: Deleted from CPT				Referred to CPT February 2009 Referred to CPT Asst ☐ Published in CPT Asst:			

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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?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AUA

First Identified: October 2012

2023 Medicare Utilization: 123,557

2025 Work RVU: 0.75

2025 NF PE RVU: 1.10

2025 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: CPT Assistant article published. 0.75.

Referred to CPT February 2014

Referred to CPT Asst ☒ **Published in CPT Asst:** Aug 2024

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

2023 Medicare Utilization: 4,517

2025 Work RVU: 1.10

2025 NF PE RVU: 6.28

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: CPT edits and CPT Assistant article complete.

Referred to CPT February 2014

Referred to CPT Asst ☒ **Published in CPT Asst:** Feb 2014

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2009

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

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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

2023 Medicare Utilization: 92,695

2025 Work RVU: 0.80

2025 NF PE RVU: 4.11

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.80

Referred to CPT February 2009

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

51798 **Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging**

Global: XXX

Issue: Voiding Pressure Studies

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent RUC Meeting: April 2016

Tab: 25

Specialty Developing Recommendation: AUA

First Identified: July 2015

2023 Medicare Utilization: 1,904,870

2025 Work RVU: 0.00

2025 NF PE RVU: 0.33

2025 Fac PE RVU: NA

Result: PE Only

RUC Recommendation: PE Only

Referred to CPT

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

52000 **Cystourethroscopy (separate procedure)**

Global: 000

Issue: Cystourethroscopy

Screen: MPC List / CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab: 35

Specialty Developing Recommendation: AUA, ACOG

First Identified: October 2010

2023 Medicare Utilization: 759,838

2025 Work RVU: 1.53

2025 NF PE RVU: 4.88

2025 Fac PE RVU: 0.68

Result: Decrease

RUC Recommendation: 1.75

Referred to CPT

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

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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

2023 Medicare Utilization: 13,941

2025 Work RVU: 3.50
2025 NF PE RVU: 17.28
2025 Fac PE RVU: 1.27
Result: Decrease

RUC Recommendation: 3.50

Referred to CPT
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

2023 Medicare Utilization: 25,795

2025 Work RVU: 4.05
2025 NF PE RVU: 17.65
2025 Fac PE RVU: 1.46
Result: Increase

RUC Recommendation: 4.05

Referred to CPT
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

2023 Medicare Utilization: 23,933

2025 Work RVU: 4.62
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.12
Result: Maintain

RUC Recommendation: 4.62

Referred to CPT
Referred to CPT Asst ☒ **Published in CPT Asst:** May 2016

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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	2023 Medicare Utilization: 31,463	2025 Work RVU: 5.44 2025 NF PE RVU: NA 2025 Fac PE RVU: 2.46 Result: Maintain	
RUC Recommendation: 5.44		Referred to CPT Referred to CPT Asst ☒	Published in CPT Asst: May 2016		
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	2023 Medicare Utilization: 19,275	2025 Work RVU: 7.50 2025 NF PE RVU: NA 2025 Fac PE RVU: 3.21 Result: Decrease	
RUC Recommendation: 8.75		Referred to CPT Referred to CPT Asst ☒	Published in CPT Asst: May 2016		
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	2023 Medicare Utilization: 46,029	2025 Work RVU: 2.75 2025 NF PE RVU: 6.09 2025 Fac PE RVU: 1.45 Result: Maintain	
RUC Recommendation: 2.80		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

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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	2023 Medicare Utilization: 66,989	2025 Work RVU: 3.20 2025 NF PE RVU: 7.35 2025 Fac PE RVU: 1.42 Result: Remove from Screen	
RUC Recommendation: Remove from Screen		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 135,104	2025 Work RVU: 2.82 2025 NF PE RVU: 8.04 2025 Fac PE RVU: 1.47 Result: Maintain	
RUC Recommendation: 2.82		Referred to CPT February 2013 Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 243	2025 Work RVU: 3.37 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.67 Result: Decrease	
RUC Recommendation: 3.37		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

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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	2023 Medicare Utilization: 1,723	2025 Work RVU: 5.35 2025 NF PE RVU: NA 2025 Fac PE RVU: 2.43 Result: Decrease	
RUC Recommendation: 5.35		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
52342	Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	Global: 000	Issue: Urological Procedures	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab: 65 Specialty Developing Recommendation: AUA	First Identified: April 2008	2023 Medicare Utilization: 152	2025 Work RVU: 5.85 2025 NF PE RVU: NA 2025 Fac PE RVU: 2.61 Result: Decrease	
RUC Recommendation: 5.85		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
52343	Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)	Global: 000	Issue: Urological Procedures	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab: 65 Specialty Developing Recommendation: AUA	First Identified: April 2008	2023 Medicare Utilization: 20	2025 Work RVU: 6.55 2025 NF PE RVU: NA 2025 Fac PE RVU: 2.86 Result: Decrease	
RUC Recommendation: 6.55		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
52344	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	Global: 000	Issue: Urological Procedures	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab: 65 Specialty Developing Recommendation: AUA	First Identified: September 2007	2023 Medicare Utilization: 2,924	2025 Work RVU: 7.05 2025 NF PE RVU: NA 2025 Fac PE RVU: 3.05 Result: Decrease	
RUC Recommendation: 7.05		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

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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

2023 Medicare Utilization: 431

2025 Work RVU: 7.55
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.23
Result: Decrease

RUC Recommendation: 7.55

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

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

2023 Medicare Utilization: 469

2025 Work RVU: 8.58
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.60
Result: Decrease

RUC Recommendation: 8.58

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

52351 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic **Global:** 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011

Tab: 23 **Specialty Developing Recommendation:** AUA

First Identified: September 2011

2023 Medicare Utilization: 21,148

2025 Work RVU: 5.75
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.53
Result: Decrease

RUC Recommendation: 5.75

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

52352 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included) **Global:** 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011

Tab: 23 **Specialty Developing Recommendation:** AUA

First Identified: September 2011

2023 Medicare Utilization: 18,945

2025 Work RVU: 6.75
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.94
Result: Decrease

RUC Recommendation: 6.75

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

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52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	Global: 000	Issue: Cystourethroscopy	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	2023 Medicare Utilization:	10,348	2025 Work RVU:	7.50	2025 NF PE RVU:	NA	2025 Fac PE RVU:	3.21	Result:	Decrease
RUC Recommendation:	7.50				Referred to CPT	February 2013	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	2023 Medicare Utilization:	8,143	2025 Work RVU:	8.00	2025 NF PE RVU:	NA	2025 Fac PE RVU:	3.39	Result:	Increase
RUC Recommendation:	8.58				Referred to CPT		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	2023 Medicare Utilization:	681	2025 Work RVU:	9.00	2025 NF PE RVU:	NA	2025 Fac PE RVU:	3.76	Result:	Increase
RUC Recommendation:	10.00				Referred to CPT		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

2023 Medicare Utilization: 87,085

2025 Work RVU: 8.00

2025 NF PE RVU: NA

2025 Fac PE RVU: 3.35

Result: Decrease

RUC Recommendation: 8.00

Referred to CPT

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

52400 Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds

Global: 090

Issue: Urological Procedures

Screen: Site of Service Anomaly

Complete? Yes

Most Recent RUC Meeting: October 2010

Tab: 65 **Specialty Developing Recommendation:** AUA

First Identified: September 2007

2023 Medicare Utilization: 54

2025 Work RVU: 8.69

2025 NF PE RVU: NA

2025 Fac PE RVU: 4.57

Result: Decrease

RUC Recommendation: 8.69

Referred to CPT

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

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

2023 Medicare Utilization: 77,714

2025 Work RVU: 1.01

2025 NF PE RVU: 23.35

2025 Fac PE RVU: 0.37

Result: Maintain

RUC Recommendation: Maintain

Referred to CPT

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

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52500 Transurethral resection of bladder neck (separate procedure)			Global: 090	Issue: Transurethral Robotic-assisted Resection of Prostate	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: September 2024	Tab: 07	Specialty Developing Recommendation: AUA	First Identified: September 2007	2023 Medicare Utilization: 2,072	2025 Work RVU: 8.14	2025 NF PE RVU: NA
RUC Recommendation: 6.00			Referred to CPT May 2024		2025 Fac PE RVU: 5.80	Result: Decrease
			Referred to CPT Asst ☐	Published in CPT Asst:		
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 Robotic-assisted Resection of Prostate	Screen: Site of Service Anomaly - 2015	Complete? Yes
Most Recent RUC Meeting: September 2024	Tab: 07	Specialty Developing Recommendation: AUA	First Identified: October 2015	2023 Medicare Utilization: 38,400	2025 Work RVU: 13.16	2025 NF PE RVU: NA
RUC Recommendation: 10.00			Referred to CPT May 2024		2025 Fac PE RVU: 7.11	Result: Decrease
			Referred to CPT Asst ☐	Published in CPT Asst:		
52630 Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)			Global: 090	Issue: Transurethral Robotic-assisted Resection of Prostate	Screen: High Volume Category III Codes 2023	Complete? Yes
Most Recent RUC Meeting: September 2024	Tab: 07	Specialty Developing Recommendation: AUA	First Identified: May 2024	2023 Medicare Utilization: 5,113	2025 Work RVU: 6.55	2025 NF PE RVU: NA
RUC Recommendation: 6.55			Referred to CPT May 2024		2025 Fac PE RVU: 4.96	Result: Maintain
			Referred to CPT Asst ☐	Published in CPT Asst:		

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52640	Transurethral resection; of postoperative bladder neck contracture	Global: 090	Issue: Urological Procedures	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting:	Tab: 45 Specialty Developing Recommendation: AUA	First Identified: September 2007	2023 Medicare Utilization: 1,164	2025 Work RVU: 4.79	2025 NF PE RVU: NA
				2025 Fac PE RVU: 4.46	Result: Decrease
RUC Recommendation: 4.79		Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:	
52647	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)	Global: 090	Issue: Transurethral Robotic-assisted Resection of Prostate	Screen: High Volume Category III Codes 2023	Complete? Yes
Most Recent RUC Meeting:	Tab: 07 Specialty Developing Recommendation: AUA	First Identified: May 2024	2023 Medicare Utilization: 79	2025 Work RVU: 11.30	2025 NF PE RVU: 32.55
				2025 Fac PE RVU: 6.95	Result: Deleted from CPT
RUC Recommendation: Deleted from CPT		Referred to CPT September 2024	Referred to CPT Asst ☐	Published in CPT Asst:	
52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	Global: 090	Issue: Transurethral Robotic-assisted Resection of Prostate	Screen: High Volume Growth1	Complete? Yes
Most Recent RUC Meeting:	Tab: 07 Specialty Developing Recommendation: AUA	First Identified: February 2008	2023 Medicare Utilization: 13,621	2025 Work RVU: 12.15	2025 NF PE RVU: 33.09
				2025 Fac PE RVU: 7.24	Result: Decrease
RUC Recommendation: 10.05		Referred to CPT May 2024	Referred to CPT Asst ☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

52649

Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are inc

Global: 090

Issue: Transurethral Robotic-assisted Resection of Prostate

Screen: High Volume Category III Codes 2023

Complete? Yes

Most Recent RUC Meeting: September 2024

Tab: 07

Specialty Developing Recommendation: AUA

First Identified: May 2024

2023 Medicare Utilization: 8,670

2025 Work RVU: 14.56

2025 NF PE RVU: NA

2025 Fac PE RVU: 8.46

Result: Maintain

RUC Recommendation: 14.56

Referred to CPT May 2024

Referred to CPT Asst ☐

Published in CPT Asst:

52XX1

Global: 090

Issue: Transurethral Robotic-assisted Resection of Prostate

Screen: High Volume Category III Codes 2023

Complete? Yes

Most Recent RUC Meeting: September 2024

Tab: 07

Specialty Developing Recommendation: AUA

First Identified: May 2024

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Decrease

RUC Recommendation: 10.25

Referred to CPT May 2024

Referred to CPT Asst ☐

Published in CPT Asst:

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

2023 Medicare Utilization: 2,023

2025 Work RVU: 13.00

2025 NF PE RVU: NA

2025 Fac PE RVU: 8.24

Result: Decrease

RUC Recommendation: 13.00

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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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	2023 Medicare Utilization: 745	2025 Work RVU: 5.42 2025 NF PE RVU: 34.70 2025 Fac PE RVU: 4.74 Result: Maintain	
RUC Recommendation: 10.08		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 4,598	2025 Work RVU: 14.52 2025 NF PE RVU: NA 2025 Fac PE RVU: 8.01 Result: Maintain	
RUC Recommendation: 14.39		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	Global: 090	Issue: Urological Procedures	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: February 2011	Tab: 31 Specialty Developing Recommendation: AUA	First Identified: September 2007	2023 Medicare Utilization: 1,159	2025 Work RVU: 15.18 2025 NF PE RVU: NA 2025 Fac PE RVU: 8.96 Result: Decrease	
RUC Recommendation: 15.18		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	Global: 090	Issue: Removal of Testical	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent RUC Meeting: September 2007	Tab: 16 Specialty Developing Recommendation: AUA	First Identified: September 2007	2023 Medicare Utilization: 1,746	2025 Work RVU: 5.30 2025 NF PE RVU: NA 2025 Fac PE RVU: 3.94 Result: PE Only	
RUC Recommendation: Reduce 99238 to 0.5		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 957	2025 Work RVU: 8.46	2025 NF PE RVU: NA	2025 Fac PE RVU: 5.88	Result: Decrease
RUC Recommendation: 8.46				Referred to CPT	Referred to CPT Asst	☐	Published in CPT Asst:		
55700 Biopsy, prostate; needle or punch, single or multiple, any approach				Global: 000	Issue: Prostate Biopsy Services	Screen: CMS High Expenditure Procedural Codes2 / Codes Reported Together 75% or More-Part5	Complete? Yes		
Most Recent RUC Meeting:	September 2024	Tab: 08	Specialty Developing Recommendation: ACR, AUA	First Identified: July 2015	2023 Medicare Utilization: 138,394	2025 Work RVU: 2.50	2025 NF PE RVU: 4.42	2025 Fac PE RVU: 1.07	Result: Deleted from CPT
RUC Recommendation: Deleted from CPT				Referred to CPT	May 2024	Referred to CPT Asst	☐	Published in CPT Asst:	
55705 Biopsy, prostate, any approach, nonimaging-guided				Global: 000	Issue: Prostate Biopsy Services	Screen: Codes Reported Together 75% or More-Part5	Complete? No		
Most Recent RUC Meeting:	September 2024	Tab: 08	Specialty Developing Recommendation: ACR, AUA, OEIS, SIR	First Identified: May 2024	2023 Medicare Utilization: 60	2025 Work RVU: 4.61	2025 NF PE RVU: NA	2025 Fac PE RVU: 2.81	Result: Decrease
RUC Recommendation: 1.93. Refer to CPT				Referred to CPT	September 2025; February 2025 (Tab 16); May 2024 (Tab 15)	Referred to CPT Asst	☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

55706

Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance

Global: 000

Issue: Prostate Biopsy Services

Screen: 010-Day Global Post-Operative Visits / Codes Reported Together 75% or More-Part5

Complete? No

Most Recent RUC Meeting:

September 2024

Tab: 08

Specialty Developing Recommendation:

ACR, AUA, OEIS, SIR

First Identified:

January 2014

2023 Medicare Utilization:

4,115

2025 Work RVU:

6.28

2025 NF PE RVU:

NA

2025 Fac PE RVU:

4.32

Result:

Decrease

RUC Recommendation:

4.27. Refer to CPT

Referred to CPT

September 2025; February 2025 (Tab 16); May 2024 (Tab 15)

Referred to CPT Asst

☐

Published in CPT Asst:

55840

Prostatectomy, retropubic radical, with or without nerve sparing;

Global: 090

Issue: Laparoscopic Prostatectomy

Screen: CMS Request - Final Rule for 2014 / Codes Reported Together 75% or More-Part6

Complete? Yes

Most Recent RUC Meeting:

September 2024

Tab: 06

Specialty Developing Recommendation:

AUA

First Identified:

October 2013

2023 Medicare Utilization:

1,014

2025 Work RVU:

21.36

2025 NF PE RVU:

NA

2025 Fac PE RVU:

11.07

Result:

Decrease

RUC Recommendation:

21.36

Referred to CPT

May 2024

Referred to CPT Asst

☐

Published in CPT Asst:

55842

Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)

Global: 090

Issue: Laparoscopic Prostatectomy

Screen: CMS Request - Final Rule for 2014 / Codes Reported Together 75% or More-Part6

Complete? Yes

Most Recent RUC Meeting:

September 2024

Tab: 06

Specialty Developing Recommendation:

AUA

First Identified:

October 2013

2023 Medicare Utilization:

47

2025 Work RVU:

21.36

2025 NF PE RVU:

NA

2025 Fac PE RVU:

11.05

Result:

Decrease

RUC Recommendation:

21.36

Referred to CPT

May 2024

Referred to CPT Asst

☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	Global: 090	Issue: Laparoscopic Prostatectomy	Screen: CMS Request - Final Rule for 2014 / Codes Reported Together 75% or More-Part6	Complete? Yes
Most Recent RUC Meeting: September 2024	Tab: 06 Specialty Developing Recommendation: AUA	First Identified: July 2013	2023 Medicare Utilization: 398	2025 Work RVU: 25.18 2025 NF PE RVU: NA 2025 Fac PE RVU: 12.44 Result: Decrease	
RUC Recommendation: 25.18		Referred to CPT May 2024 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 Prostatectomy	Screen: New Technology / CMS Fastest Growing / CMS Request - Final Rule for 2014 / Codes Reported Together 75% or More-Part6	Complete? Yes
Most Recent RUC Meeting: September 2024	Tab: 06 Specialty Developing Recommendation: AUA	First Identified: September 2007	2023 Medicare Utilization: 18,044	2025 Work RVU: 22.46 2025 NF PE RVU: NA 2025 Fac PE RVU: 10.56 Result: Decrease	
RUC Recommendation: 22.46		Referred to CPT May 2024 Referred to CPT Asst ☐ Published in CPT Asst:			
55867	Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed	Global: 090	Issue: Laparoscopic Prostatectomy	Screen: Codes Reported Together 75% or More-Part6	Complete? Yes
Most Recent RUC Meeting: September 2024	Tab: 06 Specialty Developing Recommendation: AUA	First Identified: May 2024	2023 Medicare Utilization: 3,448	2025 Work RVU: 19.53 2025 NF PE RVU: NA 2025 Fac PE RVU: 9.52 Result: Maintain	
RUC Recommendation: 19.53		Referred to CPT May 2024 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	2023 Medicare Utilization: 1,056	2025 Work RVU: 13.60 2025 NF PE RVU: 147.79 2025 Fac PE RVU: 7.77 Result: Decrease	
RUC Recommendation: 13.45			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
55874 Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed			Global: 000	Issue: RAW	Screen: Codes Reported Together 75% or More-Part8	Complete? No
Most Recent RUC Meeting: April 2025	Tab: 14	Specialty Developing Recommendation:	First Identified: April 2025	2023 Medicare Utilization: 20,020	2025 Work RVU: 3.03 2025 NF PE RVU: 78.46 2025 Fac PE RVU: 1.58 Result:	
RUC Recommendation: Review action plan.			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 4,754	2025 Work RVU: 13.46 2025 NF PE RVU: NA 2025 Fac PE RVU: 8.72 Result: Not Part of RAW	
RUC Recommendation: Review data at RAW			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple			Global: 000	Issue: RAW	Screen: Codes Reported Together 75% or More-Part8	Complete? No									
Most Recent RUC Meeting:	April 2025	Tab: 14	Specialty Developing Recommendation:	First Identified:	April 2025	2023 Medicare Utilization:	22,040	2025 Work RVU:	1.73	2025 NF PE RVU:	2.57	2025 Fac PE RVU:	1.17	Result:		
RUC Recommendation:			Review action plan.			Referred to CPT			Referred to CPT Asst ☐ Published in CPT Asst:							
558X1				Global: 090	Issue: Laparoscopic Prostatectomy	Screen: Codes Reported Together 75% or More-Part6	Complete? Yes									
Most Recent RUC Meeting:	September 2024	Tab: 06	Specialty Developing Recommendation:	AUA	First Identified:	May 2024	2023 Medicare Utilization:		2025 Work RVU:		2025 NF PE RVU:		2025 Fac PE RVU:		Result:	Decrease
RUC Recommendation:			22.46			Referred to CPT			May 2024			Referred to CPT Asst ☐ Published in CPT Asst:				
558X2				Global: 090	Issue: Laparoscopic Prostatectomy	Screen: Codes Reported Together 75% or More-Part6	Complete? Yes									
Most Recent RUC Meeting:	September 2024	Tab: 06	Specialty Developing Recommendation:	AUA	First Identified:	May 2024	2023 Medicare Utilization:		2025 Work RVU:		2025 NF PE RVU:		2025 Fac PE RVU:		Result:	Decrease
RUC Recommendation:			29.35			Referred to CPT			May 2024			Referred to CPT Asst ☐ Published in CPT Asst:				

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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	2023 Medicare Utilization: 2,456
RUC Recommendation:	Reduce 99238 to 0.5	Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:	2025 Work RVU: 3.08 2025 NF PE RVU: 4.72 2025 Fac PE RVU: 2.84 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	2023 Medicare Utilization: 2,948
RUC Recommendation:	7.35	Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:	2025 Work RVU: 7.53 2025 NF PE RVU: NA 2025 Fac PE RVU: 8.94 Result: Decrease
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	2023 Medicare Utilization: 17,277
RUC Recommendation:	0.50	Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:	2025 Work RVU: 0.50 2025 NF PE RVU: 1.12 2025 Fac PE RVU: 0.19 Result: Decrease

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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	2023 Medicare Utilization: 2,265	2025 Work RVU: 5.15
RUC Recommendation: 5.40			Referred to CPT October 2009	2025 NF PE RVU: 6.52	2025 Fac PE RVU: 3.02
			Referred to CPT Asst ☐	Published in CPT Asst:	Result: Decrease

57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	Global: 000	Issue: RAW	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: January 2017	Tab: 30	Specialty Developing Recommendation: ACOG, ASTRO	First Identified: September 2007	2023 Medicare Utilization: 15,452	2025 Work RVU: 2.69
RUC Recommendation: 2.69			Referred to CPT October 2009	2025 NF PE RVU: 4.05	2025 Fac PE RVU: 1.69
			Referred to CPT Asst ☐	Published in CPT Asst:	Result: Decrease

57160	Fitting and insertion of pessary or other intravaginal support device	Global: 000	Issue: Vaginal Treatments	Screen: CMS 000-Day Global Typically Reported with an E/M	Complete? Yes
Most Recent RUC Meeting: April 2017	Tab: 15	Specialty Developing Recommendation: ACOG	First Identified: July 2016	2023 Medicare Utilization: 74,285	2025 Work RVU: 0.89
RUC Recommendation: 0.89			Referred to CPT	2025 NF PE RVU: 1.19	2025 Fac PE RVU: 0.34
			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	2023 Medicare Utilization: 6,765	2025 Work RVU: 10.08 2025 NF PE RVU: NA 2025 Fac PE RVU: 6.86 Result: Decrease
RUC Recommendation: 10.08			Referred to CPT September 2016 Referred to CPT Asst ☐ Published in CPT Asst:		
57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	Global: 090	Issue: Colporrhaphy with Cystourethroscopy	Screen: Site of Service Anomaly - 2015	Complete? Yes
Most Recent RUC Meeting: January 2017	Tab: 14	Specialty Developing Recommendation: ACOG	First Identified: April 2016	2023 Medicare Utilization: 8,885	2025 Work RVU: 10.08 2025 NF PE RVU: NA 2025 Fac PE RVU: 6.87 Result: Decrease
RUC Recommendation: 10.08			Referred to CPT September 2016 Referred to CPT Asst ☐ Published in CPT Asst:		
57260	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;	Global: 090	Issue: Colporrhaphy with Cystourethroscopy	Screen: Site of Service Anomaly - 2015	Complete? Yes
Most Recent RUC Meeting: January 2017	Tab: 14	Specialty Developing Recommendation: ACOG	First Identified: April 2016	2023 Medicare Utilization: 8,696	2025 Work RVU: 13.25 2025 NF PE RVU: NA 2025 Fac PE RVU: 8.06 Result: Decrease
RUC Recommendation: 13.25			Referred to CPT September 2016 Referred to CPT Asst ☐ Published in CPT Asst:		
57265	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair	Global: 090	Issue: Colporrhaphy with Cystourethroscopy	Screen: Site of Service Anomaly - 2015	Complete? Yes
Most Recent RUC Meeting: January 2017	Tab: 14	Specialty Developing Recommendation: ACOG	First Identified: April 2016	2023 Medicare Utilization: 3,701	2025 Work RVU: 15.00 2025 NF PE RVU: NA 2025 Fac PE RVU: 8.79 Result: Decrease
RUC Recommendation: 15.00			Referred to CPT September 2016 Referred to CPT Asst ☐ Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)	Global: 090	Issue: Colpopexy	Screen: Site of Service Anomaly - 2019	Complete? Yes
Most Recent RUC Meeting: January 2020	Tab: 26	Specialty Developing Recommendation:	First Identified: October 2019	2023 Medicare Utilization: 6,846	2025 Work RVU: 11.63
RUC Recommendation: 13.48			Referred to CPT	2025 NF PE RVU: NA	2025 Fac PE RVU: 7.46
			Referred to CPT Asst ☐	Published in CPT Asst:	Result: Increase

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	2023 Medicare Utilization: 5,068	2025 Work RVU: 11.66
RUC Recommendation: 13.51			Referred to CPT	2025 NF PE RVU: NA	2025 Fac PE RVU: 7.50
			Referred to CPT Asst ☐	Published in CPT Asst:	Result: Increase

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	2023 Medicare Utilization: 1,361	2025 Work RVU: 11.15
RUC Recommendation: 10.97			Referred to CPT	2025 NF PE RVU: NA	2025 Fac PE RVU: 9.52
			Referred to CPT Asst ☐	Published in CPT Asst:	Result: Decrease

57288	Sling operation for stress incontinence (eg, fascia or synthetic)	Global: 090	Issue: Sling Operation for Stress Incontinence	Screen: New Technology	Complete? Yes
Most Recent RUC Meeting: February 2008	Tab: O	Specialty Developing Recommendation: ACOG, AUA	First Identified: September 2007	2023 Medicare Utilization: 20,097	2025 Work RVU: 12.13
RUC Recommendation: 12.00			Referred to CPT	2025 NF PE RVU: NA	2025 Fac PE RVU: 8.44
			Referred to CPT Asst ☐	Published in CPT Asst:	Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 11,234

2025 Work RVU: 17.03

2025 NF PE RVU: NA

2025 Fac PE RVU: 9.58

Result: Increase

RUC Recommendation: 18.02

Referred to CPT

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

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

2023 Medicare Utilization: 57,051

2025 Work RVU: 1.21

2025 NF PE RVU: 1.60

2025 Fac PE RVU: 0.48

Result: Decrease

RUC Recommendation: 1.21

Referred to CPT

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

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

2023 Medicare Utilization: 624

2025 Work RVU: 0.77

2025 NF PE RVU: 0.60

2025 Fac PE RVU: 0.31

Result: Maintain

RUC Recommendation: 0.77

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 1,171	2025 Work RVU: 2.65 2025 NF PE RVU: 7.05 2025 Fac PE RVU: 1.45 Result: Decrease
RUC Recommendation: 3.07			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	

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	2023 Medicare Utilization: 43,717	2025 Work RVU: 4.17 2025 NF PE RVU: 32.44 2025 Fac PE RVU: 2.06 Result: Decrease
RUC Recommendation: 4.37			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	

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	2023 Medicare Utilization: 87	2025 Work RVU: 5.20 2025 NF PE RVU: NA 2025 Fac PE RVU: 2.42 Result: Decrease
RUC Recommendation: 5.54			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

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:	Tab: 37 Specialty Developing Recommendation: ACOG	First Identified: July 2015	2023 Medicare Utilization: 22	2025 Work RVU: 5.75	2025 NF PE RVU: NA
RUC Recommendation: 6.15		Referred to CPT		2025 Fac PE RVU: 2.63	Result: Decrease
		Referred to CPT Asst ☐	Published in CPT Asst:		
58561	Hysteroscopy, surgical; with removal of leiomyomata	Global: 000	Issue: Hysteroscopy	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting:	Tab: 37 Specialty Developing Recommendation: ACOG	First Identified: July 2015	2023 Medicare Utilization: 2,162	2025 Work RVU: 6.60	2025 NF PE RVU: NA
RUC Recommendation: 7.00		Referred to CPT		2025 Fac PE RVU: 2.99	Result: Decrease
		Referred to CPT Asst ☐	Published in CPT Asst:		
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:	Tab: 37 Specialty Developing Recommendation: ACOG	First Identified: NA	2023 Medicare Utilization: 181	2025 Work RVU: 4.00	2025 NF PE RVU: 7.57
RUC Recommendation: 4.17		Referred to CPT		2025 Fac PE RVU: 1.97	Result: Decrease
		Referred to CPT Asst ☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	Global: 000	Issue: Hysteroscopy	Screen: CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: January 2016	Tab: 37 Specialty Developing Recommendation: ACOG	First Identified: NA	2023 Medicare Utilization: 1,307	2025 Work RVU: 4.47 2025 NF PE RVU: 53.82 2025 Fac PE RVU: 2.15 Result: Decrease	
RUC Recommendation: 4.62		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)	Global: 090	Issue: Laproscopic Procedures	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent RUC Meeting: September 2007	Tab: 16 Specialty Developing Recommendation: AUA, ACOG	First Identified: September 2007	2023 Medicare Utilization: 507	2025 Work RVU: 11.59 2025 NF PE RVU: NA 2025 Fac PE RVU: 6.86 Result: PE Only	
RUC Recommendation: Reduce 99238 to 0.5		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	Global: 010	Issue: Laproscopic Procedures	Screen: Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent RUC Meeting: September 2007	Tab: 16 Specialty Developing Recommendation: ACOG	First Identified: September 2007	2023 Medicare Utilization: 12,383	2025 Work RVU: 11.35 2025 NF PE RVU: NA 2025 Fac PE RVU: 6.39 Result: PE Only	
RUC Recommendation: Reduce 99238 to 0.5		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

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

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

2023 Medicare Utilization: 192

2025 Work RVU: 1.20

2025 NF PE RVU: 2.43

2025 Fac PE RVU: 0.47

Result: Increase

RUC Recommendation: 1.20

Referred to CPT

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

59400 Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009

Tab: 15

Specialty Developing Recommendation: ACOG, AAFP

First Identified: February 2008

2023 Medicare Utilization: 1,347

2025 Work RVU: 37.00

2025 NF PE RVU: NA

2025 Fac PE RVU: 25.76

Result: Increase

RUC Recommendation: 32.69

Referred to CPT

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

59409 Vaginal delivery only (with or without episiotomy and/or forceps); **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009

Tab: 15

Specialty Developing Recommendation: ACOG, AAFP

First Identified: February 2008

2023 Medicare Utilization: 765

2025 Work RVU: 14.37

2025 NF PE RVU: NA

2025 Fac PE RVU: 5.76

Result: Increase

RUC Recommendation: 14.37

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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:	Tab: 15	Specialty Developing Recommendation:	ACOG, AAFP	First Identified:	2023 Medicare Utilization:
October 2009				February 2008	427
RUC Recommendation:	18.54		Referred to CPT		2025 Work RVU:
			Referred to CPT Asst	☐	18.76
			Published in CPT Asst:		2025 NF PE RVU:
					NA
					2025 Fac PE RVU:
					8.61
					Result: Increase
59412	External cephalic version, with or without tocolysis	Global: MMM	Issue: Obstetrical Care	Screen: High IWPUT	Complete? Yes
Most Recent RUC Meeting:	Tab: 15	Specialty Developing Recommendation:	ACOG, AAFP	First Identified:	2023 Medicare Utilization:
October 2009				April 2008	17
RUC Recommendation:	1.71		Referred to CPT		2025 Work RVU:
			Referred to CPT Asst	☐	1.71
			Published in CPT Asst:		2025 NF PE RVU:
					NA
					2025 Fac PE RVU:
					0.86
					Result: Maintain
59414	Delivery of placenta (separate procedure)	Global: MMM	Issue: Obstetrical Care	Screen: High IWPUT	Complete? Yes
Most Recent RUC Meeting:	Tab: 15	Specialty Developing Recommendation:	ACOG, AAFP	First Identified:	2023 Medicare Utilization:
October 2009				April 2008	35
RUC Recommendation:	1.61		Referred to CPT		2025 Work RVU:
			Referred to CPT Asst	☐	1.61
			Published in CPT Asst:		2025 NF PE RVU:
					NA
					2025 Fac PE RVU:
					0.62
					Result: Maintain
59425	Antepartum care only; 4-6 visits	Global: MMM	Issue: Obstetrical Care	Screen: High IWPUT	Complete? Yes
Most Recent RUC Meeting:	Tab: 15	Specialty Developing Recommendation:	ACOG, AAFP	First Identified:	2023 Medicare Utilization:
October 2009				April 2008	383
RUC Recommendation:	6.31		Referred to CPT		2025 Work RVU:
			Referred to CPT Asst	☐	7.80
			Published in CPT Asst:		2025 NF PE RVU:
					7.04
					2025 Fac PE RVU:
					3.10
					Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

59426 Antepartum care only; 7 or more visits

Global: MMM Issue: Obstetrical Care

Screen: High IWPUT

Complete? Yes

Most Recent Tab: 15 Specialty Developing ACOG, AAFP
RUC Meeting: October 2009 Recommendation:

First Identified: April 2008

2023 Medicare Utilization: 419

2025 Work RVU: 14.30
2025 NF PE RVU: 12.78
2025 Fac PE RVU: 5.64
Result: Decrease

RUC Recommendation: 11.16

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

59430 Postpartum care only (separate procedure)

Global: MMM Issue: Obstetrical Care

Screen: High IWPUT

Complete? Yes

Most Recent Tab: 15 Specialty Developing ACOG, AAFP
RUC Meeting: October 2009 Recommendation:

First Identified: April 2008

2023 Medicare Utilization: 503

2025 Work RVU: 3.22
2025 NF PE RVU: 3.82
2025 Fac PE RVU: 1.28
Result: Increase

RUC Recommendation: 2.47

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

59510 Routine obstetric care including antepartum care, cesarean delivery, and postpartum care

Global: MMM Issue: Obstetrical Care

Screen: High IWPUT

Complete? Yes

Most Recent Tab: 15 Specialty Developing ACOG, AAFP
RUC Meeting: October 2009 Recommendation:

First Identified: February 2008

2023 Medicare Utilization: 1,173

2025 Work RVU: 41.05
2025 NF PE RVU: NA
2025 Fac PE RVU: 27.54
Result: Increase

RUC Recommendation: 36.17

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

59514 Cesarean delivery only;

Global: MMM Issue: Obstetrical Care

Screen: High IWPUT

Complete? Yes

Most Recent Tab: 15 Specialty Developing ACOG, AAFP
RUC Meeting: October 2009 Recommendation:

First Identified: October 2008

2023 Medicare Utilization: 665

2025 Work RVU: 16.13
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.33
Result: Increase

RUC Recommendation: 16.13

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

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 400

2025 Work RVU: 22.79

2025 NF PE RVU: NA

2025 Fac PE RVU: 10.67

Result: Increase

RUC Recommendation: 22.00

Referred to CPT

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

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

2023 Medicare Utilization: 64

2025 Work RVU: 38.71

2025 NF PE RVU: NA

2025 Fac PE RVU: 25.83

Result: Increase

RUC Recommendation: 34.40

Referred to CPT

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

59612 Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);

Global: MMM **Issue:** Obstetrical Care

Screen: High IWPUT

Complete? Yes

Most Recent RUC Meeting: October 2009

Tab: 15 **Specialty Developing Recommendation:** ACOG, AAFP

First Identified: April 2008

2023 Medicare Utilization: 47

2025 Work RVU: 16.09

2025 NF PE RVU: NA

2025 Fac PE RVU: 6.21

Result: Increase

RUC Recommendation: 16.09

Referred to CPT

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

59614 Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care

Global: MMM **Issue:** Obstetrical Care

Screen: High IWPUT

Complete? Yes

Most Recent RUC Meeting: October 2009

Tab: 15 **Specialty Developing Recommendation:** ACOG, AAFP

First Identified: April 2008

2023 Medicare Utilization: 30

2025 Work RVU: 20.48

2025 NF PE RVU: NA

2025 Fac PE RVU: 8.43

Result: Increase

RUC Recommendation: 20.26

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery	Global: MMM	Issue: Obstetrical Care	Screen: High IWPUT	Complete? Yes				
Most Recent RUC Meeting:	October 2009	Tab: 15	Specialty Developing Recommendation: ACOG, AAFP	First Identified: April 2008	2023 Medicare Utilization: 18	2025 Work RVU: 41.57	2025 NF PE RVU: NA	2025 Fac PE RVU: 27.59	Result: Increase
RUC Recommendation:	36.69			Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:			
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;	Global: MMM	Issue: Obstetrical Care	Screen: High IWPUT	Complete? Yes				
Most Recent RUC Meeting:	October 2009	Tab: 15	Specialty Developing Recommendation: ACOG, AAFP	First Identified: April 2008	2023 Medicare Utilization: 10	2025 Work RVU: 16.66	2025 NF PE RVU: NA	2025 Fac PE RVU: 6.43	Result: Decrease
RUC Recommendation:	16.66			Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:			
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care	Global: MMM	Issue: Obstetrical Care	Screen: High IWPUT	Complete? Yes				
Most Recent RUC Meeting:	October 2009	Tab: 15	Specialty Developing Recommendation: ACOG, AAFP	First Identified: April 2008	2023 Medicare Utilization: 3	2025 Work RVU: 23.32	2025 NF PE RVU: NA	2025 Fac PE RVU: 11.32	Result: Increase
RUC Recommendation:	22.53			Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

5XX00				Global: 000	Issue: Prostate Biopsy Services	Screen: Codes Reported Together 75% or More-Part5	Complete? No
Most Recent RUC Meeting:	September 2024	Tab: 08	Specialty Developing Recommendation:	ACR, AUA, OEIS, SIR	First Identified: May 2024	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Decrease
RUC Recommendation: 2.63. Refer to CPT				Referred to CPT	September 2025; February 2025 (Tab 16); May 2024 (Tab 15)		
				Referred to CPT Asst	☐	Published in CPT Asst:	
5XX01				Global: 000	Issue: Prostate Biopsy Services	Screen: Codes Reported Together 75% or More-Part5	Complete? No
Most Recent RUC Meeting:	September 2024	Tab: 08	Specialty Developing Recommendation:	ACR, AUA, OEIS, SIR	First Identified: May 2024	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Decrease
RUC Recommendation: 3.39. Refer to CPT				Referred to CPT	September 2025; February 2025 (Tab 16); May 2024 (Tab 15)		
				Referred to CPT Asst	☐	Published in CPT Asst:	
5XX02				Global: 000	Issue: Prostate Biopsy Services	Screen: Codes Reported Together 75% or More-Part5	Complete? No
Most Recent RUC Meeting:	September 2024	Tab: 08	Specialty Developing Recommendation:	ACR, AUA, OEIS, SIR	First Identified: May 2024	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Decrease
RUC Recommendation: 3.23. Refer to CPT				Referred to CPT	September 2025; February 2025 (Tab 16); May 2024 (Tab 15)		
				Referred to CPT Asst	☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

5XX03				Global: 000	Issue: Prostate Biopsy Services	Screen: Codes Reported Together 75% or More-Part5	Complete? No
Most Recent RUC Meeting:	September 2024	Tab: 08	Specialty Developing Recommendation:	ACR, AUA, OEIS, SIR	First Identified: May 2024	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Decrease
RUC Recommendation: 3.81. Refer to CPT				Referred to CPT	September 2025; February 2025 (Tab 16); May 2024 (Tab 15)		
				Referred to CPT Asst	☐	Published in CPT Asst:	

5XX04				Global: 000	Issue: Prostate Biopsy Services	Screen: Codes Reported Together 75% or More-Part5	Complete? No
Most Recent RUC Meeting:	September 2024	Tab: 08	Specialty Developing Recommendation:	ACR, AUA, OEIS, SIR	First Identified: May 2024	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Decrease
RUC Recommendation: 2.61. Refer to CPT				Referred to CPT	September 2025; February 2025 (Tab 16); May 2024 (Tab 15)		
				Referred to CPT Asst	☐	Published in CPT Asst:	

5XX07				Global: 000	Issue: Prostate Biopsy Services	Screen: Codes Reported Together 75% or More-Part5	Complete? No
Most Recent RUC Meeting:	September 2024	Tab: 08	Specialty Developing Recommendation:	ACR, AUA, OEIS, SIR	First Identified: May 2024	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Decrease
RUC Recommendation: 3.10. Refer to CPT				Referred to CPT	September 2025; February 2025 (Tab 16); May 2024 (Tab 15)		
				Referred to CPT Asst	☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

5XX08				Global: 000	Issue: Prostate Biopsy Services	Screen: Codes Reported Together 75% or More-Part5	Complete? No
Most Recent RUC Meeting:	September 2024	Tab: 08	Specialty Developing Recommendation:	ACR, AUA, OEIS, SIR	First Identified: May 2024	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Decrease
RUC Recommendation: 4.00. Refer to CPT				Referred to CPT	September 2025; February 2025 (Tab 16); May 2024 (Tab 15)		
				Referred to CPT Asst	☐	Published in CPT Asst:	
5XX09				Global: 000	Issue: Prostate Biopsy Services	Screen: Codes Reported Together 75% or More-Part5	Complete? No
Most Recent RUC Meeting:	September 2024	Tab: 08	Specialty Developing Recommendation:	ACR, AUA, OEIS, SIR	First Identified: May 2024	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Decrease
RUC Recommendation: 3.62. Refer to CPT				Referred to CPT	September 2025; February 2025 (Tab 16); May 2024 (Tab 15)		
				Referred to CPT Asst	☐	Published in CPT Asst:	
5XX10				Global: ZZZ	Issue: Prostate Biopsy Services	Screen: Codes Reported Together 75% or More-Part5	Complete? No
Most Recent RUC Meeting:	September 2024	Tab: 08	Specialty Developing Recommendation:	ACR, AUA, OEIS, SIR	First Identified: May 2024	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Decrease
RUC Recommendation: 1.05. Refer to CPT				Referred to CPT	September 2025; February 2025 (Tab 16); May 2024 (Tab 15)		
				Referred to CPT Asst	☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

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:	Tab: 46 April 2008	Specialty Developing Recommendation: ACS, AAO-HNS	First Identified: September 2007	2023 Medicare Utilization: 6,777	2025 Work RVU: 11.19 2025 NF PE RVU: NA 2025 Fac PE RVU: 8.08 Result: Maintain
RUC Recommendation:	12.29	Referred to CPT Referred to CPT Asst	☐	Published in CPT Asst:	
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:	Tab: 46 April 2008	Specialty Developing Recommendation: ACS, AAO-HNS	First Identified: September 2007	2023 Medicare Utilization: 156	2025 Work RVU: 14.79 2025 NF PE RVU: NA 2025 Fac PE RVU: 10.70 Result: Maintain
RUC Recommendation:	14.67	Referred to CPT Referred to CPT Asst	☐	Published in CPT Asst:	
60240	Thyroidectomy, total or complete	Global: 090	Issue: Thyroidectomy	Screen: CPT Referral to the RUC	Complete? No
Most Recent RUC Meeting:	Tab: 27 January 2025	Specialty Developing Recommendation: AAO-HNS, ACS	First Identified: September 2024	2023 Medicare Utilization: 4,921	2025 Work RVU: 15.04 2025 NF PE RVU: NA 2025 Fac PE RVU: 9.65 Result:
RUC Recommendation:	Refer to CPT Assistant	Referred to CPT Referred to CPT Asst	☒	Published in CPT Asst:	August 2025
60260	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid	Global: 090	Issue: Thyroidectomy	Screen: CPT Referral to the RUC	Complete? No
Most Recent RUC Meeting:	Tab: 27 January 2025	Specialty Developing Recommendation: AAO-HNS, ACS	First Identified: September 2024	2023 Medicare Utilization: 1,040	2025 Work RVU: 18.26 2025 NF PE RVU: NA 2025 Fac PE RVU: 11.10 Result:
RUC Recommendation:	Refer to CPT Assistant	Referred to CPT Referred to CPT Asst	☒	Published in CPT Asst:	August 2025

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	2023 Medicare Utilization: 329	2025 Work RVU: 17.16 2025 NF PE RVU: NA 2025 Fac PE RVU: 10.43 Result: Remove from Screen
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:			

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	2023 Medicare Utilization: 182	2025 Work RVU: 19.18 2025 NF PE RVU: NA 2025 Fac PE RVU: 9.87 Result: Remove from Screen
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:			

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

2023 Medicare Utilization: 75

2025 Work RVU: 23.48

2025 NF PE RVU: NA

2025 Fac PE RVU: 11.53

Result: Remove from Screen

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thorascopic procedures.

Referred to CPT

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

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

2023 Medicare Utilization: 94

2025 Work RVU: 2.10

2025 NF PE RVU: NA

2025 Fac PE RVU: 1.07

Result: Remove from Screen

RUC Recommendation: Editorial change

Referred to CPT October 2013

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

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

2023 Medicare Utilization: 11,728

2025 Work RVU: 20.12

2025 NF PE RVU: NA

2025 Fac PE RVU: 8.59

Result: Decrease

RUC Recommendation: 20.00

Referred to CPT February 2024

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

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	2023 Medicare Utilization: 1,298	2025 Work RVU: 16.60 2025 NF PE RVU: NA 2025 Fac PE RVU: 6.45 Result: Decrease
RUC Recommendation: 15.31			Referred to CPT February 2024 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: April 2025	Tab: 11	Specialty Developing Recommendation: NASS, AANS/CNS	First Identified: October 2009	2023 Medicare Utilization: 15,686	2025 Work RVU: 3.75 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.83 Result: Decrease
RUC Recommendation: Survey for Sept 2025 with pre-post ZZZ survey. 3.75			Referred to CPT October 2009 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: April 2025	Tab: 11	Specialty Developing Recommendation: NASS, AANS/CNS, AAO-HNS	First Identified: October 2009	2023 Medicare Utilization: 19,013	2025 Work RVU: 3.18 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.50 Result: Decrease
RUC Recommendation: 2.50 (interim). Survey for Sept 2025 with pre-post ZZZ survey. 3.18			Referred to CPT October 2009 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: April 2025	Tab: 11	Specialty Developing Recommendation: AAOS, AANS, CNS, ISASS, NASS	First Identified: October 2009	2023 Medicare Utilization: 29,281	2025 Work RVU: 3.75 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.88 Result:
RUC Recommendation: 3.50 (interim). Survey for Sept 2025 with pre-post ZZZ survey. 3.75			Referred to CPT October 2009		
			Referred to CPT Asst ☐	Published in CPT Asst:	
61793	Deleted from CPT	Global:	Issue: Stereotactic Radiosurgery	Screen: CMS Fastest Growing / Site of Service Anomaly (99238-Only)	Complete? Yes
Most Recent RUC Meeting: October 2008	Tab: 26	Specialty Developing Recommendation: AANS	First Identified: September 2007	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT February 2008		
			Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT October 2009		
			Referred to CPT Asst ☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 5,624	2025 Work RVU: 13.93	2025 NF PE RVU: NA	2025 Fac PE RVU: 11.74	Result: Decrease
RUC Recommendation:	15.50			Referred to CPT Referred to CPT Asst	☐	Published in CPT Asst:			
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Stereotactic Radiosurgery	Screen: CMS Request - 2009 Final Rule	Complete? Yes				
Most Recent RUC Meeting:	February 2009	Tab: 38	Specialty Developing Recommendation:	First Identified: NA	2023 Medicare Utilization: 7,879	2025 Work RVU: 3.48	2025 NF PE RVU: NA	2025 Fac PE RVU: 1.70	Result: Decrease
RUC Recommendation:	3.48			Referred to CPT Referred to CPT Asst	☐	Published in CPT Asst:			
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	Global: 090	Issue: Stereotactic Radiosurgery	Screen: CMS Request - 2009 Final Rule	Complete? Yes				
Most Recent RUC Meeting:	February 2009	Tab: 38	Specialty Developing Recommendation:	First Identified: NA	2023 Medicare Utilization: 3,018	2025 Work RVU: 19.85	2025 NF PE RVU: NA	2025 Fac PE RVU: 14.50	Result: Decrease
RUC Recommendation:	19.75			Referred to CPT Referred to CPT Asst	☐	Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

61799 Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009

Tab: 38 **Specialty Developing Recommendation:**

First Identified: NA

2023 Medicare Utilization: 654

2025 Work RVU: 4.81
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.35
Result: Decrease

RUC Recommendation: 4.81

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

61800 Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing / Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: April 2008

Tab: 16 **Specialty Developing Recommendation:**

First Identified: February 2008

2023 Medicare Utilization: 3,685

2025 Work RVU: 2.25
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.37
Result: Decrease

RUC Recommendation: 2.25

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

61885 Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array **Global:** 090 **Issue:** Vagal Nerve Stimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010

Tab: 14 **Specialty Developing Recommendation:** AANS/CNS

First Identified: September 2007

2023 Medicare Utilization: 3,783

2025 Work RVU: 6.05
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.89
Result: Decrease

RUC Recommendation: 6.44

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

Status Report: CMS Requests and Relativity Assessment Issues

62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days	Global: 010	Issue: Epidural Lysis	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab: 66	Specialty Developing Recommendation: AAPM, AANS/CNS, ASA, NASS	First Identified: September 2007	2023 Medicare Utilization: 208	2025 Work RVU: 5.00 2025 NF PE RVU: 13.46 2025 Fac PE RVU: 4.28 Result: Maintain
RUC Recommendation: 6.54			Referred to CPT 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	2023 Medicare Utilization: 22,332	2025 Work RVU: 1.22 2025 NF PE RVU: 2.88 2025 Fac PE RVU: 0.43 Result: Increase
RUC Recommendation: 1.44			Referred to CPT September 2018 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	2023 Medicare Utilization: 2,975	2025 Work RVU: 1.58 2025 NF PE RVU: 3.54 2025 Fac PE RVU: 0.73 Result: Increase
RUC Recommendation: 1.80			Referred to CPT September 2018 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 **Tab:** 16 **Specialty Developing** ASA
RUC Meeting: September 2007 **Recommendation:**

First **2023**
Identified: September 2007 **Medicare**
Utilization: 68

2025 Work RVU: 2.66
2025 NF PE RVU: 4.23
2025 Fac PE RVU: 1.79
Result: PE Only

RUC Recommendation: Remove 99238

Referred to CPT
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 **Tab:** 17 **Specialty Developing** ACR, ASNR
RUC Meeting: April 2014 **Recommendation:**

First **2023**
Identified: October 2012 **Medicare**
Utilization: 12,800

2025 Work RVU: 1.54
2025 NF PE RVU: 3.80
2025 Fac PE RVU: 0.77
Result: Maintain

RUC Recommendation: 1.54

Referred to CPT October 2013
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 inj **Global:** 090 **Issue:** Percutaneous Diskectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

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

First **2023**
Identified: September 2007 **Medicare**
Utilization: 100

2025 Work RVU: 9.03
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.17
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 4,260	2025 Work RVU: 3.00 2025 NF PE RVU: 6.84 2025 Fac PE RVU: 1.40
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	2023 Medicare Utilization: 1,837	2025 Work RVU: 2.29 2025 NF PE RVU: 4.97 2025 Fac PE RVU: 1.03
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	2023 Medicare Utilization: 256	2025 Work RVU: 2.29 2025 NF PE RVU: 5.10 2025 Fac PE RVU: 1.03
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

2023 Medicare Utilization: 7,511

2025 Work RVU: 2.25

2025 NF PE RVU: 4.96

2025 Fac PE RVU: 1.02

Result: Decrease

RUC Recommendation: 2.25

Referred to CPT October 2013

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

62305 Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)

Global: 000

Issue: Myelography

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: April 2014

Tab: 17 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: October 2012

2023 Medicare Utilization: 3,777

2025 Work RVU: 2.35

2025 NF PE RVU: 5.53

2025 Fac PE RVU: 1.06

Result: Decrease

RUC Recommendation: 2.35

Referred to CPT October 2013

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

62310 Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed,

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT May 2015

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

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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,	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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT May 2015 Referred to CPT Asst ☐ Published in CPT Asst:		
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, includ	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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT May 2015 Referred to CPT Asst ☐ Published in CPT Asst:		
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, includ	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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT May 2015 Referred to CPT Asst ☐ Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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 thora	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	2023 Medicare Utilization: 1,154	2025 Work RVU: 1.80
						2025 NF PE RVU: 2.71
						2025 Fac PE RVU: 0.91

RUC Recommendation: 1.80	Referred to CPT May 2015	Result: Decrease
	Referred to CPT Asst ☐ Published in CPT Asst:	

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 thora	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	2023 Medicare Utilization: 172,493	2025 Work RVU: 1.95
						2025 NF PE RVU: 5.63
						2025 Fac PE RVU: 1.08

RUC Recommendation: 1.95	Referred to CPT May 2015	Result: Decrease
	Referred to CPT Asst ☐ Published in CPT Asst:	

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	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	2023 Medicare Utilization: 20,500	2025 Work RVU: 1.55
						2025 NF PE RVU: 2.24
						2025 Fac PE RVU: 0.63

RUC Recommendation: 1.55	Referred to CPT May 2015	Result: Decrease
	Referred to CPT Asst ☐ Published in CPT Asst:	

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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 **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

2023 Medicare Utilization: 528,640

2025 Work RVU: 1.80
2025 NF PE RVU: 5.66
2025 Fac PE RVU: 1.00

RUC Recommendation: 1.80

Referred to CPT May 2015

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

Result: Decrease

62324 Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar **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

2023 Medicare Utilization: 9,080

2025 Work RVU: 1.89
2025 NF PE RVU: 2.04
2025 Fac PE RVU: 0.62

RUC Recommendation: 1.89

Referred to CPT May 2015

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

Result: Decrease

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 **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

2023 Medicare Utilization: 608

2025 Work RVU: 2.20
2025 NF PE RVU: 4.88
2025 Fac PE RVU: 0.87

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	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	2023 Medicare Utilization: 1,497	2025 Work RVU: 1.78
						2025 NF PE RVU: 2.15
						2025 Fac PE RVU: 0.61

RUC Recommendation: 1.78	Referred to CPT May 2015	Result: Decrease
	Referred to CPT Asst ☐ Published in CPT Asst:	

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	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	2023 Medicare Utilization: 1,006	2025 Work RVU: 1.90
						2025 NF PE RVU: 5.81
						2025 Fac PE RVU: 1.09

RUC Recommendation: 1.90	Referred to CPT May 2015	Result: Decrease
	Referred to CPT Asst ☐ Published in CPT Asst:	

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	2023 Medicare Utilization: 40,638	2025 Work RVU: 1.73
						2025 NF PE RVU: 4.67
						2025 Fac PE RVU: 0.64

RUC Recommendation: 1.95	Referred to CPT September 2018	Result: Increase
	Referred to CPT Asst ☐ Published in CPT Asst:	

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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 **Tab:** 09 **Specialty Developing**
RUC Meeting: January 2019 **Recommendation:**

First **2023**
Identified: September 2018 **Medicare**
Utilization: 2,269

2025 Work RVU: 2.03
2025 NF PE RVU: 5.47
2025 Fac PE RVU: 0.79
Result: Increase

RUC Recommendation: 2.25

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

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 **Tab:** 67 **Specialty Developing** AAPM, AANS/CNS, ASA, ISIS, NASS
RUC Meeting: October 2010 **Recommendation:**

First **2023**
Identified: September 2007 **Medicare**
Utilization: 3,564

2025 Work RVU: 6.05
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.86
Result: Decrease

RUC Recommendation: 6.05

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

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 **Tab:** 67 **Specialty Developing** AAPM, AANS/CNS, ASA, ISIS, NASS
RUC Meeting: October 2010 **Recommendation:**

First **2023**
Identified: September 2007 **Medicare**
Utilization: 715

2025 Work RVU: 3.55
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.13
Result: Decrease

RUC Recommendation: 4.35

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

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 **Tab:** 67 **Specialty Developing** AAPMR, ASA, NASS, AAPM, AANS/CNS
RUC Meeting: October 2010 **Recommendation:**

First **2023**
Identified: April 2008 **Medicare**
Utilization: 174

2025 Work RVU: 4.33
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.20
Result: Decrease

RUC Recommendation: 4.33

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

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 32

2025 Work RVU: 5.00

2025 NF PE RVU: NA

2025 Fac PE RVU: 6.40

Result: Decrease

RUC Recommendation: 5.65

Referred to CPT

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

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

2023 Medicare Utilization: 5,362

2025 Work RVU: 5.60

2025 NF PE RVU: NA

2025 Fac PE RVU: 4.84

Result: Decrease

RUC Recommendation: 6.10

Referred to CPT

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

2023 Medicare Utilization: 904

2025 Work RVU: 3.93

2025 NF PE RVU: NA

2025 Fac PE RVU: 4.20

Result: Decrease

RUC Recommendation: 4.65

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

62367	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill	Global: XXX	Issue: Electronic Analysis Implanted Pump (PE Only)	Screen: Different Performing Specialty from Survey	Complete? Yes
Most Recent RUC Meeting: April 2018	Tab: 14	Specialty Developing Recommendation: AAPM, AAPMR, ASA, SIS	First Identified: October 2009	2023 Medicare Utilization: 6,379	2025 Work RVU: 0.48 2025 NF PE RVU: 0.43 2025 Fac PE RVU: 0.20 Result: Maintain
RUC Recommendation: New PE inputs. 0.48			Referred to CPT October 2010 Referred to CPT Asst ☐ Published in CPT Asst:		

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? No
Most Recent RUC Meeting: April 2025	Tab: 14	Specialty Developing Recommendation: AAPM, AAPMR, ASA, SIS	First Identified: October 2009	2023 Medicare Utilization: 27,855	2025 Work RVU: 0.67 2025 NF PE RVU: 0.60 2025 Fac PE RVU: 0.28 Result: Decrease
RUC Recommendation: Review action plan. New PE inputs 0.67			Referred to CPT October 2010 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	2023 Medicare Utilization: 19,131	2025 Work RVU: 0.67 2025 NF PE RVU: 2.00 2025 Fac PE RVU: 0.29 Result: Decrease
RUC Recommendation: New PE inputs. 0.67			Referred to CPT October 2010 Referred to CPT Asst ☐ Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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 qualifi		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	2023 Medicare Utilization: 79,419	2025 Work RVU: 0.90 2025 NF PE RVU: 1.75 2025 Fac PE RVU: 0.37 Result: Decrease
RUC Recommendation: New PE inputs. 1.10			Referred to CPT October 2010 Referred to CPT Asst ☐ Published in CPT Asst:			
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar		Global: 090	Issue: RAW	Screen: Codes Reported Together 75% or More-Part8	Complete? No
Most Recent RUC Meeting:	April 2025	Tab: 14	Specialty Developing Recommendation:	First Identified: April 2025	2023 Medicare Utilization: 709	2025 Work RVU: 17.33 2025 NF PE RVU: NA 2025 Fac PE RVU: 15.00 Result:
RUC Recommendation: Review action plan.			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 702	2025 Work RVU: 14.91 2025 NF PE RVU: NA 2025 Fac PE RVU: 13.92 Result: Decrease
RUC Recommendation: 15.95			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 17,304	2025 Work RVU: 12.00 2025 NF PE RVU: NA 2025 Fac PE RVU: 12.21 Result: Maintain
RUC Recommendation: 13.18			Referred to CPT September 2021 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 primar	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	2023 Medicare Utilization: 3,481	2025 Work RVU: 3.86 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.95 Result: Increase
RUC Recommendation: 4.00			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization: 5,912	2025 Work RVU: 18.76 2025 NF PE RVU: NA 2025 Fac PE RVU: 15.22 Result: Maintain
RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4.			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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 / Site of Service Anomay - 2025 **Complete?** No

Most Recent RUC Meeting: April 2025

Tab: 14 **Specialty Developing Recommendation:**

First Identified: November 2013

2023 Medicare Utilization: 10,499

2025 Work RVU: 17.95

2025 NF PE RVU: NA

2025 Fac PE RVU: 15.13

Result: Maintain

RUC Recommendation: Survey. 17.95

Referred to CPT

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

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 / Site of Service Anomay - 2025 **Complete?** No

Most Recent RUC Meeting: April 2025

Tab: 14 **Specialty Developing Recommendation:**

First Identified: November 2013

2023 Medicare Utilization: 4,210

2025 Work RVU: 17.25

2025 NF PE RVU: NA

2025 Fac PE RVU: 14.65

Result: Maintain

RUC Recommendation: Survey. 17.25

Referred to CPT

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

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 / Site of Service Anomay - 2025 **Complete?** No

Most Recent RUC Meeting: April 2025

Tab: 14 **Specialty Developing Recommendation:** NASS, AANS

First Identified: September 2011

2023 Medicare Utilization: 77,826

2025 Work RVU: 15.37

2025 NF PE RVU: NA

2025 Fac PE RVU: 13.61

Result: Maintain

RUC Recommendation: Survey. 15.37

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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, thora	Global: ZZZ	Issue: Laminectomy	Screen: CMS High Expenditure Procedural Codes1 / Site of Service Anomay - 2025	Complete? No
Most Recent RUC Meeting: April 2025	Tab: 14	Specialty Developing Recommendation: NASS, AANS	First Identified: January 2012	2023 Medicare Utilization: 99,663	2025 Work RVU: 3.47 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.76 Result: Maintain
RUC Recommendation: Survey. 3.47			Referred to CPT 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	2023 Medicare Utilization: 3,844	2025 Work RVU: 21.86 2025 NF PE RVU: NA 2025 Fac PE RVU: 16.37 Result: Maintain
RUC Recommendation: Review action plan at RAW Oct 2015. Maintain			Referred to CPT February 2010 Referred to CPT Asst ☒	Published in CPT Asst: Oct 2009	
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	2023 Medicare Utilization: 178	2025 Work RVU: 19.60 2025 NF PE RVU: NA 2025 Fac PE RVU: 15.27 Result: Maintain
RUC Recommendation: 19.60			Referred to CPT October 2009 Referred to CPT Asst ☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

63076 Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctomy; 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:

2023 Medicare Utilization: 121

2025 Work RVU: 4.04

2025 NF PE RVU: NA

2025 Fac PE RVU: 2.03

Result: Maintain

RUC Recommendation: 4.04

Referred to CPT October 2009

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?** Yes

Most Recent RUC Meeting: September 2022

Tab: 13

Specialty Developing Recommendation: AANS, AAOS, CNS, ISASS, NASS

First Identified: April 2022

2023 Medicare Utilization: 3,272

2025 Work RVU: 26.10

2025 NF PE RVU: NA

2025 Fac PE RVU: 18.96

Result: Maintain

RUC Recommendation: CPT Assistant article published

Referred to CPT

Referred to CPT Asst ☒ **Published in CPT Asst:** Aug 2023

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

2023 Medicare Utilization: 533

2025 Work RVU: 30.93

2025 NF PE RVU: NA

2025 Fac PE RVU: 19.76

Result: Maintain

RUC Recommendation: Maintain

Referred to CPT September 2016

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

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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	2023 Medicare Utilization: 493
RUC Recommendation:	15.50		Referred to CPT		2025 Work RVU: 15.60
			Referred to CPT Asst	☐	2025 NF PE RVU: NA
				Published in CPT Asst:	2025 Fac PE RVU: 12.60
					Result: Decrease
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	2023 Medicare Utilization: 171
RUC Recommendation:	4.00		Referred to CPT		2025 Work RVU: 4.00
			Referred to CPT Asst	☐	2025 NF PE RVU: NA
				Published in CPT Asst:	2025 Fac PE RVU: 1.96
					Result: Decrease
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	2023 Medicare Utilization: 82,989
RUC Recommendation:	7.20. New PE Inputs		Referred to CPT		2025 Work RVU: 7.15
			Referred to CPT Asst	☐	2025 NF PE RVU: 57.79
				Published in CPT Asst:	2025 Fac PE RVU: 4.51
					Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 6,336	2025 Work RVU: 10.92 2025 NF PE RVU: NA 2025 Fac PE RVU: 11.09 Result: Maintain	
RUC Recommendation: 11.43		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT	
RUC Recommendation: Deleted from CPT		Referred to CPT October 2008 Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 3,917	2025 Work RVU: 5.08 2025 NF PE RVU: 14.25 2025 Fac PE RVU: 3.92 Result: Decrease	
RUC Recommendation: 5.03		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	Global: 090	Issue: Neurostimulator (Spinal)	Screen: Site of Service Anomaly / CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: April 2009	Tab: 17 Specialty Developing Recommendation: ISIS, NASS, AANS/CNS, ASA, AAPM	First Identified: April 2008	2023 Medicare Utilization: 1,977	2025 Work RVU: 11.00 2025 NF PE RVU: NA 2025 Fac PE RVU: 11.27 Result: Decrease	
RUC Recommendation: 10.87		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

63663 Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed				Global: 010	Issue: Neurostimulator (Spinal)	Screen: Site of Service Anomaly / CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: April 2009	Tab: 17	Specialty Developing Recommendation:	ISIS, NASS, AANS/CNS, ASA, AAPM	First Identified: April 2008	2023 Medicare Utilization: 1,623	2025 Work RVU: 7.75 2025 NF PE RVU: 17.71 2025 Fac PE RVU: 4.71 Result: Decrease	
RUC Recommendation: 70				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
63664 Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed				Global: 090	Issue: Neurostimulator (Spinal)	Screen: Site of Service Anomaly / CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: April 2009	Tab: 17	Specialty Developing Recommendation:	ISIS, NASS, AANS/CNS, ASA, AAPM	First Identified: April 2008	2023 Medicare Utilization: 520	2025 Work RVU: 11.52 2025 NF PE RVU: NA 2025 Fac PE RVU: 11.62 Result: Decrease	
RUC Recommendation: 11.39				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
63685 Insertion or replacement of spinal neurostimulator pulse generator or receiver, 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	2023 Medicare Utilization: 27,004	2025 Work RVU: 5.19 2025 NF PE RVU: NA 2025 Fac PE RVU: 4.04 Result: Decrease	
RUC Recommendation: 5.19				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

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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

2023 Medicare Utilization: 7,196

2025 Work RVU: 4.35

2025 NF PE RVU: NA

2025 Fac PE RVU: 3.77

RUC Recommendation: 4.35

Referred to CPT

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

Result: Decrease

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

2023 Medicare Utilization: 37,602

2025 Work RVU: 0.75

2025 NF PE RVU: 2.41

2025 Fac PE RVU: 0.61

RUC Recommendation: 1.00

Referred to CPT

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

Result: Decrease

64405 Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve **Global:** 000 **Issue:** 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

2023 Medicare Utilization: 121,675

2025 Work RVU: 0.94

2025 NF PE RVU: 1.11

2025 Fac PE RVU: 0.43

RUC Recommendation: 0.94

Referred to CPT

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

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 **2023 Medicare Utilization:** 2,533 **2025 Work RVU:** 0.75 **2025 NF PE RVU:** 1.56 **2025 Fac PE RVU:** 0.49 **Result:** Decrease

RUC Recommendation: 0.90 **Referred to CPT** **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 **2023 Medicare Utilization:** **2025 Work RVU:** **2025 NF PE RVU:** **2025 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Referred to CPT Asst** ☒ **Published in CPT Asst:** FAQ Sept 2015

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 **2023 Medicare Utilization:** 197,583 **2025 Work RVU:** 1.50 **2025 NF PE RVU:** 2.36 **2025 Fac PE RVU:** 0.45 **Result:** Increase

RUC Recommendation: 1.50 **Referred to CPT** May 2021 **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 **2023 Medicare Utilization:** 12,966 **2025 Work RVU:** 1.80 **2025 NF PE RVU:** NA **2025 Fac PE RVU:** 0.34 **Result:** Decrease

RUC Recommendation: 1.80 **Referred to CPT** May 2021 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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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	2023 Medicare Utilization: 15,822
RUC Recommendation:	1.31		Referred to CPT Referred to CPT Asst ☐	May 2021 Published in CPT Asst:	2025 Work RVU: 1.31 2025 NF PE RVU: 3.35 2025 Fac PE RVU: 0.49 Result: Decrease
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	2023 Medicare Utilization: 28,155
RUC Recommendation:	1.10		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	2025 Work RVU: 1.10 2025 NF PE RVU: 1.35 2025 Fac PE RVU: 0.43 Result: Decrease
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	2023 Medicare Utilization: 23,559
RUC Recommendation:	1.18		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	2025 Work RVU: 1.08 2025 NF PE RVU: 1.75 2025 Fac PE RVU: 0.56 Result: Maintain
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	2023 Medicare Utilization: 17,748
RUC Recommendation:	0.60		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	2025 Work RVU: 0.50 2025 NF PE RVU: 0.46 2025 Fac PE RVU: 0.19 Result: Decrease

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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	2023 Medicare Utilization: 6,903	2025 Work RVU: 1.00 2025 NF PE RVU: 2.18 2025 Fac PE RVU: 0.53 Result: Decrease
RUC Recommendation: 1.19			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization: 4,694	2025 Work RVU: 1.00 2025 NF PE RVU: 1.80 2025 Fac PE RVU: 0.52 Result: Decrease
RUC Recommendation: 1.15			Referred to CPT 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	2023 Medicare Utilization: 24	2025 Work RVU: 0.75 2025 NF PE RVU: 1.50 2025 Fac PE RVU: 0.43 Result: Decrease
RUC Recommendation: 0.75			Referred to CPT 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	2023 Medicare Utilization: 130,082	2025 Work RVU: 1.39 2025 NF PE RVU: 3.13 2025 Fac PE RVU: 0.61 Result: Decrease
RUC Recommendation: 1.39			Referred to CPT Referred to CPT Asst ☒	Published in CPT Asst: Dec 2011 & Apr 2012	

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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	2023 Medicare Utilization: 4,135	2025 Work RVU: 1.75 2025 NF PE RVU: NA 2025 Fac PE RVU: 0.34 Result: Decrease	
RUC Recommendation: 1.75		Referred to CPT May 2021 Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 360,473	2025 Work RVU: 1.34 2025 NF PE RVU: 2.01 2025 Fac PE RVU: 0.43 Result: Decrease	
RUC Recommendation: 1.34		Referred to CPT May 2021 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	2023 Medicare Utilization: 27,339	2025 Work RVU: 1.68 2025 NF PE RVU: NA 2025 Fac PE RVU: 0.32 Result: Increase	
RUC Recommendation: 1.68		Referred to CPT May 2021 Referred to CPT Asst ☐	Published in CPT Asst:		

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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	2023 Medicare Utilization: 626	2025 Work RVU: 1.27 2025 NF PE RVU: NA 2025 Fac PE RVU: 0.52 Result: Decrease
RUC Recommendation: 1.55			Referred to CPT February 2008 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization: 378,143	2025 Work RVU: 0.75 2025 NF PE RVU: 1.40 2025 Fac PE RVU: 0.42 Result: Maintain
RUC Recommendation: 0.75			Referred to CPT 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	2023 Medicare Utilization: 13,636	2025 Work RVU: 1.52 2025 NF PE RVU: 5.05 2025 Fac PE RVU: 0.79 Result: Maintain
RUC Recommendation: 1.52			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:		

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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

2023 Medicare Utilization: 49,115

2025 Work RVU: 1.52

2025 NF PE RVU: 4.87

2025 Fac PE RVU: 0.80

Result: Maintain

RUC Recommendation: 1.52

Referred to CPT

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

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

2023 Medicare Utilization: 66,147

2025 Work RVU: 0.75

2025 NF PE RVU: 0.69

2025 Fac PE RVU: 0.19

Result: Maintain

RUC Recommendation: 0.75

Referred to CPT

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

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

2023 Medicare Utilization: 7,340

2025 Work RVU: 1.75

2025 NF PE RVU: 2.06

2025 Fac PE RVU: 0.40

Result: Not Part of RAW

RUC Recommendation: CPT Assistant article published Jan 2016

Referred to CPT

Referred to CPT Asst ☒ **Published in CPT Asst:** Jan 2016

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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

2023 Medicare Utilization: 2,109

2025 Work RVU: 1.10
2025 NF PE RVU: 0.93
2025 Fac PE RVU: 0.25
Result: Not Part of RAW

RUC Recommendation: CPT Assistant article published Jan 2016

Referred to CPT
Referred to CPT Asst ☒ **Published in CPT Asst:** Jan 2016

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

2023 Medicare Utilization: 927

2025 Work RVU: 1.90
2025 NF PE RVU: 4.60
2025 Fac PE RVU: 0.36
Result: Not Part of RAW

RUC Recommendation: CPT Assistant article published Jan 2016

Referred to CPT
Referred to CPT Asst ☒ **Published in CPT Asst:** Jan 2016

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

2023 Medicare Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

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

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

2023 Medicare Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

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

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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	2023 Medicare Utilization:
RUC Recommendation:	Deleted from CPT	Referred to CPT	February 2009	2025 Work RVU:	2025 NF PE RVU:
		Referred to CPT Asst	☐	Published in CPT Asst:	2025 Fac PE RVU:
				Result:	Deleted from CPT

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	2023 Medicare Utilization:
RUC Recommendation:	Deleted from CPT	Referred to CPT	February 2009	2025 Work RVU:	2025 NF PE RVU:
		Referred to CPT Asst	☐	Published in CPT Asst:	2025 Fac PE RVU:
				Result:	Deleted from CPT

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	2023 Medicare Utilization: 35,847
RUC Recommendation:	2.29	Referred to CPT	June 2009	2025 Work RVU:	2.29
		Referred to CPT Asst	☐	Published in CPT Asst:	2025 NF PE RVU: 5.42
				2025 Fac PE RVU:	1.42
				Result:	Increase

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	2023 Medicare Utilization: 12,417
RUC Recommendation:	1.20	Referred to CPT	June 2009	2025 Work RVU:	1.20
		Referred to CPT Asst	☐	Published in CPT Asst:	2025 NF PE RVU: 2.69
				2025 Fac PE RVU:	0.52
				Result:	Decrease

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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	2023 Medicare Utilization: 859,451
RUC Recommendation:	1.90		Referred to CPT June 2009		2025 Work RVU: 1.90
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 NF PE RVU: 5.24
					2025 Fac PE RVU: 1.27
					Result: Decrease
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	2023 Medicare Utilization: 312,293
RUC Recommendation:	1.00		Referred to CPT June 2009		2025 Work RVU: 1.00
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 NF PE RVU: 2.20
					2025 Fac PE RVU: 0.43
					Result: Decrease
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	2023 Medicare Utilization: 64,096
RUC Recommendation:	Maintain		Referred to CPT		2025 Work RVU: 1.40
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 NF PE RVU: 2.25
					2025 Fac PE RVU: 0.27
					Result: Maintain

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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:

2023 Medicare Utilization: 226,493

2025 Work RVU: 1.82
2025 NF PE RVU: 3.77
2025 Fac PE RVU: 1.17

RUC Recommendation: 1.82

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

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 proced **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:

2023 Medicare Utilization: 204,058

2025 Work RVU: 1.16
2025 NF PE RVU: 1.64
2025 Fac PE RVU: 0.49

RUC Recommendation: 1.16

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Result: Decrease

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 co **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:

2023 Medicare Utilization: 662

2025 Work RVU: 1.16
2025 NF PE RVU: 1.64
2025 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:

2023 Medicare Utilization: 741,874

2025 Work RVU: 1.52

2025 NF PE RVU: 3.64

2025 Fac PE RVU: 1.05

RUC Recommendation: 1.52

Referred to CPT

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

Result: Decrease

64494 Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009

Tab: 18

Specialty Developing Recommendation:

ASA, NASS,
ASNR, AAPMR,
AANS/CNS,
AAPM, ISIS

First Identified:

2023 Medicare Utilization: 672,641

2025 Work RVU: 1.00

2025 NF PE RVU: 1.62

2025 Fac PE RVU: 0.42

RUC Recommendation: 1.00

Referred to CPT

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

Result: Decrease

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 f **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:

2023 Medicare Utilization: 1,772

2025 Work RVU: 1.00

2025 NF PE RVU: 1.61

2025 Fac PE RVU: 0.45

RUC Recommendation: 1.00

Referred to CPT

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

Result: Decrease

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64505	Injection, anesthetic agent; sphenopalatine ganglion	Global: 000	Issue: RAW	Screen: Different Performing Specialty from Survey7	Complete? No
Most Recent RUC Meeting:	Tab: 14	Specialty Developing Recommendation:	First Identified:	2023 Medicare Utilization:	2025 Work RVU:
April 2025			April 2025	10,294	1.36
					2025 NF PE RVU:
					2.64
					2025 Fac PE RVU:
					1.46
					Result:
RUC Recommendation:	Review action plan.	Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:	

64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	Global: 000	Issue: Fluroscopy	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting:	Tab: 27	Specialty Developing Recommendation:	First Identified:	2023 Medicare Utilization:	2025 Work RVU:
April 2009		ASA, ISIS, AAPM, APM&R	April 2009	5,961	1.22
					2025 NF PE RVU:
					2.98
					2025 Fac PE RVU:
					0.95
					Result: PE Only
RUC Recommendation:	New PE inputs	Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:	

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:	Tab: 27	Specialty Developing Recommendation:	First Identified:	2023 Medicare Utilization:	2025 Work RVU:
April 2009		ASA, ISIS, AAPM, APM&R	April 2009	11,156	1.35
					2025 NF PE RVU:
					5.28
					2025 Fac PE RVU:
					1.07
					Result: PE Only
RUC Recommendation:	PE Review - no change	Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:	

64550	Application of surface (transcutaneous) neurostimulator (eg, TENS unit)	Global:	Issue: Percutaneous NeurostimulatorPlacement	Screen: Final Rule for 2015	Complete? Yes
Most Recent RUC Meeting:	Tab: 29	Specialty Developing Recommendation:	First Identified:	2023 Medicare Utilization:	2025 Work RVU:
January 2017		AANS, CNS, AOTA	January 2017		2025 NF PE RVU:
					2025 Fac PE RVU:
					Result: Deleted from CPT
RUC Recommendation:	Deleted from CPT	Referred to CPT June 2017	Referred to CPT Asst ☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 32	2025 Work RVU: 6.13 2025 NF PE RVU: 103.09 2025 Fac PE RVU: 5.15 Result: Increase
RUC Recommendation: 6.13			Referred to CPT September 2016 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization: 12,820	2025 Work RVU: 5.76 2025 NF PE RVU: 55.07 2025 Fac PE RVU: 3.42 Result: Increase
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		
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	2023 Medicare Utilization: 32,926	2025 Work RVU: 5.44 2025 NF PE RVU: 15.25 2025 Fac PE RVU: 2.93 Result: Decrease
RUC Recommendation: 5.44. 99214 visit appropriate. Remove from screen.			Referred to CPT September 2016 Referred to CPT Asst ☐ Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

64565	Percutaneous implantation of neurostimulator electrode array; neuromuscular	Global:	Issue: Percutaneous Neurostimulator Placement	Screen: Final Rule for 2015	Complete? Yes
Most Recent RUC Meeting: January 2017	Tab: 15 Specialty Developing Recommendation: AANS, CNS	First Identified: January 2017	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation: Deleted from CPT		Referred to CPT September 2016		2025 NF PE RVU:	
		Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	
				Result: Deleted from CPT	
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	2023 Medicare Utilization: 153,941	2025 Work RVU:	0.60
RUC Recommendation: 0.60		Referred to CPT		2025 NF PE RVU:	2.72
		Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	0.22
				Result: Maintain	
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	2023 Medicare Utilization: 237	2025 Work RVU:	9.00
RUC Recommendation: 11.19		Referred to CPT October 2009		2025 NF PE RVU:	NA
		Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	7.45
				Result: Decrease	
64573	Deleted from CPT	Global:	Issue: Neurosurgical Procedures	Screen: Site of Service Anomaly	Complete? Yes
Most Recent RUC Meeting: February 2009	Tab: 28 Specialty Developing Recommendation: AANS/CNS	First Identified: September 2007	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation: Deleted from CPT		Referred to CPT October 2009		2025 NF PE RVU:	
		Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	
				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:	Tab: 54 January 2016	Specialty Developing Recommendation: AUA	First Identified: September 2007	2023 Medicare Utilization: 5,111	2025 Work RVU: 12.20 2025 NF PE RVU: NA 2025 Fac PE RVU: 5.84 Result: Decrease
RUC Recommendation: 12.20. 99214 visit appropriate. Remove from screen.		Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:	
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:	Tab: 07 April 2023	Specialty Developing Recommendation: ACOG, AUA	First Identified: April 2022	2023 Medicare Utilization: 18,110	2025 Work RVU: 5.10 2025 NF PE RVU: 6.62 2025 Fac PE RVU: 3.06 Result: Increase
RUC Recommendation: New PE Inputs. CPT Assistant Article		Referred to CPT Referred to CPT Asst ☒		Published in CPT Asst: Mar 2024	
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:	Tab: 07 April 2023	Specialty Developing Recommendation: ACOG, AUA	First Identified: April 2022	2023 Medicare Utilization: 3,076	2025 Work RVU: 3.79 2025 NF PE RVU: 5.77 2025 Fac PE RVU: 2.60 Result: Increase
RUC Recommendation: New PE Inputs. CPT Assistant Article		Referred to CPT Referred to CPT Asst ☒		Published in CPT Asst: Mar 2024	

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

2023 Medicare Utilization:

2025 Work RVU: 0.00

2025 NF PE RVU: 0.00

2025 Fac PE RVU: 0.00

Result: Contractor Price

RUC Recommendation: Review action plan. Contractor Price.

Referred to CPT

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

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

2023 Medicare Utilization:

2025 Work RVU: 0.00

2025 NF PE RVU: 0.00

2025 Fac PE RVU: 0.00

Result: Contractor Price

RUC Recommendation: Review action plan. Contractor Price.

Referred to CPT

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

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

2023 Medicare Utilization:

2025 Work RVU: 0.00

2025 NF PE RVU: 0.00

2025 Fac PE RVU: 0.00

Result: Contractor Price

RUC Recommendation: Review action plan. Contractor Price.

Referred to CPT

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

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	2023 Medicare Utilization: 173,923	2025 Work RVU: 1.85 2025 NF PE RVU: 2.12 2025 Fac PE RVU: 1.23 Result: Maintain
RUC Recommendation: Maintain		Referred to CPT	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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: PE Review - no change		Referred to CPT June 2008 and Feb 2011	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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT		Referred to CPT June 2008 and Feb 2011	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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: PE Review - no change			Referred to CPT June 2008 and Feb 2011 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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT June 2008 and Feb 2011 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	2023 Medicare Utilization: 91,383	2025 Work RVU: 3.32 2025 NF PE RVU: 9.27 2025 Fac PE RVU: 2.15
RUC Recommendation: 3.42			Referred to CPT May 2015 Referred to CPT Asst ☒ Published in CPT Asst: Feb 2015	Result: Decrease	

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 **2023 Medicare Utilization:** 91,665 **2025 Work RVU:** 1.32 **2025 NF PE RVU:** 6.01 **2025 Fac PE RVU:** 0.55

RUC Recommendation: 1.32 **Referred to CPT** May 2015 **Referred to CPT Asst** ☒ **Published in CPT Asst:** Feb 2015 **Result:** Maintain

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 **2023 Medicare Utilization:** 366,857 **2025 Work RVU:** 3.32 **2025 NF PE RVU:** 9.39 **2025 Fac PE RVU:** 2.16

RUC Recommendation: 3.42 **Referred to CPT** May 2015 **Referred to CPT Asst** ☒ **Published in CPT Asst:** Feb 2015 **Result:** Decrease

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 **2023 Medicare Utilization:** 367,507 **2025 Work RVU:** 1.16 **2025 NF PE RVU:** 5.72 **2025 Fac PE RVU:** 0.48

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

2023 Medicare Utilization: 86,229

2025 Work RVU: 1.98

2025 NF PE RVU: 5.26

2025 Fac PE RVU: 1.43

Result: Decrease

RUC Recommendation: 1.23. Remove 99238.

Referred to CPT

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

64708 Neuroplasty, major peripheral nerve, arm or leg, open; other than specified

Global: 090

Issue: Neuroplasty – Leg or Arm

Screen: Site of Service Anomaly

Complete? Yes

Most Recent RUC Meeting: October 2010

Tab: 69

Specialty Developing Recommendation: AOFAS, ASSH, AAOS, ASPS

First Identified: September 2007

2023 Medicare Utilization: 11,333

2025 Work RVU: 6.36

2025 NF PE RVU: NA

2025 Fac PE RVU: 8.23

Result: Maintain

RUC Recommendation: 6.36

Referred to CPT

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

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

2023 Medicare Utilization: 612

2025 Work RVU: 8.07

2025 NF PE RVU: NA

2025 Fac PE RVU: 8.41

Result: Remove from Screen

RUC Recommendation: Remove from screen

Referred to CPT February 2010

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

64831 Suture of digital nerve, hand or foot; 1 nerve

Global: 090

Issue: Neurorrhaphy – Finger

Screen: Site of Service Anomaly

Complete? Yes

Most Recent RUC Meeting: October 2010

Tab: 70

Specialty Developing Recommendation: AAOS, ASPS, ASSH

First Identified: September 2007

2023 Medicare Utilization: 695

2025 Work RVU: 9.16

2025 NF PE RVU: NA

2025 Fac PE RVU: 10.42

Result: Decrease

RUC Recommendation: 9.16

Referred to CPT

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

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

2023
Medicare
Utilization: 543

2025 Work RVU: 9.93

2025 NF PE RVU: NA

2025 Fac PE RVU: 17.53

Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT

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

65205 Removal of foreign body, external eye; conjunctival superficial

Global: 000

Issue: Removal of Foreign Body - Eye

Screen: CMS 000-Day Global Typically Reported with an E/M

Complete? Yes

Most Recent
RUC Meeting: April 2017

Tab: 19

Specialty Developing
Recommendation: AAO, AOA

First
Identified: July 2016

2023
Medicare
Utilization: 22,601

2025 Work RVU: 0.49

2025 NF PE RVU: 0.33

2025 Fac PE RVU: 0.34

Result: Decrease

RUC Recommendation: 0.49

Referred to CPT

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

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

2023
Medicare
Utilization: 15,573

2025 Work RVU: 0.61

2025 NF PE RVU: 0.50

2025 Fac PE RVU: 0.43

Result: Decrease

RUC Recommendation: 0.75

Referred to CPT

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

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	2023 Medicare Utilization: 18,722	2025 Work RVU: 0.84	2025 NF PE RVU: 1.14	2025 Fac PE RVU: 0.60
RUC Recommendation: 0.93			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	Result: Maintain		
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	2023 Medicare Utilization: 542	2025 Work RVU: 15.36	2025 NF PE RVU: NA	2025 Fac PE RVU: 16.11
RUC Recommendation: 16.00			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	Result: Decrease		
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	2023 Medicare Utilization: 61,069	2025 Work RVU: 0.84	2025 NF PE RVU: 36.76	2025 Fac PE RVU: 0.42
RUC Recommendation: 0.84			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	Result: Decrease		

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	2023 Medicare Utilization: 686	2025 Work RVU: 1.75 2025 NF PE RVU: 31.08 2025 Fac PE RVU: 1.22 Result: Decrease	
RUC Recommendation: 1.75		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 1,446	2025 Work RVU: 7.03 2025 NF PE RVU: NA 2025 Fac PE RVU: 10.04 Result: Decrease	
RUC Recommendation: 7.03		Referred to CPT Referred to CPT Asst ☒	Published in CPT Asst: Jun 2009		
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	2023 Medicare Utilization: 13,447	2025 Work RVU: 1.53 2025 NF PE RVU: 1.91 2025 Fac PE RVU: 0.99 Result: Decrease	
RUC Recommendation: 1.53		Referred to CPT October 2011 Referred to CPT Asst ☐	Published in CPT Asst:		

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	2023 Medicare Utilization:		2025 Work RVU:		
									2025 NF PE RVU:		
									2025 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 / High Volume Growth11	Complete?	Yes
Most Recent RUC Meeting:	April 2025	Tab: 14	Specialty Developing Recommendation:	AAO	First Identified:	April 2023	2023 Medicare Utilization:	35,394	2025 Work RVU:	8.91	
									2025 NF PE RVU:	NA	
									2025 Fac PE RVU:	14.70	
RUC Recommendation:	Review action plan. 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	2023 Medicare Utilization:	133,962	2025 Work RVU:	3.00	
									2025 NF PE RVU:	4.04	
									2025 Fac PE RVU:	2.86	
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 **Tab:** 32 **Specialty Developing** AAO
RUC Meeting: April 2015 **Recommendation:**

First **2023**
Identified: January 2014 **Medicare**
Utilization: 4,744

2025 Work RVU: 13.94
2025 NF PE RVU: NA
2025 Fac PE RVU: 17.43
Result: Decrease

RUC Recommendation: 13.94

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

66172 Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents) **Global:** 090 **Issue:** Glaucoma Surgery **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent **Tab:** 32 **Specialty Developing** AAO
RUC Meeting: April 2015 **Recommendation:**

First **2023**
Identified: January 2014 **Medicare**
Utilization: 1,703

2025 Work RVU: 14.84
2025 NF PE RVU: NA
2025 Fac PE RVU: 19.44
Result: Decrease

RUC Recommendation: 14.81

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

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 **Tab:** 12 **Specialty Developing** AAO
RUC Meeting: April 2024 **Recommendation:**

First **2023**
Identified: April 2010 **Medicare**
Utilization: 20,880

2025 Work RVU: 7.62
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.32
Result: Decrease

RUC Recommendation: Remove from screen. 8.53

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

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 **Tab:** 12 **Specialty Developing** AAO
RUC Meeting: April 2024 **Recommendation:**

First **2023**
Identified: October 2020 **Medicare**
Utilization: 333

2025 Work RVU: 9.34
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.42
Result: Decrease

RUC Recommendation: Remove from screen. 10.25

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

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

2023 Medicare Utilization: 576

2025 Work RVU: 14.00

2025 NF PE RVU: NA

2025 Fac PE RVU: 16.95

Result: Decrease

RUC Recommendation: 14.00

Referred to CPT October 2013

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

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

2023 Medicare Utilization: 8,637

2025 Work RVU: 15.00

2025 NF PE RVU: NA

2025 Fac PE RVU: 17.59

Result: Decrease

RUC Recommendation: Maintain. 15.00

Referred to CPT October 2013

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

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

2023 Medicare Utilization: 6,784

2025 Work RVU: 13.20

2025 NF PE RVU: NA

2025 Fac PE RVU: 16.27

Result: Maintain

RUC Recommendation: Maintain. 13.20

Referred to CPT

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

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	2023 Medicare Utilization: 519	2025 Work RVU: 9.58 2025 NF PE RVU: NA 2025 Fac PE RVU: 13.19 Result: Decrease	
RUC Recommendation: 9.58		Referred to CPT October 2013 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	2023 Medicare Utilization: 1,353	2025 Work RVU: 10.58 2025 NF PE RVU: NA 2025 Fac PE RVU: 13.84 Result: Increase	
RUC Recommendation: Maintain. 10.58		Referred to CPT October 2013 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	2023 Medicare Utilization: 588	2025 Work RVU: 5.62 2025 NF PE RVU: NA 2025 Fac PE RVU: 9.01 Result: Decrease	
RUC Recommendation: 6.36		Referred to CPT May 2018 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	2023 Medicare Utilization: 44,550	2025 Work RVU: 3.00 2025 NF PE RVU: 5.58 2025 Fac PE RVU: 3.76 Result: Decrease	
RUC Recommendation: Maintain. 3.00			Referred to CPT February 2010 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	2023 Medicare Utilization: 631,168	2025 Work RVU: 3.42 2025 NF PE RVU: 6.22 2025 Fac PE RVU: 5.57 Result: Maintain	
RUC Recommendation: Maintain			Referred to CPT 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			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	2023 Medicare Utilization: 136,032	2025 Work RVU: 10.25 2025 NF PE RVU: NA 2025 Fac PE RVU: 11.05 Result: Decrease	
RUC Recommendation: Remove from screen. 10.25			Referred to CPT 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	2023 Medicare Utilization: 89	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result: Contractor Price	
RUC Recommendation: Contractor Price		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 1,468,837	2025 Work RVU: 7.35 2025 NF PE RVU: NA 2025 Fac PE RVU: 8.23 Result: Decrease	
RUC Recommendation: Remove from screen		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
66987	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine	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	2023 Medicare Utilization: 453	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result: Decrease	
RUC Recommendation: 13.15		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

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	2023 Medicare Utilization: 3,267	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result: Decrease
RUC Recommendation: 10.25			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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	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	2023 Medicare Utilization: 4,574	2025 Work RVU: 12.13 2025 NF PE RVU: NA 2025 Fac PE RVU: 12.30 Result: Maintain
RUC Recommendation: 12.13			Referred to CPT October 2020 Referred to CPT Asst ☐	Published in CPT Asst:	
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,	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	2023 Medicare Utilization: 41,162	2025 Work RVU: 9.23 2025 NF PE RVU: NA 2025 Fac PE RVU: 10.36 Result: Maintain
RUC Recommendation: 9.23			Referred to CPT October 2020 Referred to CPT Asst ☐	Published in CPT Asst:	

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	2023 Medicare Utilization: 4,087,619	2025 Work RVU: 1.44	2025 NF PE RVU: 1.81	2025 Fac PE RVU: 1.18	Result: Maintain
RUC Recommendation: 1.44				Referred to CPT Referred to CPT Asst ☐			Published in CPT Asst:			
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	2023 Medicare Utilization: 18,611	2025 Work RVU: 12.13	2025 NF PE RVU: NA	2025 Fac PE RVU: 13.46	Result: Decrease
RUC Recommendation: 12.13				Referred to CPT Referred to CPT Asst ☐			Published in CPT Asst:			
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	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU:	Result: Deleted from CPT
RUC Recommendation: Deleted from CPT				Referred to CPT Referred to CPT Asst ☐			Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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 **2023 Medicare Utilization:** 3,858

2025 Work RVU: 13.20
2025 NF PE RVU: NA
2025 Fac PE RVU: 14.16
Result: Decrease

RUC Recommendation: 13.20

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

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 **2023 Medicare Utilization:** 5,547

2025 Work RVU: 14.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 15.00
Result: Decrease

RUC Recommendation: 14.50

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

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 **2023 Medicare Utilization:** 10,487

2025 Work RVU: 16.33
2025 NF PE RVU: NA
2025 Fac PE RVU: 16.18
Result: Decrease

RUC Recommendation: 16.33

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

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	2023 Medicare Utilization: 22,039	2025 Work RVU: 16.33 2025 NF PE RVU: NA 2025 Fac PE RVU: 16.18 Result: Decrease	
RUC Recommendation: 16.33		Referred to CPT 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	2023 Medicare Utilization: 220	2025 Work RVU: 17.40 2025 NF PE RVU: NA 2025 Fac PE RVU: 16.88 Result: Decrease	
RUC Recommendation: 17.40		Referred to CPT 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	2023 Medicare Utilization: 252	2025 Work RVU: 3.50 2025 NF PE RVU: 6.16 2025 Fac PE RVU: 4.68 Result: Decrease	
RUC Recommendation: 3.50		Referred to CPT May 2015 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	2023 Medicare Utilization: 3,617	2025 Work RVU: 3.39 2025 NF PE RVU: 5.14 2025 Fac PE RVU: 4.50 Result: Decrease	
RUC Recommendation: 3.84		Referred to CPT May 2015 Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 325	2025 Work RVU: 16.00 2025 NF PE RVU: NA 2025 Fac PE RVU: 15.97 Result: Decrease	
RUC Recommendation: 16.00. Reduce 99238 to 0.5		Referred to CPT October 2014 Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 15,381	2025 Work RVU: 17.13 2025 NF PE RVU: NA 2025 Fac PE RVU: 16.70 Result: Decrease	
RUC Recommendation: 17.13		Referred to CPT October 2014 Referred to CPT Asst ☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

67110	Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)	Global: 090	Issue: Retinal Detachment 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	2023 Medicare Utilization: 2,301	2025 Work RVU: 10.25 2025 NF PE RVU: 15.27 2025 Fac PE RVU: 13.04 Result: Maintain	
RUC Recommendation: 10.25. Remove 99238		Referred to CPT October 2014 Referred to CPT Asst ☐ Published in CPT Asst:			
67112	Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques	Global:	Issue: Retinal Detachment Repair	Screen: 090-Day Global Post-Operative Visits	Complete? Yes
Most Recent RUC Meeting: April 2015	Tab: 12 Specialty Developing Recommendation: AAO	First Identified: April 2014	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT	
RUC Recommendation: Deleted from CPT		Referred to CPT October 2014 Referred to CPT Asst ☐ Published in CPT Asst:			
67113	Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, w	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	2023 Medicare Utilization: 9,774	2025 Work RVU: 19.00 2025 NF PE RVU: NA 2025 Fac PE RVU: 18.80 Result: Decrease	
RUC Recommendation: 19.00		Referred to CPT October 2014 Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

67141	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; 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	2023 Medicare Utilization: 1,128	2025 Work RVU: 2.53 2025 NF PE RVU: 5.26 2025 Fac PE RVU: 3.69 Result: Decrease	
RUC Recommendation: 2.53		Referred to CPT May 2020 Referred to CPT Asst ☐ Published in CPT Asst:			
67145	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; 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	2023 Medicare Utilization: 30,390	2025 Work RVU: 2.53 2025 NF PE RVU: 4.49 2025 Fac PE RVU: 3.69 Result: Decrease	
RUC Recommendation: 2.53		Referred to CPT May 2020 Referred to CPT Asst ☐ Published in CPT Asst:			
67210	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation	Global: 090	Issue: Treatment of Retinal Lesion or Choroid	Screen: High IWPUT	Complete? Yes
Most Recent RUC Meeting: October 2010	Tab: 13 Specialty Developing Recommendation: AAO	First Identified: February 2008	2023 Medicare Utilization: 34,505	2025 Work RVU: 6.36 2025 NF PE RVU: 8.41 2025 Fac PE RVU: 7.92 Result: Decrease	
RUC Recommendation: 6.36		Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization:	1,562	2025 Work RVU:	6.36	2025 NF PE RVU:	8.85	2025 Fac PE RVU:	7.94	Result:	Decrease
RUC Recommendation:	6.36				Referred to CPT	Referred to CPT Asst	☐	Published in CPT Asst:							
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	2023 Medicare Utilization:	88	2025 Work RVU:	0.47	2025 NF PE RVU:	0.36	2025 Fac PE RVU:	0.30	Result:	Maintain
RUC Recommendation:	0.47				Referred to CPT	Referred to CPT Asst	☐	Published in CPT Asst:							
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	2023 Medicare Utilization:	37,625	2025 Work RVU:	4.39	2025 NF PE RVU:	5.33	2025 Fac PE RVU:	4.26	Result:	Remove from Screen
RUC Recommendation:	Remove from screen				Referred to CPT	Referred to CPT Asst	☐	Published in CPT Asst:							

Status Report: CMS Requests and Relativity Assessment Issues

67255 Scleral reinforcement (separate procedure); with graft

Global: 090

Issue: Aqueous Shunt

Screen: Harvard-Valued Annual Allowed Charges Greater than \$10 million / Low Survey Response

Complete? No

Most Recent RUC Meeting: April 2025

Tab: 14 **Specialty Developing Recommendation:** AAO

First Identified: January 2014

2023 Medicare Utilization: 518

2025 Work RVU: 8.38

2025 NF PE RVU: NA

2025 Fac PE RVU: 11.42

Result: Maintain

RUC Recommendation: Review action plan. 10.17

Referred to CPT October 2013

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

67311 Strabismus surgery, recession or resection procedure; 1 horizontal muscle

Global: 090

Issue: Strabismus Surgery

Screen: ZZZ Global Post-Operative Visits

Complete? Yes

Most Recent RUC Meeting: October 2020

Tab: 18 **Specialty Developing Recommendation:** AAO, AAP

First Identified: April 2020

2023 Medicare Utilization: 4,931

2025 Work RVU: 5.93

2025 NF PE RVU: NA

2025 Fac PE RVU: 7.17

Result: Decrease

RUC Recommendation: 5.93

Referred to CPT

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

67312 Strabismus surgery, recession or resection procedure; 2 horizontal muscles

Global: 090

Issue: Strabismus Surgery

Screen: ZZZ Global Post-Operative Visits

Complete? Yes

Most Recent RUC Meeting: October 2020

Tab: 18 **Specialty Developing Recommendation:** AAO, AAP

First Identified: April 2020

2023 Medicare Utilization: 1,385

2025 Work RVU: 9.50

2025 NF PE RVU: NA

2025 Fac PE RVU: 9.50

Result: Decrease

RUC Recommendation: 9.50

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

67314 Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique)

Global: 090

Issue: Strabismus Surgery

Screen: ZZZ Global Post-Operative Visits

Complete? Yes

Most Recent
RUC Meeting: October 2020

Tab: 18 Specialty Developing
Recommendation: AAO, AAP

First
Identified: April 2020

2023
Medicare
Utilization: 2,461

2025 Work RVU: 5.93
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.17
Result: Decrease

RUC Recommendation: 5.93

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

67316 Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique)

Global: 090

Issue: Strabismus Surgery

Screen: ZZZ Global Post-Operative Visits

Complete? Yes

Most Recent
RUC Meeting: October 2020

Tab: 18 Specialty Developing
Recommendation: AAO, AAP

First
Identified: April 2020

2023
Medicare
Utilization: 148

2025 Work RVU: 10.31
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.95
Result: Decrease

RUC Recommendation: 10.31

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

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

2023
Medicare
Utilization: 161

2025 Work RVU: 9.80
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.83
Result: Decrease

RUC Recommendation: 9.80

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

67320 Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure)

Global: ZZZ

Issue: Strabismus Surgery

Screen: ZZZ Global Post-Operative Visits

Complete? Yes

Most Recent
RUC Meeting: October 2020

Tab: 18 Specialty Developing
Recommendation: AAO, AAP

First
Identified: October 2019

2023
Medicare
Utilization: 340

2025 Work RVU: 3.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.92
Result: Decrease

RUC Recommendation: 3.00

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

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	2023 Medicare Utilization: 1,077	2025 Work RVU: 2.00 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.57 Result: Decrease	
RUC Recommendation: 2.00		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 1,537	2025 Work RVU: 3.50 2025 NF PE RVU: NA 2025 Fac PE RVU: 2.24 Result: Decrease	
RUC Recommendation: 3.50		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 98	2025 Work RVU: 2.06 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.46 Result: Decrease	
RUC Recommendation: 2.06		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

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	2023 Medicare Utilization: 1,489	2025 Work RVU: 3.23 2025 NF PE RVU: NA 2025 Fac PE RVU: 2.05 Result: Increase	
RUC Recommendation: 3.23		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 58	2025 Work RVU: 5.00 2025 NF PE RVU: NA 2025 Fac PE RVU: 3.23 Result: Decrease	
RUC Recommendation: 5.00		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 6,201	2025 Work RVU: 1.18 2025 NF PE RVU: 1.02 2025 Fac PE RVU: 0.65 Result: Decrease	
RUC Recommendation: 1.18		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

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 / Low Survey Response	Complete? No
Most Recent RUC Meeting:	April 2025	Tab: 14	Specialty Developing Recommendation:	AAO, ASRS	First Identified: October 2017	2023 Medicare Utilization: 72	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Decrease	1.18 1.27 0.87
RUC Recommendation: Review action plan. 1.18				Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		
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	2023 Medicare Utilization: 19,240	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Decrease	0.75 0.72 0.59
RUC Recommendation: 0.84				Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		
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	2023 Medicare Utilization: 168,878	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Decrease	0.32 0.22 0.32
RUC Recommendation: 0.32				Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		

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

**2023
Medicare
Utilization:** 1,398

2025 Work RVU: 3.75

2025 NF PE RVU: 10.30

2025 Fac PE RVU: 5.76

Result: Maintain

RUC Recommendation: 3.75

Referred to CPT

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

67915 Repair of ectropion; thermocauterization

Global: 090

Issue: Repair of Eyelid

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

Complete? Yes

**Most Recent
RUC Meeting:** April 2013

Tab: 24 **Specialty Developing
Recommendation:** AAO

**First
Identified:** October 2012

**2023
Medicare
Utilization:** 225

2025 Work RVU: 2.03

2025 NF PE RVU: 7.00

2025 Fac PE RVU: 3.75

Result: Decrease

RUC Recommendation: 2.03

Referred to CPT

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

67916 Repair of ectropion; excision tarsal wedge

Global: 090

Issue: Repair of Eyelid

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

Complete? Yes

**Most Recent
RUC Meeting:** April 2013

Tab: 24 **Specialty Developing
Recommendation:** AAO

**First
Identified:** October 2012

**2023
Medicare
Utilization:** 1,116

2025 Work RVU: 5.48

2025 NF PE RVU: 12.03

2025 Fac PE RVU: 6.88

Result: Maintain

RUC Recommendation: 5.48

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

67917 Repair of ectropion; extensive (eg, tarsal strip operations)			Global: 090	Issue: Repair of Eyelid	Screen: Harvard-Valued Annual Allowed Charges Greater than \$10 million	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab: 24	Specialty Developing Recommendation: AAO	First Identified: October 2012	2023 Medicare Utilization: 20,278	2025 Work RVU: 5.93	
RUC Recommendation: 5.93			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	2025 NF PE RVU: 11.99	
					2025 Fac PE RVU: 7.16	
					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	2023 Medicare Utilization: 2,591	2025 Work RVU: 3.47	
RUC Recommendation: 3.47			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	2025 NF PE RVU: 10.29	
					2025 Fac PE RVU: 5.59	
					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	2023 Medicare Utilization: 77	2025 Work RVU: 2.03	
RUC Recommendation: 2.03			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	2025 NF PE RVU: 6.85	
					2025 Fac PE RVU: 3.80	
					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

2023 Medicare Utilization: 662

2025 Work RVU: 5.48

2025 NF PE RVU: 12.05

2025 Fac PE RVU: 6.89

Result: Decrease

RUC Recommendation: 5.48

Referred to CPT

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

67924 Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)

Global: 090

Issue: Repair of Eyelid

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

Complete? Yes

Most Recent RUC Meeting: April 2013

Tab: 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012

2023 Medicare Utilization: 8,953

2025 Work RVU: 5.93

2025 NF PE RVU: 12.73

2025 Fac PE RVU: 7.18

Result: Maintain

RUC Recommendation: 5.93

Referred to CPT

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

68040 Expression of conjunctival follicles (eg, for trachoma)

Global: 000

Issue: Treatment of Eyelid Lesions

Screen: High Volume Growth1

Complete? Yes

Most Recent RUC Meeting: September 2011

Tab: 51 **Specialty Developing Recommendation:** AAO

First Identified: February 2008

2023 Medicare Utilization: 5,878

2025 Work RVU: 0.85

2025 NF PE RVU: 0.98

2025 Fac PE RVU: 0.54

Result: Maintain

RUC Recommendation: Revised parenthetical

Referred to CPT February 2013

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 4,563	2025 Work RVU: 0.49 2025 NF PE RVU: 0.71 2025 Fac PE RVU: 0.49 Result: Maintain	
RUC Recommendation: 0.49				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 22,553	2025 Work RVU: 0.82 2025 NF PE RVU: 1.98 2025 Fac PE RVU: 1.51 Result: Maintain	
RUC Recommendation: 1.00				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 21,742	2025 Work RVU: 1.54 2025 NF PE RVU: 3.11 2025 Fac PE RVU: 2.16 Result: Decrease	
RUC Recommendation: 1.54				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

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 **2023 Medicare Utilization:** 416

2025 Work RVU: 1.74
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.15
Result: Decrease

RUC Recommendation: 2.03

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

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 **2023 Medicare Utilization:** 6,684

2025 Work RVU: 2.70
2025 NF PE RVU: 8.07
2025 Fac PE RVU: 3.71
Result: Decrease

RUC Recommendation: 3.00

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

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 **2023 Medicare Utilization:** 170

2025 Work RVU: 2.10
2025 NF PE RVU: 21.88
2025 Fac PE RVU: 2.41
Result: Decrease

RUC Recommendation: 2.35

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

69100 Biopsy external ear **Global:** 000 **Issue:** Biopsy of Ear **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009

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

First Identified: October 2008 **2023 Medicare Utilization:** 169,589

2025 Work RVU: 0.81
2025 NF PE RVU: 1.94
2025 Fac PE RVU: 0.49
Result: Maintain

RUC Recommendation: 0.81

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

Status Report: CMS Requests and Relativity Assessment Issues

69200	Removal foreign body from external auditory canal; without general anesthesia				Global:	000	Issue:	Removal of Foreign Body		Screen:	Harvard Valued - Utilization over 30,000		Complete?	Yes				
Most Recent RUC Meeting:	September 2011	Tab: 29	Specialty Developing Recommendation:	AAO-HNS	First Identified:	April 2011	2023 Medicare Utilization:	49,190		2025 Work RVU:	0.77		2025 NF PE RVU:	1.53	2025 Fac PE RVU:	0.55	Result:	Maintain
RUC Recommendation:				0.77		Referred to CPT		Referred to CPT Asst		☐	Published in CPT Asst:							
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?	No				
Most Recent RUC Meeting:	September 2024	Tab: 14	Specialty Developing Recommendation:	AAFP, AAO-HNS	First Identified:	September 2011	2023 Medicare Utilization:	1,468,055		2025 Work RVU:	0.61		2025 NF PE RVU:	0.76	2025 Fac PE RVU:	0.28	Result:	Decrease
RUC Recommendation:				Review in 3 years. 0.58.		Referred to CPT		October 2012		Referred to CPT Asst		☐	Published in CPT Asst:					
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	2023 Medicare Utilization:			2025 Work RVU:			2025 NF PE RVU:		2025 Fac PE RVU:		Result:	Deleted from CPT
RUC Recommendation:				Deleted from CPT		Referred to CPT		February 2014		Referred to CPT Asst		☐	Published in CPT Asst:					

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation: Deleted from CPT				Referred to CPT February 2014		2025 NF PE RVU:	
				Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	
						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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation: Deleted from CPT				Referred to CPT February 2014		2025 NF PE RVU:	
				Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	
						Result: Deleted from CPT	
69433 Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia				Global: 010	Issue: Tympanostomy	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: September 2011	Tab: 30	Specialty Developing Recommendation:	AAO-HNS	First Identified: April 2011	2023 Medicare Utilization: 41,581	2025 Work RVU:	1.57
RUC Recommendation: 1.57				Referred to CPT		2025 NF PE RVU:	4.25
				Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	2.24
						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	2023 Medicare Utilization: 23,850	2025 Work RVU: 2.06 2025 NF PE RVU: 4.43 2025 Fac PE RVU: 1.40 Result: Decrease
RUC Recommendation: Review action plan at RAW Oct 2015. 2.06			Referred to CPT Feb 2010		
			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:	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT February 2011		
			Referred to CPT Asst ☐	Published in CPT Asst:	

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	2023 Medicare Utilization: 4,812	2025 Work RVU: 17.73 2025 NF PE RVU: NA 2025 Fac PE RVU: 16.08 Result: Maintain
RUC Recommendation: 17.60			Referred to CPT		
			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	2023 Medicare Utilization: 18,577	2025 Work RVU: 0.18 2025 NF PE RVU: 0.79 2025 Fac PE RVU: NA Result: Increase	
RUC Recommendation: 0.18				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 17,919	2025 Work RVU: 0.18 2025 NF PE RVU: 0.96 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: RUC to submit letter to CMS specifying the innapropriate reporting of this service with the hand-held device in Texas.				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
70210 Radiologic examination, sinuses, paranasal, less than 3 views				Global: XXX	Issue: X-Ray Exam - Sinuses	Screen: CMS-Other - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: January 2019	Tab: 24	Specialty Developing Recommendation: AAFP, ACP, ACR, ASNR		First Identified: October 2017	2023 Medicare Utilization: 13,632	2025 Work RVU: 0.17 2025 NF PE RVU: 0.78 2025 Fac PE RVU: NA Result: Increase	
RUC Recommendation: 0.20				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

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:	Tab: 24	Specialty Developing Recommendation:	AAFP, ACP, ACR, ASNR	First Identified: October 2017	2023 Medicare Utilization: 33,465
January 2019					
RUC Recommendation:	0.22		Referred to CPT		2025 Work RVU: 0.22
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 NF PE RVU: 0.89
					2025 Fac PE RVU: NA
					Result: Decrease
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:	Tab: 25	Specialty Developing Recommendation:	ACR, ASNR	First Identified: October 2017	2023 Medicare Utilization: 40,837
January 2019					
RUC Recommendation:	0.20		Referred to CPT		2025 Work RVU: 0.18
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 NF PE RVU: 0.88
					2025 Fac PE RVU: NA
					Result: Decrease
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:	Tab: 25	Specialty Developing Recommendation:	ACR, ASNR	First Identified: October 2017	2023 Medicare Utilization: 7,497
January 2019					
RUC Recommendation:	0.29		Referred to CPT		2025 Work RVU: 0.28
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 NF PE RVU: 1.04
					2025 Fac PE RVU: NA
					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

2023
Medicare
Utilization: 825

2025 Work RVU: 0.16
2025 NF PE RVU: 1.04
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: RUC to submit letter to CMS specifying the inappropriate reporting of this service with the hand-held device in Texas.

Referred to CPT

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

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

2023
Medicare
Utilization: 37,702

2025 Work RVU: 0.18
2025 NF PE RVU: 0.74
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.20

Referred to CPT

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

70371 Complex dynamic pharyngeal and speech evaluation by cine or video recording

Global: XXX **Issue:** Laryngography

Screen: Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018

Complete? Yes

Most Recent
RUC Meeting: January 2019

Tab: 37 **Specialty Developing**
Recommendation: ACR, AAFP

First
Identified: October 2012

2023
Medicare
Utilization: 766

2025 Work RVU: 0.84
2025 NF PE RVU: 2.47
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: CPT Assistant article published, addressed issues identified.

Referred to CPT

Referred to CPT Asst ☒ **Published in CPT Asst:** July 2014

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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation: CPT Assistant article published.			Referred to CPT		2025 NF PE RVU:	
			Referred to CPT Asst ☒	Published in CPT Asst: July 2014	2025 Fac PE RVU:	
					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	2023 Medicare Utilization: 4,937,479	2025 Work RVU:	0.85
RUC Recommendation: 0.85			Referred to CPT		2025 NF PE RVU:	2.35
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	NA
					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	2023 Medicare Utilization: 18,522	2025 Work RVU:	1.13
RUC Recommendation: 1.13			Referred to CPT		2025 NF PE RVU:	3.32
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	NA
					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	2023 Medicare Utilization: 59,117	2025 Work RVU: 1.27
RUC Recommendation: 1.27			Referred to CPT	2025 NF PE RVU: 3.93	2025 Fac PE RVU: NA
			Referred to CPT Asst ☐	Published in CPT Asst:	Result: Maintain
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	2023 Medicare Utilization: 53,239	2025 Work RVU: 1.28
RUC Recommendation: 1.28			Referred to CPT	2025 NF PE RVU: 3.48	2025 Fac PE RVU: NA
			Referred to CPT Asst ☐	Published in CPT Asst:	Result: Maintain
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	2023 Medicare Utilization: 11,061	2025 Work RVU: 1.13
RUC Recommendation: 1.13			Referred to CPT	2025 NF PE RVU: 4.29	2025 Fac PE RVU: NA
			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	2023 Medicare Utilization:	4,320	2025 Work RVU:	1.27	2025 NF PE RVU:	5.04	2025 Fac PE RVU:	NA	Result:	Decrease
RUC Recommendation:	1.27				Referred to CPT	Referred to CPT Asst	☐	Published in CPT Asst:								

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	2023 Medicare Utilization:	496,826	2025 Work RVU:	0.85	2025 NF PE RVU:	3.00	2025 Fac PE RVU:	NA	Result:	Decrease
RUC Recommendation:	0.85				Referred to CPT	Referred to CPT Asst	☐	Published in CPT Asst:								

70487	Computed tomography, maxillofacial area; with contrast material(s)				Global: XXX	Issue: CT – Maxillofacial		Screen: CMS-Other - Utilization over 250,000	Complete? Yes							
Most Recent RUC Meeting:	April 2014	Tab: 41	Specialty Developing Recommendation:	ACR, ASNR	First Identified:	April 2014	2023 Medicare Utilization:	31,695	2025 Work RVU:	1.13	2025 NF PE RVU:	3.43	2025 Fac PE RVU:	NA	Result:	Decrease
RUC Recommendation:	1.17				Referred to CPT	Referred to CPT Asst	☐	Published in CPT Asst:								

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	2023 Medicare Utilization: 3,523	2025 Work RVU: 1.27
RUC Recommendation: 1.30			Referred to CPT	2025 NF PE RVU: 4.25	2025 Fac PE RVU: NA
			Referred to CPT Asst ☐	Published in CPT Asst:	Result: Decrease
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	2023 Medicare Utilization: 56,043	2025 Work RVU: 1.28
RUC Recommendation: 1.28			Referred to CPT	2025 NF PE RVU: 3.22	2025 Fac PE RVU: NA
			Referred to CPT Asst ☐	Published in CPT Asst:	Result: Maintain
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	2023 Medicare Utilization: 267,867	2025 Work RVU: 1.38
RUC Recommendation: 1.38			Referred to CPT	2025 NF PE RVU: 4.14	2025 Fac PE RVU: NA
			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	2023 Medicare Utilization: 22,471	2025 Work RVU: 1.62
RUC Recommendation: 1.62			Referred to CPT	2025 NF PE RVU: 5.01	2025 Fac PE RVU: NA
			Referred to CPT Asst ☐	Published in CPT Asst:	Result: Increase

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: Cerebral Perfusion & CT Angiography – Head & Neck	Screen: High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / High Volume Growth5 / Codes Reported Together 75% or More-Part5	Complete? Yes				
Most Recent RUC Meeting:	September 2024	Tab: 09	Specialty Developing Recommendation: ACR, ASNR	First Identified: February 2008	2023 Medicare Utilization: 715,741	2025 Work RVU: 1.75	2025 NF PE RVU: 6.56	2025 Fac PE RVU: NA	Result: Maintain
RUC Recommendation:	1.75			Referred to CPT May 2024	Referred to CPT Asst ☐	Published in CPT Asst:			

70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Global: XXX	Issue: Cerebral Perfusion & CT Angiography – Head & Neck	Screen: High Volume Growth1 / CMS Fastest Growing / High Volume Growth5 / Codes Reported Together 75% or More-Part5	Complete? Yes				
Most Recent RUC Meeting:	September 2024	Tab: 09	Specialty Developing Recommendation: ACR, ASNR	First Identified: February 2008	2023 Medicare Utilization: 742,445	2025 Work RVU: 1.75	2025 NF PE RVU: 6.55	2025 Fac PE RVU: NA	Result: Maintain
RUC Recommendation:	1.75			Referred to CPT May 2024	Referred to CPT Asst ☐	Published in CPT Asst:			

70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Global: XXX	Issue: MRI Face and Neck	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes				
Most Recent RUC Meeting:	January 2016	Tab: 39	Specialty Developing Recommendation: ACR, ASNR	First Identified: July 2015	2023 Medicare Utilization: 9,100	2025 Work RVU: 1.35	2025 NF PE RVU: 5.44	2025 Fac PE RVU: NA	Result: Maintain
RUC Recommendation:	1.35			Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:			

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	2023 Medicare Utilization: 763	2025 Work RVU: 1.62
RUC Recommendation: 1.62			Referred to CPT		2025 NF PE RVU: 6.41
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: NA
					Result: Maintain
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	2023 Medicare Utilization: 68,249	2025 Work RVU: 2.15
RUC Recommendation: 2.15			Referred to CPT		2025 NF PE RVU: 8.01
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: NA
					Result: Maintain
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	2023 Medicare Utilization: 171,262	2025 Work RVU: 1.20
RUC Recommendation: Refer to CPT for code bundle solution. 1.20			Referred to CPT September 2025		2025 NF PE RVU: 5.28
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: NA
					Result: Maintain

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	2023 Medicare Utilization: 2,713	2025 Work RVU: 1.20 2025 NF PE RVU: 5.65 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 1.20		Referred to CPT 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	2023 Medicare Utilization: 20,970	2025 Work RVU: 1.48 2025 NF PE RVU: 8.45 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 1.48		Referred to CPT 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	2023 Medicare Utilization: 58,446	2025 Work RVU: 1.20 2025 NF PE RVU: 5.30 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: Refer to CPT for code bundle solution. 1.20		Referred to CPT September 2025 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	2023 Medicare Utilization: 11,334	2025 Work RVU: 1.50
RUC Recommendation: 1.50			Referred to CPT		2025 NF PE RVU: 5.90
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: NA
					Result: Increase

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	2023 Medicare Utilization: 39,633	2025 Work RVU: 1.80
RUC Recommendation: 1.80			Referred to CPT		2025 NF PE RVU: 8.60
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: NA
					Result: Maintain

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	2023 Medicare Utilization: 1,071,507	2025 Work RVU: 1.48
RUC Recommendation: 1.48			Referred to CPT		2025 NF PE RVU: 4.41
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: NA
					Result: Maintain

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:	Tab: 26	Specialty Developing Recommendation:	ACR, ASNR	First Identified:	2023 Medicare Utilization:
January 2013				September 2011	17,700
RUC Recommendation:	1.78		Referred to CPT	Referred to CPT Asst	Published in CPT Asst:
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:	Tab: 26	Specialty Developing Recommendation:	ACR, ASNR	First Identified:	2023 Medicare Utilization:
January 2013				April 2011	968,572
RUC Recommendation:	2.36		Referred to CPT	Referred to CPT Asst	Published in CPT Asst:
70XX1		Global: XXX	Issue: Cerebral Perfusion & CT Angiography – Head & Neck	Screen: Codes Reported Together 75% or More-Part5	Complete? Yes
Most Recent RUC Meeting:	Tab: 09	Specialty Developing Recommendation:	ACR, ASNR	First Identified:	2023 Medicare Utilization:
September 2024				May 2024	
RUC Recommendation:	2.50		Referred to CPT	Referred to CPT Asst	Published in CPT Asst:
			May 2024		

Status Report: CMS Requests and Relativity Assessment Issues

70XX2				Global: XXX	Issue: Cerebral Perfusion & CT Angiography – Head & Neck	Screen: Codes Reported Together 75% or More-Part5	Complete? Yes
Most Recent RUC Meeting:	September 2024	Tab: 09	Specialty Developing Recommendation:	ACR, ASNR	First Identified: May 2024	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Decrease
RUC Recommendation: 0.77				Referred to CPT May 2024	Referred to CPT Asst ☐	Published in CPT Asst:	
70XX3				Global: XXX	Issue: Cerebral Perfusion & CT Angiography – Head & Neck	Screen: Codes Reported Together 75% or More-Part5	Complete? Yes
Most Recent RUC Meeting:	September 2024	Tab: 09	Specialty Developing Recommendation:	ACR, ASNR	First Identified: May 2024	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Decrease
RUC Recommendation: 1.00				Referred to CPT May 2024	Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT				Referred to CPT February 2016	Referred to CPT Asst ☐	Published in CPT Asst:	

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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

**2023
Medicare
Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2016

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

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

**2023
Medicare
Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2016

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

71021 Radiologic examination, chest, 2 views, frontal and lateral; with apical lordotic
procedure

Global:

Issue: Chest X-Rays

Screen: CMS High Expenditure
Procedural Codes2

Complete? Yes

**Most Recent
RUC Meeting:** April 2016

Tab: 07

**Specialty Developing
Recommendation:** ACR

**First
Identified:** July 2015

**2023
Medicare
Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2016

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

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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

**2023
Medicare
Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2016

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

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

**2023
Medicare
Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2016

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

71030 Radiologic examination, chest, complete, minimum of 4 views;

Global:

Issue: Chest X-Rays

Screen: CMS High Expenditure
Procedural Codes2

Complete? Yes

**Most Recent
RUC Meeting:** April 2016

Tab: 07

**Specialty Developing
Recommendation:** ACR

**First
Identified:** July 2015

**2023
Medicare
Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2016

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

71034 Radiologic examination, chest, complete, minimum of 4 views; with fluoroscopy

Global:

Issue: Chest X-Rays

Screen: CMS High Expenditure
Procedural Codes2

Complete? Yes

**Most Recent
RUC Meeting:** April 2016

Tab: 07

**Specialty Developing
Recommendation:** ACR

**First
Identified:** July 2015

**2023
Medicare
Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2016

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

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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	2023 Medicare Utilization:	2025 Work RVU:			
RUC Recommendation:	Deleted from CPT				Referred to CPT	February 2016	Referred to CPT Asst	☐	Published in CPT Asst:	2025 NF PE RVU:	
								2025 Fac PE RVU:		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	2023 Medicare Utilization:	12,830,852	2025 Work RVU:	0.18	
RUC Recommendation:	0.18				Referred to CPT	February 2016	Referred to CPT Asst	☐	Published in CPT Asst:	2025 NF PE RVU:	
									2025 Fac PE RVU:	NA	
								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	2023 Medicare Utilization:	6,114,523	2025 Work RVU:	0.22	
RUC Recommendation:	0.22				Referred to CPT	February 2016	Referred to CPT Asst	☐	Published in CPT Asst:	2025 NF PE RVU:	
									2025 Fac PE RVU:	NA	
								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	2023 Medicare Utilization:	13,169	2025 Work RVU:	0.27	
RUC Recommendation:	0.27				Referred to CPT	February 2016	Referred to CPT Asst	☐	Published in CPT Asst:	2025 NF PE RVU:	
									2025 Fac PE RVU:	NA	
								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

**2023
Medicare
Utilization:** 7,371

2025 Work RVU: 0.31

2025 NF PE RVU: 1.04

2025 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 0.31

Referred to CPT February 2016

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

71090 Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation

Global:

Issue: Insertion/Removal of
Pacemaker or Pacing
Cardioverter-Defibrillator

Screen: Codes Reported
Together 75% or More-
Part1

Complete? Yes

**Most Recent
RUC Meeting:** April 2011

Tab: 10 **Specialty Developing
Recommendation:** ACC

**First
Identified:** February 2010

**2023
Medicare
Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2011

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

71100 Radiologic examination, ribs, unilateral; 2 views

Global: XXX **Issue:** X-Ray of Ribs

Screen: CMS-Other - Utilization
over 250,000 / CMS-
Other - Utilization over
250,000-Part2

Complete? Yes

**Most Recent
RUC Meeting:** April 2016

Tab: 30 **Specialty Developing
Recommendation:** ACR

**First
Identified:** April 2013

**2023
Medicare
Utilization:** 118,781

2025 Work RVU: 0.22

2025 NF PE RVU: 0.86

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.22

Referred to CPT

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

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:	Tab: 30	Specialty Developing Recommendation:	ACR	First Identified: October 2015	2023 Medicare Utilization: 241,355
2025 Work RVU:					0.27
2025 NF PE RVU:					0.97
2025 Fac PE RVU:					NA
Result:					Maintain
RUC Recommendation:	0.27		Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:
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:	Tab: 30	Specialty Developing Recommendation:	ACR	First Identified: October 2015	2023 Medicare Utilization: 19,332
2025 Work RVU:					0.29
2025 NF PE RVU:					1.00
2025 Fac PE RVU:					NA
Result:					Maintain
RUC Recommendation:	0.29		Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:
71111	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views	Global: XXX	Issue: X-Ray of Ribs	Screen: CMS-Other - Utilization over 250,000-Part2	Complete? Yes
Most Recent RUC Meeting:	Tab: 30	Specialty Developing Recommendation:	ACR	First Identified: October 2015	2023 Medicare Utilization: 26,668
2025 Work RVU:					0.32
2025 NF PE RVU:					1.22
2025 Fac PE RVU:					NA
Result:					Maintain
RUC Recommendation:	0.32		Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:

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	2023 Medicare Utilization: 2,310,876	2025 Work RVU: 1.08 2025 NF PE RVU: 2.91 2025 Fac PE RVU: NA Result: Increase	
RUC Recommendation: 1.16			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 1,705,072	2025 Work RVU: 1.16 2025 NF PE RVU: 3.85 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 1.38			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 55,650	2025 Work RVU: 1.25 2025 NF PE RVU: 4.64 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 1.24			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

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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	2023 Medicare Utilization: 407,419
RUC Recommendation:	1.16		Referred to CPT	Referred to CPT Asst	☐ Published in CPT Asst:
				2025 Work RVU:	1.08
				2025 NF PE RVU:	3.04
				2025 Fac PE RVU:	NA
				Result:	Increase
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	2023 Medicare Utilization: 1,475,644
RUC Recommendation:	1.82		Referred to CPT	Referred to CPT Asst	☒ Published in CPT Asst: Jun 2009
				2025 Work RVU:	1.82
				2025 NF PE RVU:	6.64
				2025 Fac PE RVU:	NA
				Result:	Decrease
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	2023 Medicare Utilization: 82,560
RUC Recommendation:	0.16		Referred to CPT	Referred to CPT Asst	☐ Published in CPT Asst:
				2025 Work RVU:	0.16
				2025 NF PE RVU:	0.55
				2025 Fac PE RVU:	NA
				Result:	Increase

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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	2023 Medicare Utilization: 560,009	2025 Work RVU: 0.22	2025 NF PE RVU: 0.95
RUC Recommendation: 0.22			Referred to CPT October 2011		2025 Fac PE RVU: NA	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	2023 Medicare Utilization: 321,240	2025 Work RVU: 0.27	2025 NF PE RVU: 1.33
RUC Recommendation: 0.27			Referred to CPT October 2011		2025 Fac PE RVU: NA	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	2023 Medicare Utilization: 55,860	2025 Work RVU: 0.30	2025 NF PE RVU: 1.53
RUC Recommendation: 0.30			Referred to CPT October 2011		2025 Fac PE RVU: NA	Result: Decrease
			Referred to CPT Asst ☐	Published in CPT Asst:		

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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	2023 Medicare Utilization: 264,764	2025 Work RVU: 0.20 2025 NF PE RVU: 0.77 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 0.20			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 135,303	2025 Work RVU: 0.23 2025 NF PE RVU: 0.93 2025 Fac PE RVU: NA Result: Increase	
RUC Recommendation: 0.23			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
72074 Radiologic examination, spine; thoracic, minimum of 4 views			Global: XXX	Issue: X-Ray Spine	Screen: CMS-Other - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: January 2019	Tab: 27	Specialty Developing Recommendation: AAOS, ACR, ASNR	First Identified: October 2016	2023 Medicare Utilization: 10,838	2025 Work RVU: 0.25 2025 NF PE RVU: 1.07 2025 Fac PE RVU: NA Result: Increase	
RUC Recommendation: 0.25			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

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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	2023 Medicare Utilization: 43,064
RUC Recommendation:	0.21		Referred to CPT		2025 Work RVU: 0.21
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 NF PE RVU: 0.81
					2025 Fac PE RVU: NA
					Result: Decrease
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	2023 Medicare Utilization: 1,513,682
RUC Recommendation:	0.22		Referred to CPT	October 2010	2025 Work RVU: 0.22
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 NF PE RVU: 0.95
					2025 Fac PE RVU: NA
					Result: Maintain
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	2023 Medicare Utilization: 721,892
RUC Recommendation:	0.26		Referred to CPT	October 2010	2025 Work RVU: 0.26
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 NF PE RVU: 1.28
					2025 Fac PE RVU: NA
					Result: Decrease

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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	2023 Medicare Utilization: 82,383
RUC Recommendation:	0.30		Referred to CPT Referred to CPT Asst	October 2010 ☐	Published in CPT Asst:
2025 Work RVU:	0.30				
2025 NF PE RVU:	1.51				
2025 Fac PE RVU:	NA				
Result:	Decrease				
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	2023 Medicare Utilization: 41,373
RUC Recommendation:	0.22		Referred to CPT Referred to CPT Asst	October 2010 ☐	Published in CPT Asst:
2025 Work RVU:	0.22				
2025 NF PE RVU:	0.98				
2025 Fac PE RVU:	NA				
Result:	Maintain				
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	2023 Medicare Utilization: 1,456,236
RUC Recommendation:	1.07		Referred to CPT Referred to CPT Asst	☐	Published in CPT Asst:
2025 Work RVU:	1.00				
2025 NF PE RVU:	2.91				
2025 Fac PE RVU:	NA				
Result:	Maintain				

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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

**2023
Medicare
Utilization:** 16,804

2025 Work RVU: 1.22
2025 NF PE RVU: 3.84
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.22

Referred to CPT

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

72127 Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections

Global: XXX

Issue: CT Spine

Screen: CMS Fastest Growing

Complete? Yes

**Most Recent
RUC Meeting:** April 2018

Tab: 18 **Specialty Developing
Recommendation:** ACR, ASNR

**First
Identified:** February 2009

**2023
Medicare
Utilization:** 1,853

2025 Work RVU: 1.27
2025 NF PE RVU: 4.63
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.27

Referred to CPT

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

72128 Computed tomography, thoracic spine; without contrast material

Global: XXX

Issue: CT Spine

Screen: CMS Fastest Growing

Complete? Yes

**Most Recent
RUC Meeting:** April 2018

Tab: 18 **Specialty Developing
Recommendation:** ACR, ASNR

**First
Identified:** October 2008

**2023
Medicare
Utilization:** 227,277

2025 Work RVU: 1.00
2025 NF PE RVU: 2.90
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.00

Referred to CPT

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

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

**2023
Medicare
Utilization:** 39,752

2025 Work RVU: 1.22
2025 NF PE RVU: 3.88
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.22

Referred to CPT

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

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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:	Tab: 18	Specialty Developing Recommendation:	ACR, ASNR	First Identified:	2023 Medicare Utilization:
April 2018			February 2009	1,518	
RUC Recommendation:	1.27		Referred to CPT		
			Referred to CPT Asst	☐	Published in CPT Asst:
72131	Computed tomography, lumbar spine; without contrast material	Global: XXX	Issue: CT Spine	Screen: CMS Fastest Growing / CMS-Other - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting:	Tab: 18	Specialty Developing Recommendation:	ACR, ASNR	First Identified:	2023 Medicare Utilization:
April 2018			February 2009	526,477	
RUC Recommendation:	1.00		Referred to CPT		
			Referred to CPT Asst	☐	Published in CPT Asst:
72132	Computed tomography, lumbar spine; with contrast material	Global: XXX	Issue: CT Spine	Screen: CMS Fastest Growing / CMS-Other - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting:	Tab: 18	Specialty Developing Recommendation:	ACR, ASNR	First Identified:	2023 Medicare Utilization:
April 2018			February 2009	62,667	
RUC Recommendation:	1.22		Referred to CPT		
			Referred to CPT Asst	☐	Published in CPT Asst:

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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	2023 Medicare Utilization: 3,730	2025 Work RVU: 1.27 2025 NF PE RVU: 4.64 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 1.27			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Global: XXX	Issue: 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	2023 Medicare Utilization: 551,282	2025 Work RVU: 1.48 2025 NF PE RVU: 4.23 2025 Fac PE RVU: NA Result: Decrease
RUC Recommendation: 1.48			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization: 2,552	2025 Work RVU: 1.78 2025 NF PE RVU: 6.47 2025 Fac PE RVU: NA Result: Decrease
RUC Recommendation: 1.78			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	

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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	2023 Medicare Utilization: 220,544
RUC Recommendation:	1.48		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	2025 Work RVU: 1.48 2025 NF PE RVU: 4.24 2025 Fac PE RVU: NA Result: Decrease
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	2023 Medicare Utilization: 2,394
RUC Recommendation:	1.78		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	2025 Work RVU: 1.78 2025 NF PE RVU: 6.40 2025 Fac PE RVU: NA Result: Decrease
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	2023 Medicare Utilization: 1,243,683
RUC Recommendation:	1.48		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	2025 Work RVU: 1.48 2025 NF PE RVU: 4.25 2025 Fac PE RVU: NA Result: Maintain

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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	2023 Medicare Utilization: 4,357
RUC Recommendation:	1.78		Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:
				2025 Work RVU:	1.78
				2025 NF PE RVU:	6.32
				2025 Fac PE RVU:	NA
				Result:	Maintain
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	2023 Medicare Utilization: 114,278
RUC Recommendation:	2.29		Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:
				2025 Work RVU:	2.29
				2025 NF PE RVU:	7.29
				2025 Fac PE RVU:	NA
				Result:	Decrease
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	2023 Medicare Utilization: 101,689
RUC Recommendation:	2.29		Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:
				2025 Work RVU:	2.29
				2025 NF PE RVU:	7.31
				2025 Fac PE RVU:	NA
				Result:	Decrease

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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	2023 Medicare Utilization: 207,560	2025 Work RVU: 2.29 2025 NF PE RVU: 7.27 2025 Fac PE RVU: NA Result: Decrease
RUC Recommendation: 2.29			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
72170	Radiologic examination, pelvis; 1 or 2 views	Global: XXX	Issue: X-Ray Exam – Pelvis	Screen: Low Value-High Volume / Codes Reported Together 75% or More-Part2 / CMS-Other - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: January 2019	Tab: 28	Specialty Developing Recommendation: AAOS, ACR	First Identified: October 2010	2023 Medicare Utilization: 708,889	2025 Work RVU: 0.17 2025 NF PE RVU: 0.65 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.17			Referred to CPT October 2014 Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization: 60,853	2025 Work RVU: 0.25 2025 NF PE RVU: 0.99 2025 Fac PE RVU: NA Result: Increase
RUC Recommendation: 0.25			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	

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

2023 Medicare Utilization: 2,881

2025 Work RVU: 1.81
2025 NF PE RVU: 7.33
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.81

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

2023 Medicare Utilization: 186,824

2025 Work RVU: 1.09
2025 NF PE RVU: 2.90
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.09

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

72193 Computed tomography, pelvis; with contrast material(s)

Global: XXX **Issue:** CT Pelvis

Screen: Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: October 2008

Tab: 26 **Specialty Developing Recommendation:** ACR

First Identified: October 2008

2023 Medicare Utilization: 32,542

2025 Work RVU: 1.16
2025 NF PE RVU: 5.67
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.16

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

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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	2023 Medicare Utilization: 5,036	2025 Work RVU: 1.22 2025 NF PE RVU: 6.33 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 1.22			Referred to CPT October 2009 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	2023 Medicare Utilization: 84,364	2025 Work RVU: 1.46 2025 NF PE RVU: 5.39 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 1.46			Referred to CPT 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	2023 Medicare Utilization: 2,417	2025 Work RVU: 1.73 2025 NF PE RVU: 6.33 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 1.73			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:		

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72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences								
Most Recent RUC Meeting:	October 2016	Tab: 21	Specialty Developing Recommendation:	ACR	First Identified:	July 2015	2023 Medicare Utilization:	310,961	
RUC Recommendation:	2.20				Referred to CPT		Referred to CPT Asst	☐	Published in CPT Asst:
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	2023 Medicare Utilization:	13,677	
RUC Recommendation:	0.20				Referred to CPT		Referred to CPT Asst	☐	Published in CPT Asst:
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	2023 Medicare Utilization:	39,820	
RUC Recommendation:	0.26				Referred to CPT		Referred to CPT Asst	☐	Published in CPT Asst:
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	2023 Medicare Utilization:	99,797	
RUC Recommendation:	0.20				Referred to CPT		Referred to CPT Asst	☐	Published in CPT Asst:

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

2023 Medicare Utilization: 364

2025 Work RVU: 0.91

2025 NF PE RVU: 2.36

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.91

Referred to CPT October 2013

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

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

2023 Medicare Utilization: 92

2025 Work RVU: 0.91

2025 NF PE RVU: 2.22

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.91

Referred to CPT October 2013

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

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

2023 Medicare Utilization: 1,951

2025 Work RVU: 0.83

2025 NF PE RVU: 2.36

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.83

Referred to CPT October 2013

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

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

2023 Medicare Utilization: 269

2025 Work RVU: 1.33

2025 NF PE RVU: 3.09

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 1.33

Referred to CPT October 2013

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2020

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT February 2014 Referred to CPT Asst ☐ Published in CPT Asst:		

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	2023 Medicare Utilization: 91,107	2025 Work RVU: 0.16 2025 NF PE RVU: 0.80 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.16			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:		

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	2023 Medicare Utilization: 42,233	2025 Work RVU: 0.17 2025 NF PE RVU: 0.53 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.17			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 102,344	2025 Work RVU: 0.15 2025 NF PE RVU: 0.48 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.15				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
73030 Radiologic examination, shoulder; complete, minimum of 2 views				Global: XXX	Issue: X-Ray – Clavicle/Shoulder	Screen: Low Value-High Volume / CMS-Other - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: October 2018	Tab: 17	Specialty Developing Recommendation:	ACR, AAOS	First Identified: October 2010	2023 Medicare Utilization: 2,622,735	2025 Work RVU: 0.18 2025 NF PE RVU: 0.84 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.18				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 5,655	2025 Work RVU: 0.18 2025 NF PE RVU: 0.67 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 0.18				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

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	2023 Medicare Utilization: 296,502	2025 Work RVU: 0.16 2025 NF PE RVU: 0.78 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 0.16				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
73070 Radiologic examination, elbow; 2 views				Global: XXX	Issue: X-Ray Elbow/Forearm	Screen: CMS-Other - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: January 2019	Tab: 30	Specialty Developing Recommendation:	AAOS, ACR, ASSH	First Identified: April 2016	2023 Medicare Utilization: 185,459	2025 Work RVU: 0.16 2025 NF PE RVU: 0.70 2025 Fac PE RVU: NA Result: Increase	
RUC Recommendation: 0.16				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 387,981	2025 Work RVU: 0.17 2025 NF PE RVU: 0.79 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.17				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 211,651	2025 Work RVU: 0.16 2025 NF PE RVU: 0.70 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.16				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
73100 Radiologic examination, wrist; 2 views				Global: XXX	Issue: X-Ray Wrist	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: April 2016	Tab: 32	Specialty Developing Recommendation:	ACR	First Identified: July 2015	2023 Medicare Utilization: 202,638	2025 Work RVU: 0.16 2025 NF PE RVU: 0.83 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.16				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 984,155	2025 Work RVU: 0.17 2025 NF PE RVU: 1.05 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.17				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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

2023
Medicare
Utilization: 226,183

2025 Work RVU: 0.16

2025 NF PE RVU: 0.76

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.16

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

73130 Radiologic examination, hand; minimum of 3 views

Global: XXX Issue: X-Ray of Hand/Fingers

Screen: Low Value-High Volume
/ CMS High Expenditure
Procedural Codes2

Complete? Yes

Most Recent
RUC Meeting: April 2016

Tab: 33 Specialty Developing
Recommendation: ACR

First
Identified: October 2010

2023
Medicare
Utilization: 1,259,249

2025 Work RVU: 0.17

2025 NF PE RVU: 0.93

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.17

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

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

2023
Medicare
Utilization: 342,464

2025 Work RVU: 0.13

2025 NF PE RVU: 1.00

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.13

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

73200 Computed tomography, upper extremity; without contrast material

Global: XXX Issue: CT Upper Extremity

Screen: CMS Fastest Growing

Complete? Yes

Most Recent
RUC Meeting: October 2009

Tab: 23 Specialty Developing
Recommendation: ACR

First
Identified: October 2008

2023
Medicare
Utilization: 147,780

2025 Work RVU: 1.00

2025 NF PE RVU: 3.83

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 1.09

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

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 / CMS-Other Utilization over 20,000 Part4

Complete? No

Most Recent RUC Meeting: April 2025

Tab: 14 **Specialty Developing Recommendation:** ACR

First Identified: February 2009

2023 Medicare Utilization: 21,330

2025 Work RVU: 1.16

2025 NF PE RVU: 4.85

2025 Fac PE RVU: NA

Result: Remove from Screen

RUC Recommendation: Submit action plan. Remove from screen

Referred to CPT

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

73202 Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections

Global: XXX **Issue:** CT Upper Extremity

Screen: CMS Fastest Growing

Complete? Yes

Most Recent RUC Meeting: October 2009

Tab: 40 **Specialty Developing Recommendation:** ACR

First Identified: February 2009

2023 Medicare Utilization: 2,033

2025 Work RVU: 1.22

2025 NF PE RVU: 6.19

2025 Fac PE RVU: NA

Result: Remove from Screen

RUC Recommendation: Remove from screen

Referred to CPT

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

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

2023 Medicare Utilization: 8,029

2025 Work RVU: 1.81

2025 NF PE RVU: 7.10

2025 Fac PE RVU: NA

Result: Remove from Screen

RUC Recommendation: Survey with all CTA codes for October 2013.

Referred to CPT

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

73218 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)

Global: XXX **Issue:** MRI

Screen: CMS Fastest Growing

Complete? Yes

Most Recent RUC Meeting: October 2013

Tab: 18 **Specialty Developing Recommendation:** ACR

First Identified: October 2008

2023 Medicare Utilization: 33,063

2025 Work RVU: 1.35

2025 NF PE RVU: 7.72

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: CPT Assistant published.

Referred to CPT

Referred to CPT Asst ☒ **Published in CPT Asst:** Feb 2011

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	2023 Medicare Utilization: 442,176	2025 Work RVU: 1.35 2025 NF PE RVU: 4.76 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 1.35			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT October 2014 Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization: 203,505	2025 Work RVU: 0.18 2025 NF PE RVU: 0.80 2025 Fac PE RVU: NA Result: Decrease
RUC Recommendation: 0.17			Referred to CPT October 2014 Referred to CPT Asst ☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 2,429,077	2025 Work RVU: 0.22 2025 NF PE RVU: 1.19 2025 Fac PE RVU: NA Result: Decrease
RUC Recommendation: 0.22			Referred to CPT October 2014 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	2023 Medicare Utilization: 51,144	2025 Work RVU: 0.27 2025 NF PE RVU: 1.52 2025 Fac PE RVU: NA Result: Decrease
RUC Recommendation: 0.27			Referred to CPT October 2014 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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT October 2014 Referred to CPT Asst ☐ Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization:	
RUC Recommendation:	Deleted from CPT		Referred to CPT	October 2014	Referred to CPT Asst	☐	Published in CPT Asst:	
2025 Work RVU:								
2025 NF PE RVU:								
2025 Fac PE RVU:								
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	2023 Medicare Utilization:	138,374	
RUC Recommendation:	0.22		Referred to CPT	October 2014	Referred to CPT Asst	☐	Published in CPT Asst:		
2025 Work RVU:	0.22								
2025 NF PE RVU:	1.00								
2025 Fac PE RVU:	NA								
Result:	Decrease								

73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	Global:	XXX	Issue:	Radiologic Exam-Hip and Pelvis	Screen:	Codes Reported Together 75% or More-Part2	Complete?	Yes
Most Recent RUC Meeting:	April 2015	Tab: 14	Specialty Developing Recommendation:	AAOS, ACR	First Identified:	October 2014	2023 Medicare Utilization:	171,828	
RUC Recommendation:	0.29		Referred to CPT	October 2014	Referred to CPT Asst	☐	Published in CPT Asst:		
2025 Work RVU:	0.29								
2025 NF PE RVU:	1.31								
2025 Fac PE RVU:	NA								
Result:	Decrease								

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	2023 Medicare Utilization: 101,552	2025 Work RVU: 0.31 2025 NF PE RVU: 1.52 2025 Fac PE RVU: NA Result: Decrease
RUC Recommendation: 0.31			Referred to CPT October 2014 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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT October 2014 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT February 2011 Referred to CPT Asst ☒ Published in CPT Asst: 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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014

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

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

2023 Medicare Utilization: 29,489

2025 Work RVU: 0.16

2025 NF PE RVU: 0.71

2025 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 0.16

Referred to CPT October 2014

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

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

2023 Medicare Utilization: 505,595

2025 Work RVU: 0.18

2025 NF PE RVU: 0.87

2025 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 0.18

Referred to CPT October 2014

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

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

2023
Medicare
Utilization: 1,379,033

2025 Work RVU: 0.16
2025 NF PE RVU: 0.84
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.16

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

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

2023
Medicare
Utilization: 2,307,698

2025 Work RVU: 0.18
2025 NF PE RVU: 1.02
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.18

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

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

2023
Medicare
Utilization: 1,782,295

2025 Work RVU: 0.22
2025 NF PE RVU: 1.18
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.22

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

73565 Radiologic examination, knee; both knees, standing, anteroposterior

Global: XXX Issue: X-Ray Exams

Screen: CMS-Other - Utilization over 250,000 Complete? Yes

Most Recent
RUC Meeting: September 2014

Tab: 17 Specialty Developing
Recommendation: AAOS, ACR

First
Identified: April 2013

2023
Medicare
Utilization: 94,415

2025 Work RVU: 0.16
2025 NF PE RVU: 1.02
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.16

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

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 / Different Performing Specialty from Survey7	Complete? No			
Most Recent RUC Meeting:	April 2025	Tab: 14	Specialty Developing Recommendation:	ACR	First Identified: February 2008	2023 Medicare Utilization: 15,423	2025 Work RVU: 0.59	2025 NF PE RVU: 2.57	2025 Fac PE RVU: NA	Result: Increase
RUC Recommendation:			Review action plan. 0.59			Referred to CPT Referred to CPT Asst	☒	Published in CPT Asst: Jun 2012		

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	2023 Medicare Utilization: 438,885	2025 Work RVU: 0.16	2025 NF PE RVU: 0.77	2025 Fac PE RVU: NA	Result: Decrease
RUC Recommendation:			0.16			Referred to CPT Referred to CPT Asst	☐	Published in CPT Asst:		

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	2023 Medicare Utilization: 189,296	2025 Work RVU: 0.16	2025 NF PE RVU: 0.78	2025 Fac PE RVU: NA	Result: Maintain
RUC Recommendation:			0.16			Referred to CPT Referred to CPT Asst	☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 1,110,016	2025 Work RVU: 0.17 2025 NF PE RVU: 0.90 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.17				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
73620 Radiologic examination, foot; 2 views				Global: XXX	Issue: X-Ray Exam of Foot	Screen: Low Value-High Volume	Complete? Yes
Most Recent RUC Meeting: April 2011	Tab: 27	Specialty Developing Recommendation:	ACR, AAOS, APMA	First Identified: October 2010	2023 Medicare Utilization: 391,217	2025 Work RVU: 0.16 2025 NF PE RVU: 0.67 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.16				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 2,572,705	2025 Work RVU: 0.17 2025 NF PE RVU: 0.83 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.17				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 59,629

2025 Work RVU: 0.16

2025 NF PE RVU: 0.67

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.16

Referred to CPT

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

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

2023 Medicare Utilization: 97,038

2025 Work RVU: 0.13

2025 NF PE RVU: 0.72

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.13

Referred to CPT

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

73700 Computed tomography, lower extremity; without contrast material

Global: XXX

Issue: CT Lower Extremity

Screen: CMS Fastest Growing

Complete? Yes

Most Recent RUC Meeting: April 2018

Tab: 21

Specialty Developing Recommendation: ACR

First Identified: October 2008

2023 Medicare Utilization: 377,987

2025 Work RVU: 1.00

2025 NF PE RVU: 2.90

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 1.00

Referred to CPT

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

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

2023 Medicare Utilization: 57,466

2025 Work RVU: 1.16

2025 NF PE RVU: 3.84

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 1.16

Referred to CPT

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

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 **2023 Medicare Utilization:** 5,197

2025 Work RVU: 1.22
2025 NF PE RVU: 4.65
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.22

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

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 **2023 Medicare Utilization:** 20,796

2025 Work RVU: 1.90
2025 NF PE RVU: 7.79
2025 Fac PE RVU: NA
Result: Remove from Screen

RUC Recommendation: Survey for October 2013. Remove from screen

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

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 **2023 Medicare Utilization:** 134,623

2025 Work RVU: 1.35
2025 NF PE RVU: 5.34
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.35

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

73719 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s) **Global:** XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent
RUC Meeting: October 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2023 Medicare Utilization:** 971

2025 Work RVU: 1.62
2025 NF PE RVU: 6.27
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.62

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

Status Report: CMS Requests and Relativity Assessment Issues

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:	Tab: 20 Specialty Developing Recommendation: ACR October 2016	First Identified:	2023 Medicare Utilization: 63,110	2025 Work RVU: 2.15 2025 NF PE RVU: 7.95 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation:	2.15	Referred to CPT Referred to CPT Asst	☐ Published in CPT Asst:		
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Global: XXX	Issue: MRI of Lower Extremity Joint	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting:	Tab: 20 Specialty Developing Recommendation: ACR January 2012	First Identified:	2023 Medicare Utilization: 614,643	2025 Work RVU: 1.35 2025 NF PE RVU: 4.75 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation:	1.35	Referred to CPT Referred to CPT Asst	☐ Published in CPT Asst:		
74000	Radiologic examination, abdomen; single anteroposterior view	Global:	Issue: Abdominal X-Ray	Screen: Low Value-High Volume / CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting:	Tab: 08 Specialty Developing Recommendation: ACR April 2016	First Identified:	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT	
RUC Recommendation:	Deleted from CPT	Referred to CPT Referred to CPT Asst	February 2016 ☐ Published in CPT Asst:		

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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation: Deleted from CPT		Referred to CPT February 2016		2025 NF PE RVU:	
		Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	
				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	2023 Medicare Utilization: 1,833,928	2025 Work RVU:	0.18
RUC Recommendation: 0.18		Referred to CPT February 2016		2025 NF PE RVU:	0.70
		Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	NA
				Result: Decrease	
74019	Radiologic examination, abdomen; 2 views	Global: XXX	Issue: Abdominal X-Ray	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: April 2016	Tab: 08 Specialty Developing Recommendation: ACR	First Identified: February 2016	2023 Medicare Utilization: 255,359	2025 Work RVU:	0.23
RUC Recommendation: 0.23		Referred to CPT February 2016		2025 NF PE RVU:	0.86
		Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	NA
				Result: Decrease	
74020	Radiologic examination, abdomen; complete, including decubitus and/or erect views	Global:	Issue: Abdominal X-Ray	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: April 2016	Tab: 08 Specialty Developing Recommendation: ACR	First Identified: July 2015	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation: Deleted from CPT		Referred to CPT February 2016		2025 NF PE RVU:	
		Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	
				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

**2023
Medicare
Utilization:** 33,817

2025 Work RVU: 0.27

2025 NF PE RVU: 0.99

2025 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 0.27

Referred to CPT February 2016

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

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

**2023
Medicare
Utilization:** 102,128

2025 Work RVU: 0.32

2025 NF PE RVU: 1.15

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.32

Referred to CPT February 2016

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

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

**2023
Medicare
Utilization:** 53,767

2025 Work RVU: 1.19

2025 NF PE RVU: 2.90

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: Review PE. 0.35

Referred to CPT October 2009

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

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

2023 Medicare Utilization: 71,208

2025 Work RVU: 1.27

2025 NF PE RVU: 5.67

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.42

Referred to CPT October 2009

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

2023 Medicare Utilization: 96,525

2025 Work RVU: 1.40

2025 NF PE RVU: 6.41

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 1.40

Referred to CPT October 2009

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

74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing

Global: XXX **Issue:** CT Angiography

Screen: Codes Reported Together 75% or More- Part1 / CMS Request - Final Rule for 2013

Complete? Yes

Most Recent RUC Meeting: October 2013

Tab: 12 **Specialty Developing Recommendation:** ACR, SIR

First Identified:

2023 Medicare Utilization: 388,453

2025 Work RVU: 2.20

2025 NF PE RVU: 9.20

2025 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 2.20

Referred to CPT

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	2023 Medicare Utilization: 27,692	2025 Work RVU: 1.82
RUC Recommendation: 1.82			Referred to CPT October 2010		2025 NF PE RVU: 7.36
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: NA
					Result: Decrease
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	2023 Medicare Utilization: 1,979,153	2025 Work RVU: 1.74
RUC Recommendation: 1.74			Referred to CPT October 2009		2025 NF PE RVU: 3.75
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: NA
					Result: Decrease
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	2023 Medicare Utilization: 3,381,644	2025 Work RVU: 1.82
RUC Recommendation: 1.82			Referred to CPT October 2009		2025 NF PE RVU: 7.25
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: NA
					Result: Decrease

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	2023 Medicare Utilization:	472,046	2025 Work RVU:	2.01	2025 NF PE RVU:	8.15	2025 Fac PE RVU:	NA	Result:	Decrease
RUC Recommendation:	2.01				Referred to CPT	October 2009	Referred to CPT Asst	☐	Published in CPT Asst:						

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	2023 Medicare Utilization:	101,267	2025 Work RVU:	1.46	2025 NF PE RVU:	4.40	2025 Fac PE RVU:	NA	Result:	Maintain
RUC Recommendation:	1.46				Referred to CPT		Referred to CPT Asst	☐	Published in CPT Asst:						

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	2023 Medicare Utilization:	3,724	2025 Work RVU:	1.73	2025 NF PE RVU:	7.35	2025 Fac PE RVU:	NA	Result:	Maintain
RUC Recommendation:	1.73				Referred to CPT		Referred to CPT Asst	☐	Published in CPT Asst:						

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	2023 Medicare Utilization: 458,181	2025 Work RVU: 2.20 2025 NF PE RVU: 7.93 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 2.20		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 845	2025 Work RVU: 0.59 2025 NF PE RVU: 2.15 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.59		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
74220	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	Global: XXX	Issue: X-Ray Exam – Upper GI	Screen: CMS-Other - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: January 2019	Tab: 12 Specialty Developing Recommendation: ACR	First Identified: April 2016	2023 Medicare Utilization: 88,237	2025 Work RVU: 0.60 2025 NF PE RVU: 2.24 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 0.60		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

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	2023 Medicare Utilization: 69,443	2025 Work RVU: 0.70 2025 NF PE RVU: 2.49 2025 Fac PE RVU: NA Result: Increase	
RUC Recommendation: 0.70		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 310,233	2025 Work RVU: 0.53 2025 NF PE RVU: 3.08 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.53		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
74240	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	Global: XXX	Issue: X-Ray Exam – Upper GI	Screen: CMS-Other - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: January 2019	Tab: 12 Specialty Developing Recommendation: ACR	First Identified: October 2017	2023 Medicare Utilization: 60,977	2025 Work RVU: 0.80 2025 NF PE RVU: 2.77 2025 Fac PE RVU: NA Result: Increase	
RUC Recommendation: 0.80		Referred to CPT May 2018 Referred to CPT Asst ☐	Published in CPT Asst:		

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	2023 Medicare Utilization:		
RUC Recommendation:	Deleted from CPT		Referred to CPT	May 2018	Referred to CPT Asst	☐	Published in CPT Asst:		
							2025 Work RVU:		
							2025 NF PE RVU:		
							2025 Fac PE RVU:		
							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	2023 Medicare Utilization:		
RUC Recommendation:	Deleted from CPT		Referred to CPT	May 2018	Referred to CPT Asst	☐	Published in CPT Asst:		
							2025 Work RVU:		
							2025 NF PE RVU:		
							2025 Fac PE RVU:		
							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	2023 Medicare Utilization:	43,307	
RUC Recommendation:	0.90		Referred to CPT	May 2018	Referred to CPT Asst	☐	Published in CPT Asst:		
							2025 Work RVU:	0.90	
							2025 NF PE RVU:	3.14	
							2025 Fac PE RVU:	NA	
							Result:	Increase	

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

2023 Medicare Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

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

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

2023 Medicare Utilization: 12,616

2025 Work RVU: 0.70
2025 NF PE RVU: 1.69
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.70

Referred to CPT February 2019-EC
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

2023 Medicare Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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 Gastrointestinal 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 **2023 Medicare Utilization:** 43,382

2025 Work RVU: 0.81
2025 NF PE RVU: 2.74
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.81

Referred to CPT May 2018
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 Gastrointestinal 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 **2023 Medicare Utilization:** 322

2025 Work RVU: 1.17
2025 NF PE RVU: 9.26
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.17

Referred to CPT May 2018
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 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

74270	Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study	Global: XXX	Issue: Lower Gastrointestinal 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	2023 Medicare Utilization: 16,898	2025 Work RVU: 1.04 2025 NF PE RVU: 3.43 2025 Fac PE RVU: NA Result: Increase	
RUC Recommendation: 1.04		Referred to CPT May 2018 Referred to CPT Asst ☐ Published in CPT Asst:			
74280	Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high density barium and air) study, including glucagon, when administered	Global: XXX	Issue: Lower Gastrointestinal Tract Imaging	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: October 2018	Tab: 11 Specialty Developing Recommendation: ACR	First Identified: April 2011	2023 Medicare Utilization: 4,372	2025 Work RVU: 1.26 2025 NF PE RVU: 5.11 2025 Fac PE RVU: NA Result: Increase	
RUC Recommendation: 1.26		Referred to CPT May 2018 Referred to CPT Asst ☐ Published in CPT Asst:			
74300	Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation	Global: XXX	Issue: X-Rays at Surgery Add-On	Screen: CMS-Other - Utilization over 30,000-Part2	Complete? Yes
Most Recent RUC Meeting: April 2019	Tab: 19 Specialty Developing Recommendation: ACR, SAGES	First Identified: October 2018	2023 Medicare Utilization: 16,766	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 0.32		Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

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

2023 Medicare Utilization: 81

2025 Work RVU: 0.00

2025 NF PE RVU: 0.00

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.21

Referred to CPT

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

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

74320 Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation

Global:

Issue: Percutaneous Biliary Procedures Bundling

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: October 2015

Tab: 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation: Deleted from CPT		Referred to CPT February 2015		2025 NF PE RVU:	
		Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	
				Result: Deleted from CPT	
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	2023 Medicare Utilization: 58,126	2025 Work RVU: 0.00	
RUC Recommendation: 0.47		Referred to CPT		2025 NF PE RVU: 0.00	
		Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: NA	
				Result: Decrease	
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	2023 Medicare Utilization: 2,454	2025 Work RVU: 0.00	
RUC Recommendation: 0.50		Referred to CPT		2025 NF PE RVU: 0.00	
		Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: NA	
				Result: Decrease	

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	2023 Medicare Utilization: 7,779	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 0.70		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
74400	Urography (pyelography), intravenous, with or without KUB, with or without tomography	Global: XXX	Issue: Contrast X-Ray Exams	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: September 2011	Tab: 31 Specialty Developing Recommendation: ACR	First Identified: April 2011	2023 Medicare Utilization: 2,715	2025 Work RVU: 0.49 2025 NF PE RVU: 3.44 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.49		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 142,618	2025 Work RVU: 0.52 2025 NF PE RVU: 1.79 2025 Fac PE RVU: NA Result: Increase	
RUC Recommendation: 0.52		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

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

2023 Medicare Utilization: 985

2025 Work RVU: 0.51

2025 NF PE RVU: 3.45

2025 Fac PE RVU: NA

Result: Increase

RUC Recommendation: 0.51, editorially revised

Referred to CPT September 2019

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

74475 Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation

Global: **Issue:** Genitourinary Catheter Procedures

Screen: Codes Reported Together 75% or More-Part2

Complete? Yes

Most Recent RUC Meeting: January 2015

Tab: 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 1,129	2025 Work RVU: 0.83 2025 NF PE RVU: 2.66 2025 Fac PE RVU: NA Result: Increase	
RUC Recommendation: 0.83			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 46,362	2025 Work RVU: 2.60 2025 NF PE RVU: 8.22 2025 Fac PE RVU: NA Result: Remove from Screen	
RUC Recommendation: Maintain			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 85,757	2025 Work RVU: 0.58 2025 NF PE RVU: 2.43 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: Maintain			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

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

2023 Medicare Utilization: 54,313

2025 Work RVU: 1.75

2025 NF PE RVU: 5.09

2025 Fac PE RVU: NA

Result: Remove from Screen

RUC Recommendation: Maintain

Referred to CPT

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

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 evaluatio **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

2023 Medicare Utilization: 165,576

2025 Work RVU: 2.40

2025 NF PE RVU: 7.28

2025 Fac PE RVU: NA

Result: Remove from Screen

RUC Recommendation: Maintain

Referred to CPT

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

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

2023 Medicare Utilization: 67,600

2025 Work RVU: 1.44

2025 NF PE RVU: 2.10

2025 Fac PE RVU: NA

Result: Increase

RUC Recommendation: 1.75

Referred to CPT

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

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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	2023 Medicare Utilization: 14,380	2025 Work RVU: 2.00 2025 NF PE RVU: 2.45 2025 Fac PE RVU: NA Result: Increase
RUC Recommendation: 2.00			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Global: XXX	Issue: CT Angiography of Abdominal Arteries	Screen: High Volume Growth1 / CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: April 2016	Tab: 34	Specialty Developing Recommendation: ACR	First Identified: February 2008	2023 Medicare Utilization: 104,589	2025 Work RVU: 2.40 2025 NF PE RVU: 9.94 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 2.40			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT February 2012 Referred to CPT Asst ☐	Published in CPT Asst:	

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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	2023 Medicare Utilization:		2025 Work RVU:		
RUC Recommendation:	Deleted from CPT				Referred to CPT	February 2012			2025 NF PE RVU:		
					Referred to CPT Asst	☐	Published in CPT Asst:		2025 Fac PE RVU:		
									Result:	Deleted from CPT	
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	2023 Medicare Utilization:		2025 Work RVU:		
RUC Recommendation:	Deleted from CPT				Referred to CPT	February 2012			2025 NF PE RVU:		
					Referred to CPT Asst	☐	Published in CPT Asst:		2025 Fac PE RVU:		
									Result:	Deleted from CPT	
75710	Angiography, extremity, unilateral, radiological supervision and interpretation			Global:	XXX	Issue:	Angiography of Extremities	Screen:	CMS High Expenditure Procedural Codes2	Complete?	Yes
Most Recent RUC Meeting:	January 2025	Tab: 27	Specialty Developing Recommendation:	ACR, ACC, RPA, SCAI, SIR, SVS	First Identified:	July 2015	2023 Medicare Utilization:	117,596	2025 Work RVU:	1.75	
RUC Recommendation:	Remove from screen				Referred to CPT				2025 NF PE RVU:	2.45	
					Referred to CPT Asst	☒	Published in CPT Asst:	July 2021	2025 Fac PE RVU:	NA	
									Result:	Maintain	

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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	2023 Medicare Utilization: 45,975	2025 Work RVU: 1.97 2025 NF PE RVU: 2.67 2025 Fac PE RVU: NA Result: Increase	
RUC Recommendation: 1.97				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT	
RUC Recommendation: Deleted from CPT				Referred to CPT February 2011 Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT	
RUC Recommendation: Deleted from CPT				Referred to CPT February 2011 Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 35,144	2025 Work RVU: 2.05	
RUC Recommendation: 2.05			Referred to CPT		2025 NF PE RVU: 2.89	
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: NA	
					Result: Increase	
75774 Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)			Global: ZZZ	Issue: Angiography	Screen: CMS-Other - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: October 2018	Tab: 20	Specialty Developing Recommendation: SCAI, SIR, SVS	First Identified: October 2017	2023 Medicare Utilization: 79,431	2025 Work RVU: 1.01	
RUC Recommendation: 1.01			Referred to CPT		2025 NF PE RVU: 1.78	
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: NA	
					Result: Increase	
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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation: Deleted from CPT			Referred to CPT February 2009		2025 NF PE RVU:	
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	
					Result: Deleted from CPT	

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 a	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:	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT October 2015 Referred to CPT Asst ☐ Published in CPT Asst:		
75820	Venography, extremity, unilateral, radiological supervision and interpretation	Global: XXX	Issue: Venography	Screen: CMS-Other - Utilization over 20,000 Part1	Complete? Yes
Most Recent RUC Meeting: January 2020	Tab: 29	Specialty Developing Recommendation:	First Identified: January 2019	2023 Medicare Utilization: 19,209	2025 Work RVU: 1.05 2025 NF PE RVU: 2.05 2025 Fac PE RVU: NA Result: Increase
RUC Recommendation: 1.05			Referred to CPT 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	2023 Medicare Utilization: 9,448	2025 Work RVU: 1.48 2025 NF PE RVU: 2.36 2025 Fac PE RVU: NA Result: Increase
RUC Recommendation: 1.48			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:		

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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	2023 Medicare Utilization: 214	2025 Work RVU: 1.44 2025 NF PE RVU: 2.56 2025 Fac PE RVU: NA Result: PE Only	
RUC Recommendation: New PE inputs				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:				
75887	Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation				Global: XXX	Issue: Interventional Radiology Procedures	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting:	February 2009	Tab: 21	Specialty Developing Recommendation:	ACR, SIR	First Identified: NA	2023 Medicare Utilization: 418	2025 Work RVU: 1.44 2025 NF PE RVU: 2.58 2025 Fac PE RVU: NA Result: PE Only	
RUC Recommendation: New PE inputs				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:				
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	2023 Medicare Utilization: 12,131	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: NA Result: Increase	
RUC Recommendation: 2.24				Referred to CPT February 2024 Referred to CPT Asst ☐ Published in CPT Asst:				

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014 February 2015 May 2015

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

75898 Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis

Global: XXX

Issue: 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

2023 Medicare Utilization: 16,235

2025 Work RVU: 0.00

2025 NF PE RVU: 0.00

2025 Fac PE RVU: NA

Result: Increase

RUC Recommendation: 1.85

Referred to CPT February 2024 February 2014 February 2015

Referred to CPT Asst ☒ **Published in CPT Asst:** Sep 2019

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2011

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

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT		Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:	
75954	Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, using ilio-iliac tube endoprosthesis, radiological supervision and interpretation	Global:	Issue: Endovascular Repair Procedures (EVAR)	Screen: Codes Reported Together 75%or More-Part3	Complete? Yes
Most Recent RUC Meeting: January 2017	Tab: 10	Specialty Developing Recommendation: SVS, SIR, STS, AATS	First Identified: January 2017	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT		Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:	
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:	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT		Referred to CPT February 2013 Referred to CPT Asst ☐		Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization:		2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU:	Result:	Deleted from CPT			
RUC Recommendation:			Deleted from CPT			Referred to CPT			June 2011			Referred to CPT Asst		☐	Published in CPT Asst:	
75962	Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation	Global:	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	2023 Medicare Utilization:		2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU:	Result:	Deleted from CPT			
RUC Recommendation:			Deleted from CPT			Referred to CPT			October 2015			Referred to CPT Asst		☐	Published in CPT Asst:	
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:		2023 Medicare Utilization:		2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU:	Result:	Deleted from CPT			
RUC Recommendation:			Deleted from CPT			Referred to CPT			October 2015			Referred to CPT Asst		☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

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

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

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

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

2023 Medicare Utilization: 20,412

2025 Work RVU: 0.83

2025 NF PE RVU: 1.94

2025 Fac PE RVU: NA

Result: Increase

RUC Recommendation: 0.83

Referred to CPT RAW will assess Oct 2018

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

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	2023 Medicare Utilization:	2025 Work RVU:	
						2025 NF PE RVU:	
						2025 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:		

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	2023 Medicare Utilization:	2025 Work RVU:	
						2025 NF PE RVU:	
						2025 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:		

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	2023 Medicare Utilization:	2025 Work RVU:	
						2025 NF PE RVU:	
						2025 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:		

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	2023 Medicare Utilization:	2025 Work RVU:	
						2025 NF PE RVU:	
						2025 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

75996 Revised to Category III

Global:

Issue: Transluminal Arthroectomy

Screen: High Volume Growth1

Complete? Yes

**Most Recent
RUC Meeting:** April 2008

Tab: 57 **Specialty Developing
Recommendation:** SIR, ACR, SVS

**First
Identified:** April 2008

**2023
Medicare
Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

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

76000 Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time

Global: XXX

Issue: Fluoroscopy

Screen: Low Value-Billed in Multiple Units / CMS-Other - Utilization over 100,000

Complete? Yes

**Most Recent
RUC Meeting:** April 2017

Tab: 27 **Specialty Developing
Recommendation:** ACR, APMA

**First
Identified:** October 2010

**2023
Medicare
Utilization:** 91,328

2025 Work RVU: 0.30

2025 NF PE RVU: 0.95

2025 Fac PE RVU: NA

Result: Increase

RUC Recommendation: 0.30

Referred to CPT

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

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

**2023
Medicare
Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT September 2017

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

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

2023 Medicare Utilization: 71,578

2025 Work RVU: 0.31

2025 NF PE RVU: 0.95

2025 Fac PE RVU: NA

Result: Increase

RUC Recommendation: 0.31

Referred to CPT

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

76100 Radiologic examination, single plane body section (eg, tomography), other than with urography

Global: XXX

Issue: Fluroscopy

Screen: CMS Request - Practice Expense Review

Complete? Yes

Most Recent RUC Meeting: April 2009

Tab: 27

Specialty Developing Recommendation: ACR, ISIS

First Identified: April 2009

2023 Medicare Utilization: 8,652

2025 Work RVU: 0.58

2025 NF PE RVU: 2.01

2025 Fac PE RVU: NA

Result: PE Only

RUC Recommendation: New PE inputs

Referred to CPT

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: PE Only

RUC Recommendation: New PE inputs. Deleted from CPT for 2022.

Referred to CPT

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: PE Only

RUC Recommendation: New PE inputs. Deleted from CPT for 2022.

Referred to CPT

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

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 works	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	2023 Medicare Utilization: 329,368	2025 Work RVU: 0.20 2025 NF PE RVU: 0.55 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.20		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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 workstati	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	2023 Medicare Utilization: 194,943	2025 Work RVU: 0.79 2025 NF PE RVU: 1.53 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.79		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	Global: XXX	Issue: Ophthalmic 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	2023 Medicare Utilization: 13,065	2025 Work RVU: 0.70 2025 NF PE RVU: 1.31 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 0.70		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

76511 Ophthalmic ultrasound, diagnostic; quantitative A-scan only

Global: XXX

Issue: Ophthalmic 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

**2023
Medicare
Utilization:** 4,313

2025 Work RVU: 0.64

2025 NF PE RVU: 1.03

2025 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 0.64

Referred to CPT

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

76512 Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)

Global: XXX

Issue: Ophthalmic 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

**2023
Medicare
Utilization:** 221,873

2025 Work RVU: 0.56

2025 NF PE RVU: 0.85

2025 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 0.56

Referred to CPT

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

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

**2023
Medicare
Utilization:** 13,820

2025 Work RVU: 0.60

2025 NF PE RVU: 1.61

2025 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 0.60 and CPT Assistant article published

Referred to CPT September 2019

Referred to CPT Asst ☒ **Published in CPT Asst:** Apr 2013

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	2023 Medicare Utilization: 426,372	2025 Work RVU: 0.14 2025 NF PE RVU: 0.18 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.17			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
76516	Ophthalmic biometry by ultrasound echography, A-scan;	Global: XXX	Issue: Ophthalmic Biometry	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: April 2016	Tab: 36	Specialty Developing Recommendation: AAO, AOA (optometry)	First Identified: April 2016	2023 Medicare Utilization: 1,849	2025 Work RVU: 0.40 2025 NF PE RVU: 0.98 2025 Fac PE RVU: NA Result: Decrease
RUC Recommendation: 0.40			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation	Global: XXX	Issue: Ophthalmic Biometry	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: April 2016	Tab: 36	Specialty Developing Recommendation: AAO, AOA (optometry)	First Identified: July 2015	2023 Medicare Utilization: 107,065	2025 Work RVU: 0.54 2025 NF PE RVU: 1.48 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.54			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation	Global: XXX	Issue: Soft Tissue Ultrasound	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: April 2009	Tab: 29	Specialty Developing Recommendation: ACR, ASNR, TES, AACE	First Identified: October 2008	2023 Medicare Utilization: 902,754	2025 Work RVU: 0.56 2025 NF PE RVU: 2.67 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.56			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	

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 **2023 Medicare Utilization:** 118,852

2025 Work RVU: 0.59
2025 NF PE RVU: 1.11
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.59

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

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 **2023 Medicare Utilization:** 679,681

2025 Work RVU: 0.73
2025 NF PE RVU: 2.28
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.73

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

76642 Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited **Global:** XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent
RUC Meeting: January 2014 **Tab:** 13 **Specialty Developing Recommendation:** ACR

First Identified: January 2014 **2023 Medicare Utilization:** 717,334

2025 Work RVU: 0.68
2025 NF PE RVU: 1.81
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.68

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

76645 Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation **Global:** **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent
RUC Meeting: January 2014 **Tab:** 13 **Specialty Developing Recommendation:** ACR

First Identified: April 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 680,635	2025 Work RVU: 0.81 2025 NF PE RVU: 2.59 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.81			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		
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	2023 Medicare Utilization: 984,573	2025 Work RVU: 0.59 2025 NF PE RVU: 1.97 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.59			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		
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	2023 Medicare Utilization: 145,634	2025 Work RVU: 0.55 2025 NF PE RVU: 2.61 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 0.55			Referred to CPT May 2015 Referred to CPT Asst ☒		Published in CPT Asst: Jan 2017		
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	2023 Medicare Utilization: 1,190,647	2025 Work RVU: 0.74 2025 NF PE RVU: 2.43 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.74			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		

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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	2023 Medicare Utilization: 395,902	2025 Work RVU: 0.58 2025 NF PE RVU: 1.20 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.58		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 7,127	2025 Work RVU: 0.77 2025 NF PE RVU: 1.76 2025 Fac PE RVU: NA Result: Remove from Screen	
RUC Recommendation: Remove from screen		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 369,833	2025 Work RVU: 0.69 2025 NF PE RVU: 2.79 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.69		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 340,665	2025 Work RVU: 0.69 2025 NF PE RVU: 2.40 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.69		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

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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	2023 Medicare Utilization:	198,809	2025 Work RVU:	0.50	2025 NF PE RVU:	0.97	2025 Fac PE RVU:	NA	Result:	Decrease
RUC Recommendation:	0.50				Referred to CPT		Referred to CPT Asst	☐	Published in CPT Asst:							
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	2023 Medicare Utilization:	128,464	2025 Work RVU:	0.64	2025 NF PE RVU:	2.30	2025 Fac PE RVU:	NA	Result:	Maintain
RUC Recommendation:	0.64				Referred to CPT		Referred to CPT Asst	☐	Published in CPT Asst:							
76872	Ultrasound, transrectal;				Global: XXX	Issue: Prostate Biopsy Services	Screen: CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part5	Complete? Yes								
Most Recent RUC Meeting:	September 2024	Tab: 08	Specialty Developing Recommendation:	ACOG, ACR, AUA	First Identified:	September 2011	2023 Medicare Utilization:	193,444	2025 Work RVU:	0.69	2025 NF PE RVU:	5.16	2025 Fac PE RVU:	NA	Result:	Decrease
RUC Recommendation:	0.67				Referred to CPT	May 2024	Referred to CPT Asst	☐	Published in CPT Asst:							

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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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

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

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 / Work Neutrality 2023 **Complete?** Yes

Most Recent RUC Meeting: April 2025

Tab: 14 **Specialty Developing Recommendation:** AAN, AANEM, AAPM&R, ACR, ACRh, APMA

First Identified: April 2010

2023 Medicare Utilization: 173,075

2025 Work RVU: 0.90

2025 NF PE RVU: 0.65

2025 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: Review action plan. 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

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 / Work Neutrality 2023 **Complete?** Yes

Most Recent RUC Meeting: April 2025

Tab: 14 **Specialty Developing Recommendation:** AAN, AANEM, AAPM&R, ACR, ACRh, APMA

First Identified: April 2010

2023 Medicare Utilization: 314,905

2025 Work RVU: 0.69

2025 NF PE RVU: 1.19

2025 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: Review action plan. 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

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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 / Work Neutrality 2023	Complete? Yes
Most Recent RUC Meeting: April 2025	Tab: 14	Specialty Developing Recommendation: AAN, AANEM, AAPM&R, ACR, ACRh, APMA	First Identified: October 2021	2023 Medicare Utilization: 2,244	2025 Work RVU: 1.21 2025 NF PE RVU: 0.90 2025 Fac PE RVU: NA Result: Increase
RUC Recommendation: Review action plan. New PE Inputs. 1.21		Referred to CPT 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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT		Referred to CPT September 2018 Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 951	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.67		Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

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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

2023 Medicare Utilization: 657

2025 Work RVU: 1.99

2025 NF PE RVU: 5.49

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: Maintain

Referred to CPT

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

76937 Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (Lis) **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

2023 Medicare Utilization: 615,284

2025 Work RVU: 0.30

2025 NF PE RVU: 0.82

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.30

Referred to CPT

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

76940 Ultrasound guidance for, and monitoring of, parenchymal tissue ablation **Global:** YYY **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2015

Tab: 29

Specialty Developing Recommendation: ACS, ACR, SIR

First Identified: July 2013

2023 Medicare Utilization: 1,014

2025 Work RVU: 0.00

2025 NF PE RVU: 0.00

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 2.00

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 690,567

2025 Work RVU: 0.67

2025 NF PE RVU: 1.06

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.67

Referred to CPT May 2021

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

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

2023 Medicare Utilization: 7

2025 Work RVU: 0.67

2025 NF PE RVU: 1.70

2025 Fac PE RVU: NA

Result: Increase

RUC Recommendation: 0.85

Referred to CPT

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2013

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

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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	2023 Medicare Utilization: 4,867	2025 Work RVU: 1.34 2025 NF PE RVU: 1.47 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: Maintain				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT				Referred to CPT February 2020 Referred to CPT Asst ☐ Published in CPT Asst:			
76978 Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion				Global: XXX	Issue: RAW	Screen: New Technology/New Services List	Complete? Yes
Most Recent RUC Meeting:	April 2023	Tab: 15	Specialty Developing Recommendation:		First Identified: January 2018	2023 Medicare Utilization: 901	2025 Work RVU: 1.62 2025 NF PE RVU: 4.11 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: CPT Assistant article published				Referred to CPT Referred to CPT Asst ☒ Published in CPT Asst: Aug 2023			

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76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: RAW	Screen: New Technology/New Services List	Complete? Yes
Most Recent RUC Meeting:	Tab: 15	Specialty Developing Recommendation:	First Identified:	2023 Medicare Utilization:	2025 Work RVU:
April 2023			January 2018	47	0.85
					2025 NF PE RVU:
					2.80
					2025 Fac PE RVU:
					NA
RUC Recommendation:	CPT Assistant article published		Referred to CPT		Result: Maintain
			Referred to CPT Asst	☒	Published in CPT Asst: Aug 2023
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:	Tab: 05	Specialty Developing Recommendation:	First Identified:	2023 Medicare Utilization:	2025 Work RVU:
September 2022		AATS, ACC, STS	May 2022		0.00
					2025 NF PE RVU:
					0.00
					2025 Fac PE RVU:
					NA
RUC Recommendation:	0.60		Referred to CPT		Result: Decrease
			Referred to CPT Asst	☐	Published in CPT Asst:
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:	Tab: 05	Specialty Developing Recommendation:	First Identified:	2023 Medicare Utilization:	2025 Work RVU:
September 2022		AATS, ACC, STS	May 2022		0.00
					2025 NF PE RVU:
					0.00
					2025 Fac PE RVU:
					NA
RUC Recommendation:	1.90		Referred to CPT		Result: Decrease
			Referred to CPT Asst	☐	Published in CPT Asst:

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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	2023 Medicare Utilization:	2025 Work RVU: 0.00	2025 NF PE RVU: 0.00	2025 Fac PE RVU: NA	Result: Decrease
RUC Recommendation:	1.20			Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:			
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	2023 Medicare Utilization:	2025 Work RVU: 0.00	2025 NF PE RVU: 0.00	2025 Fac PE RVU: NA	Result: Decrease
RUC Recommendation:	1.55			Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:			
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	2023 Medicare Utilization: 28,979	2025 Work RVU: 0.00	2025 NF PE RVU: 0.00	2025 Fac PE RVU: NA	Result: Maintain
RUC Recommendation:	1.20			Referred to CPT May 2022	Referred to CPT Asst ☐	Published in CPT Asst:			

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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 c	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

2023 Medicare Utilization: 233,736

2025 Work RVU: 0.38
2025 NF PE RVU: 2.48
2025 Fac PE RVU: NA

RUC Recommendation: 0.38

Referred to CPT October 2015

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

Result: Maintain

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

2023 Medicare Utilization: 546,397

2025 Work RVU: 0.54
2025 NF PE RVU: 2.83
2025 Fac PE RVU: NA

RUC Recommendation: 0.54

Referred to CPT October 2015

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

Result: Maintain

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

2023 Medicare Utilization: 23,715

2025 Work RVU: 0.60
2025 NF PE RVU: 2.44
2025 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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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:	2023 Medicare Utilization: 4,209	2025 Work RVU: 1.21	2025 NF PE RVU: 5.25	2025 Fac PE RVU: NA
RUC Recommendation: New PE inputs			Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:	Result: PE Only	
77012 Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation				Global: XXX	Issue: 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	2023 Medicare Utilization: 136,965	2025 Work RVU: 1.50	2025 NF PE RVU: 2.19	2025 Fac PE RVU: NA
RUC Recommendation: 1.50			Referred to CPT February 2019	Referred to CPT Asst ☐	Published in CPT Asst:	Result: Maintain	
77014 Computed tomography guidance for placement of radiation therapy fields				Global: XXX	Issue: Radiation Oncology Treatment Delivery	Screen: CMS Request - Practice Expense Review / CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3	Complete? Yes
Most Recent RUC Meeting: September 2023	Tab: 22	Specialty Developing Recommendation: ASTRO, ACR	First Identified: October 2010	2023 Medicare Utilization: 2,618,399	2025 Work RVU: 0.85	2025 NF PE RVU: 2.68	2025 Fac PE RVU: NA
RUC Recommendation: Deleted at CPT			Referred to CPT September 2024	Referred to CPT Asst ☐	Published in CPT Asst:	Result: Deleted from CPT	

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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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation: Deleted from CPT			Referred to CPT October 2012		2025 NF PE RVU:	
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	
					Result: Deleted from CPT	
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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation: Deleted from CPT			Referred to CPT October 2012		2025 NF PE RVU:	
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	
					Result: Deleted from CPT	
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	2023 Medicare Utilization: 235	2025 Work RVU:	1.45
RUC Recommendation: 1.45			Referred to CPT June 2017		2025 NF PE RVU:	4.92
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	NA
					Result: Decrease	

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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	2023 Medicare Utilization: 3,360	2025 Work RVU: 1.60 2025 NF PE RVU: 4.96 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 1.60		Referred to CPT June 2017 Referred to CPT Asst ☐	Published in CPT Asst:		

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	2023 Medicare Utilization: 901	2025 Work RVU: 2.10 2025 NF PE RVU: 7.97 2025 Fac PE RVU: NA Result: Increase	
RUC Recommendation: 2.10		Referred to CPT June 2017 Referred to CPT Asst ☐	Published in CPT Asst:		

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	2023 Medicare Utilization: 118,969	2025 Work RVU: 2.30 2025 NF PE RVU: 7.95 2025 Fac PE RVU: NA Result: Increase	
RUC Recommendation: 2.30		Referred to CPT June 2017 Referred to CPT Asst ☐	Published in CPT Asst:		

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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	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:	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT October 2015 Referred to CPT Asst ☐ Published in CPT Asst:		
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	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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT October 2015 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT October 2015 Referred to CPT Asst ☐ Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

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

77057 Screening mammography, bilateral (2-view study of each breast)

Global:

Issue: Mammography-Computer Aided Detection Bundling

Screen: CMS-Other - Utilization over 250,000 / Final Rule for 2015

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab: 20

Specialty Developing Recommendation: ACR

First Identified: January 2014

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT June 2017

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT June 2017 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization: 684,661	2025 Work RVU: 0.81 2025 NF PE RVU: 2.90 2025 Fac PE RVU: NA Result: Increase
RUC Recommendation: 0.81			Referred to CPT October 2015 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	2023 Medicare Utilization: 549,552	2025 Work RVU: 1.00 2025 NF PE RVU: 3.69 2025 Fac PE RVU: NA Result: Increase
RUC Recommendation: 1.00			Referred to CPT October 2015 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	2023 Medicare Utilization: 5,667,727	2025 Work RVU: 0.76 2025 NF PE RVU: 3.04 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.76			Referred to CPT October 2015 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	2023 Medicare Utilization: 69,355	2025 Work RVU: 0.26	2025 NF PE RVU: 1.07	2025 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	2023 Medicare Utilization: 2,333	2025 Work RVU: 0.44	2025 NF PE RVU: 1.49	2025 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	2023 Medicare Utilization: 25,091	2025 Work RVU: 0.55	2025 NF PE RVU: 2.37	2025 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	2023 Medicare Utilization: 17	2025 Work RVU: 0.70	2025 NF PE RVU: 2.45	2025 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	2023 Medicare Utilization: 35,269	2025 Work RVU: 0.33 2025 NF PE RVU: 1.03 2025 Fac PE RVU: NA Result: Increase
RUC Recommendation: 0.33	Referred to CPT Referred to CPT Asst ☐			Published in CPT Asst:	

77079	Computed tomography, bone mineral density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	Global:	Issue: CT Bone Density Study	Screen: Different Performing Specialty from Survey	Complete? Yes
Most Recent RUC Meeting: February 2010	Tab: 31	Specialty Developing Recommendation: ACR, AAFP, ACP	First Identified: October 2009	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT	Referred to CPT October 2010 Referred to CPT Asst ☐			Published in CPT Asst:	

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	2023 Medicare Utilization: 2,669,696	2025 Work RVU: 0.20 2025 NF PE RVU: 0.96 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.20	Referred to CPT May 2013 Referred to CPT Asst ☐			Published in CPT Asst:	

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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	2023 Medicare Utilization: 103,996	2025 Work RVU: 0.20 2025 NF PE RVU: 0.74 2025 Fac PE RVU: NA Result: Decrease
RUC Recommendation: 0.20			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT May 2013 Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT October 2010 Referred to CPT Asst ☐	Published in CPT Asst:	

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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:

2023 Medicare Utilization: 105,283

2025 Work RVU: 0.30

2025 NF PE RVU: 1.29

2025 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 0.30

Referred to CPT May 2013

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:

2023 Medicare Utilization: 1,282

2025 Work RVU: 0.17

2025 NF PE RVU: 0.84

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.17

Referred to CPT May 2013

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 / Different Performing Specialty from Survey7 **Complete?** No

Most Recent RUC Meeting: April 2025

Tab: 14

Specialty Developing Recommendation: ASTRO

First Identified: July 2015

2023 Medicare Utilization: 11,946

2025 Work RVU: 1.30

2025 NF PE RVU: 0.76

2025 Fac PE RVU: 0.76

Result: Decrease

RUC Recommendation: Review action plan. 1.30

Referred to CPT

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

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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	2023 Medicare Utilization: 3,087	2025 Work RVU: 2.00 2025 NF PE RVU: 1.15 2025 Fac PE RVU: 1.15 Result: Decrease	
RUC Recommendation: 2.00				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
77263 Therapeutic radiology treatment planning; complex				Global: XXX	Issue: Radiation Therapy Planning	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: April 2016	Tab: 37	Specialty Developing Recommendation:	ASTRO	First Identified: July 2015	2023 Medicare Utilization: 286,115	2025 Work RVU: 3.14 2025 NF PE RVU: 1.72 2025 Fac PE RVU: 1.72 Result: Maintain	
RUC Recommendation: 3.14				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
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? Yes
Most Recent RUC Meeting: September 2024	Tab: 14	Specialty Developing Recommendation:	ASTRO	First Identified: April 2011	2023 Medicare Utilization: 451,327	2025 Work RVU: 0.70 2025 NF PE RVU: 7.29 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.70				Referred to CPT October 2012 Referred to CPT Asst ☐ Published in CPT Asst:			

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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	2023 Medicare Utilization: 6,698	2025 Work RVU: 1.05	2025 NF PE RVU: 12.23	2025 Fac PE RVU: NA
RUC Recommendation: 1.05			Referred to CPT October 2012	Referred to CPT Asst ☐	Published in CPT Asst:	Result: Maintain	
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	2023 Medicare Utilization: 162,009	2025 Work RVU: 1.56	2025 NF PE RVU: 11.57	2025 Fac PE RVU: NA
RUC Recommendation: 1.56			Referred to CPT October 2012	Referred to CPT Asst ☐	Published in CPT Asst:	Result: Maintain	
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:	2023 Medicare Utilization: 35,923	2025 Work RVU: 2.00	2025 NF PE RVU: 9.98	2025 Fac PE RVU: NA
RUC Recommendation: 2.00			Referred to CPT October 2012	Referred to CPT Asst ☐	Published in CPT Asst:	Result: Decrease	

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	2023 Medicare Utilization: 104,889	2025 Work RVU: 4.29 2025 NF PE RVU: 10.06 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 4.29			Referred to CPT October 2012, October 2014 Referred to CPT Asst ☐ Published in CPT Asst:			
77300 Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, onl			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: September 2024	Tab: 14	Specialty Developing Recommendation: ASTRO	First Identified: October 2010	2023 Medicare Utilization: 1,170,024	2025 Work RVU: 0.62 2025 NF PE RVU: 1.36 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: Maintain. 0.62			Referred to CPT February 2014, October 2014 Referred to CPT Asst ☐ Published in CPT Asst:			
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: September 2024	Tab: 14	Specialty Developing Recommendation: ASTRO	First Identified: October 2008	2023 Medicare Utilization: 177,572	2025 Work RVU: 7.99 2025 NF PE RVU: 46.89 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: Maintain. New PE Inputs. 7.99. CPT Assistant article published.			Referred to CPT Referred to CPT Asst ☒ Published in CPT Asst: Nov 2009			

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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 **Tab:** 20 **Specialty Developing Recommendation:** ASTRO
RUC Meeting: April 2014

First Identified: October 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **Tab:** 20 **Specialty Developing Recommendation:**
RUC Meeting: April 2014

First Identified: October 2010 **2023 Medicare Utilization:** 796

2025 Work RVU: 1.40
2025 NF PE RVU: 3.03
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.40

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

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 **Tab:** 20 **Specialty Developing Recommendation:**
RUC Meeting: April 2014

First Identified: October 2010 **2023 Medicare Utilization:** 22,821

2025 Work RVU: 2.90
2025 NF PE RVU: 5.69
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 2.90

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

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 **Tab:** 20 **Specialty Developing Recommendation:** ASTRO
RUC Meeting: April 2014

First Identified: October 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **Tab:** 20 **Specialty Developing Recommendation:** ASTRO
RUC Meeting: April 2014

First Identified: October 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **Tab:** 20 **Specialty Developing Recommendation:**
RUC Meeting: April 2014

First Identified: October 2012 **2023 Medicare Utilization:** 4,093

2025 Work RVU: 1.40
2025 NF PE RVU: 5.95
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.50

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

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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	2023 Medicare Utilization: 1,884	2025 Work RVU: 1.83 2025 NF PE RVU: 7.84 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 1.83		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	Global: XXX	Issue: Isodose Calculation with Isodose Planning Bundle	Screen: Codes Reported Together 75% or More-Part2 / RUC Request	Complete? Yes
Most Recent RUC Meeting: October 2015	Tab: 21 Specialty Developing Recommendation:	First Identified: October 2012	2023 Medicare Utilization: 4,301	2025 Work RVU: 2.90 2025 NF PE RVU: 10.81 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 2.90		Referred to CPT February 2014 Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT	
RUC Recommendation: Deleted from CPT		Referred to CPT February 2014 Referred to CPT Asst ☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation: Deleted from CPT		Referred to CPT February 2014 Referred to CPT Asst ☐ Published in CPT Asst:		2025 NF PE RVU:	
				2025 Fac PE RVU:	
				Result: Deleted from CPT	
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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation: Deleted from CPT		Referred to CPT February 2014 Referred to CPT Asst ☐ Published in CPT Asst:		2025 NF PE RVU:	
				2025 Fac PE RVU:	
				Result: Deleted from CPT	
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	2023 Medicare Utilization: 72,051	2025 Work RVU:	0.45
RUC Recommendation: 0.54		Referred to CPT		2025 NF PE RVU:	0.75
		Referred to CPT Asst ☐ Published in CPT Asst:		2025 Fac PE RVU:	NA
				Result: Maintain	

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	2023 Medicare Utilization: 12,465	2025 Work RVU: 0.75
RUC Recommendation: 0.84			Referred to CPT	2025 NF PE RVU: 3.32	2025 Fac PE RVU: NA
			Referred to CPT Asst ☐	Published in CPT Asst:	Result: Maintain

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	2023 Medicare Utilization: 667,608	2025 Work RVU: 1.15
RUC Recommendation: 1.24			Referred to CPT	2025 NF PE RVU: 2.60	2025 Fac PE RVU: NA
			Referred to CPT Asst ☐	Published in CPT Asst:	Result: Maintain

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	2023 Medicare Utilization: 347,118	2025 Work RVU: 0.00
RUC Recommendation: New PE Inputs			Referred to CPT	2025 NF PE RVU: 2.67	2025 Fac PE RVU: NA
			Referred to CPT Asst ☐	Published in CPT Asst:	Result: PE Only

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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:	September 2024	Tab: 14	Specialty Developing Recommendation: ACRO, ASTRO	First Identified: October 2012	2023 Medicare Utilization: 195,127	2025 Work RVU: 4.29 2025 NF PE RVU: 9.73 2025 Fac PE RVU: NA Result: PE Only
RUC Recommendation: Maintain. New PE Inputs			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:	
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based		Global: XXX	Issue: Radiation Treatment Delivery, Stereotactic Radiosurgery	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting:	April 2009	Tab: 30	Specialty Developing Recommendation: ASTRO	First Identified: NA	2023 Medicare Utilization: 96	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result: PE Only
RUC Recommendation: New PE inputs			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:	
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	2023 Medicare Utilization: 575	2025 Work RVU: 0.00 2025 NF PE RVU: 27.74 2025 Fac PE RVU: NA Result: PE Only
RUC Recommendation: New PE Inputs			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:	

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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	2023 Medicare Utilization: 43,336	2025 Work RVU: 0.00	2025 NF PE RVU: 29.08	2025 Fac PE RVU: NA	Result: PE Only
RUC Recommendation: New PE inputs				Referred to CPT 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 Oncology Treatment Delivery	Screen: Services with Stand-Alone PE Procedure Time	Complete? Yes				
Most Recent RUC Meeting:	January 2025	Tab: 16	Specialty Developing Recommendation: ACRO, ASTRO	First Identified: January 2014	2023 Medicare Utilization:	2025 Work RVU: 0.00	2025 NF PE RVU: 0.00	2025 Fac PE RVU: 0.00	Result: Deleted from CPT
RUC Recommendation: Deleted at CPT				Referred to CPT September 2024 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 Oncology Treatment Delivery	Screen: Services with Stand-Alone PE Procedure Time	Complete? Yes				
Most Recent RUC Meeting:	January 2025	Tab: 16	Specialty Developing Recommendation: ACRO, ASTRO	First Identified: January 2014	2023 Medicare Utilization:	2025 Work RVU: 0.00	2025 NF PE RVU: 0.00	2025 Fac PE RVU: 0.00	Result: Deleted from CPT
RUC Recommendation: Deleted at CPT				Referred to CPT September 2024 Referred to CPT Asst ☐		Published in CPT Asst:			

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77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	Global: XXX	Issue: Radiation Oncology Treatment Delivery	Screen: Services with Stand-Alone PE Procedure Time	Complete? Yes
Most Recent RUC Meeting:	Tab: 16	Specialty Developing Recommendation:	ACRO, ASTRO	First Identified: January 2014	2023 Medicare Utilization:
RUC Recommendation: 0.70		Referred to CPT September 2024		2025 Work RVU:	0.00
		Referred to CPT Asst ☐		2025 NF PE RVU:	0.00
		Published in CPT Asst:		2025 Fac PE RVU:	0.00
				Result: Increase	
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	Global: XXX	Issue: Superficial Radiation Therapy	Screen: High Volume Growth5 / Codes Reported Together 75% or More-Part7	Complete? Yes
Most Recent RUC Meeting:	Tab: 17	Specialty Developing Recommendation:	AADA, ACRO, ASTRO	First Identified: October 2018	2023 Medicare Utilization: 337,457
RUC Recommendation: Deleted at CPT		Referred to CPT May 2019		2025 Work RVU:	0.00
		Referred to CPT Asst ☐		2025 NF PE RVU:	1.22
		Published in CPT Asst:		2025 Fac PE RVU:	NA
				Result: Deleted from CPT	
77402	Radiation treatment delivery, >=1 MeV; simple	Global: XXX	Issue: Radiation Oncology Treatment Delivery	Screen: Services with Stand-Alone PE Procedure Time	Complete? Yes
Most Recent RUC Meeting:	Tab: 16	Specialty Developing Recommendation:	ACRO, ASTRO	First Identified: October 2012	2023 Medicare Utilization:
RUC Recommendation: PE Only		Referred to CPT September 2024		2025 Work RVU:	0.00
		Referred to CPT Asst ☐		2025 NF PE RVU:	0.00
		Published in CPT Asst:		2025 Fac PE RVU:	0.00
				Result: PE Only	

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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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2013

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

77404 Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV

Global:

Issue: Radiation Treatment Delivery - PE Only

Screen: Services with Stand-Alone PE Procedure Time

Complete? Yes

Most Recent RUC Meeting: January 2014

Tab: 14 **Specialty Developing Recommendation:** ACRO, ASTRO

First Identified: October 2012

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2013

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2013

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

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77407	Radiation treatment delivery, >=1 MeV; intermediate	Global: XXX	Issue: Radiation Oncology Treatment Delivery	Screen: Services with Stand-Alone PE Procedure Time	Complete? Yes
Most Recent RUC Meeting:	Tab: 16 January 2025	Specialty Developing Recommendation:	ACRO, ASTRO	First Identified: October 2012	2023 Medicare Utilization:
RUC Recommendation:	PE Only	Referred to CPT	September 2024	Referred to CPT Asst	☐ Published in CPT Asst:
				2025 Work RVU:	0.00
				2025 NF PE RVU:	0.00
				2025 Fac PE RVU:	0.00
				Result:	PE Only
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:	Tab: 14 January 2014	Specialty Developing Recommendation:	ACRO, ASTRO	First Identified: October 2012	2023 Medicare Utilization:
RUC Recommendation:	Deleted from CPT	Referred to CPT	October 2013	Referred to CPT Asst	☐ Published in CPT Asst:
				2025 Work RVU:	
				2025 NF PE RVU:	
				2025 Fac PE RVU:	
				Result:	Deleted from CPT
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:	Tab: 14 January 2014	Specialty Developing Recommendation:	ACRO, ASTRO	First Identified: October 2012	2023 Medicare Utilization:
RUC Recommendation:	Deleted from CPT	Referred to CPT	October 2013	Referred to CPT Asst	☐ Published in CPT Asst:
				2025 Work RVU:	
				2025 NF PE RVU:	
				2025 Fac PE RVU:	
				Result:	Deleted from CPT

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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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation: Deleted from CPT		Referred to CPT October 2013		2025 NF PE RVU:	
		Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	
				Result: Deleted from CPT	
77412	Radiation treatment delivery, >=1 MeV; complex	Global: XXX	Issue: Radiation Oncology Treatment Delivery	Screen: Services with Stand-Alone PE Procedure Time	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 16 Specialty Developing Recommendation: ACRO, ASTRO	First Identified: October 2012	2023 Medicare Utilization:	2025 Work RVU:	0.00
RUC Recommendation: PE Only		Referred to CPT September 2024		2025 NF PE RVU:	0.00
		Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	0.00
				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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation: Deleted from CPT		Referred to CPT October 2013		2025 NF PE RVU:	
		Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	
				Result: Deleted from CPT	

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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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2013

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

77416 Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater

Global:

Issue: Radiation Treatment Delivery - PE Only

Screen: Services with Stand-Alone PE Procedure Time

Complete? Yes

Most Recent RUC Meeting: January 2014

Tab: 14 **Specialty Developing Recommendation:** ACRO, ASTRO

First Identified: October 2012

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2013

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

77417 Therapeutic radiology port image(s)

Global: XXX

Issue: Radiation Oncology Treatment Delivery

Screen: CMS-Other - Utilization over 20,000 Part2

Complete? Yes

Most Recent RUC Meeting: January 2025

Tab: 16 **Specialty Developing Recommendation:** ACRO, ASTRO

First Identified: October 2012

2023 Medicare Utilization: 23,258

2025 Work RVU: 0.00

2025 NF PE RVU: 0.47

2025 Fac PE RVU: NA

Result: PE Only

RUC Recommendation: PE Only

Referred to CPT

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

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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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2013

Referred to CPT Asst ☒ **Published in CPT Asst:** Nov 2009 and Q&A - Mar 2010

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2013

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Contractor Price

Referred to CPT

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

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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	2023 Medicare Utilization:	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result: Maintain	
RUC Recommendation: Contractor Price		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 900,476	2025 Work RVU: 3.37 2025 NF PE RVU: 2.17 2025 Fac PE RVU: 2.17 Result: Decrease	
RUC Recommendation: 3.45. Remove from high E/M screen.		Referred to CPT June 2009 Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 48,445	2025 Work RVU: 11.87 2025 NF PE RVU: 6.67 2025 Fac PE RVU: 6.67 Result: Remove from Screen	
RUC Recommendation: Remove from screen		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

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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:	Tab: 41 January 2016	Specialty Developing Recommendation: ASTRO	First Identified: July 2015	2023 Medicare Utilization: 81,139	2025 Work RVU: 2.03 2025 NF PE RVU: 2.27 2025 Fac PE RVU: NA Result: Decrease
RUC Recommendation:	2.03	Referred to CPT Referred to CPT Asst	☐	Published in CPT Asst:	
77520	Proton treatment delivery; simple, without compensation	Global: XXX	Issue: Proton Beam Treatment Delivery (PE Only)	Screen: Contractor Priced High Volume1	Complete? Yes
Most Recent RUC Meeting:	Tab: 19 April 2019	Specialty Developing Recommendation: ASTRO	First Identified: October 2018	2023 Medicare Utilization: 96	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result: PE Only
RUC Recommendation:	New PE Inputs	Referred to CPT Referred to CPT Asst	☐	Published in CPT Asst:	
77522	Proton treatment delivery; simple, with compensation	Global: XXX	Issue: Proton Beam Treatment Delivery (PE Only)	Screen: Contractor Priced High Volume1	Complete? Yes
Most Recent RUC Meeting:	Tab: 19 April 2019	Specialty Developing Recommendation: ASTRO	First Identified: January 2018	2023 Medicare Utilization: 7,240	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result: PE Only
RUC Recommendation:	New PE Inputs	Referred to CPT Referred to CPT Asst	☐	Published in CPT Asst:	

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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	2023 Medicare Utilization: 59,938	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result: PE Only	
RUC Recommendation: New PE Inputs				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
77525 Proton treatment delivery; complex				Global: XXX	Issue: Proton Beam Treatment Delivery (PE Only)	Screen: Contractor Priced High Volume1	Complete? Yes
Most Recent RUC Meeting: April 2019	Tab: 19	Specialty Developing Recommendation:	ASTRO	First Identified: October 2018	2023 Medicare Utilization: 13,585	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result: PE Only	
RUC Recommendation: New PE Inputs				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
77600 Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)				Global: XXX	Issue: Hyperthermia - PE Only	Screen: Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part7	Complete? Yes
Most Recent RUC Meeting: September 2024	Tab: 14	Specialty Developing Recommendation:	AADA, ACRO, ASTRO	First Identified: October 2012	2023 Medicare Utilization: 13,129	2025 Work RVU: 1.31 2025 NF PE RVU: 14.90 2025 Fac PE RVU: NA Result: PE Only	
RUC Recommendation: Maintain. New PE Inputs				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

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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	2023 Medicare Utilization: 4,841	2025 Work RVU: 1.05 2025 NF PE RVU: 6.39 2025 Fac PE RVU: NA Result: Decrease
RUC Recommendation: 1.05			Referred to CPT October 2014 Referred to CPT Asst ☐ Published in CPT Asst:		
77768	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	Global: XXX	Issue: Surface Radionuclide High Does Rate Brachytherapy	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: January 2015	Tab: 16	Specialty Developing Recommendation: ASTRO, ACRO	First Identified: October 2014	2023 Medicare Utilization: 5,761	2025 Work RVU: 1.40 2025 NF PE RVU: 9.53 2025 Fac PE RVU: NA Result: Decrease
RUC Recommendation: 1.40			Referred to CPT October 2014 Referred to CPT Asst ☐ Published in CPT Asst:		
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	Global: XXX	Issue: Surface Radionuclide High Does Rate Brachytherapy	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: January 2015	Tab: 16	Specialty Developing Recommendation: ASTRO, ACRO	First Identified: October 2014	2023 Medicare Utilization: 15,023	2025 Work RVU: 1.95 2025 NF PE RVU: 8.42 2025 Fac PE RVU: NA Result: Decrease
RUC Recommendation: 1.95			Referred to CPT October 2014 Referred to CPT Asst ☐ Published in CPT Asst:		

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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	2023 Medicare Utilization: 8,778	2025 Work RVU: 3.80 2025 NF PE RVU: 14.29 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 3.80				Referred to CPT October 2014 Referred to CPT Asst ☐ Published in CPT Asst:			
77772 Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels				Global: XXX	Issue: Surface Radionuclide High Does Rate Brachytherapy	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: January 2015	Tab: 16	Specialty Developing Recommendation:	ASTRO, ACRO	First Identified: October 2014	2023 Medicare Utilization: 2,971	2025 Work RVU: 5.40 2025 NF PE RVU: 21.66 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 5.40				Referred to CPT October 2014 Referred to CPT Asst ☐ Published in CPT Asst:			
77776 Interstitial radiation source application; simple				Global:	Issue: Interstitial Radiation Source Codes	Screen: Codes Reported Together 75% or More-Part2	Complete? Yes
Most Recent RUC Meeting: April 2015	Tab: 17	Specialty Developing Recommendation:	ACR, ASTRO	First Identified: February 2015	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT	
RUC Recommendation: Deleted from CPT				Referred to CPT February 2015 Referred to CPT Asst ☐ Published in CPT Asst:			

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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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation:			Deleted from CPT		Referred to CPT	February 2015	Referred to CPT Asst	☐	Published in CPT Asst:
77778 Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed			Global:	000	Issue:	Interstitial Radiation Source Codes	Screen:	Codes Reported Together 75% or More-Part2	Complete?
Most Recent RUC Meeting:	October 2015	Tab: 21	Specialty Developing Recommendation:	ACR, ASTRO	First Identified:	October 2012	2023 Medicare Utilization:	3,083	2025 Work RVU: 8.78
RUC Recommendation:			8.78		Referred to CPT	February 2015	Referred to CPT Asst	☐	Published in CPT Asst:
77781 Deleted from CPT			Global:		Issue:	Brachytherapy	Screen:	CMS Fastest Growing	Complete?
Most Recent RUC Meeting:	October 2008	Tab: 26	Specialty Developing Recommendation:	ASTRO	First Identified:	October 2008	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation:			Deleted from CPT		Referred to CPT	February 2008	Referred to CPT Asst	☐	Published in CPT Asst:

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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	2023 Medicare Utilization:
RUC Recommendation: Deleted from CPT		Referred to CPT February 2008		2025 Work RVU:
		Referred to CPT Asst ☐		2025 NF PE RVU:
		Published in CPT Asst:		2025 Fac PE RVU:
				Result: Deleted from CPT

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	2023 Medicare Utilization:
RUC Recommendation: Deleted from CPT		Referred to CPT February 2008		2025 Work RVU:
		Referred to CPT Asst ☐		2025 NF PE RVU:
		Published in CPT Asst:		2025 Fac PE RVU:
				Result: Deleted from CPT

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:	2023 Medicare Utilization:
RUC Recommendation: Deleted from CPT		Referred to CPT October 2014		2025 Work RVU:
		Referred to CPT Asst ☐		2025 NF PE RVU:
		Published in CPT Asst:		2025 Fac PE RVU:
				Result: Deleted from CPT

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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:** **2023 Medicare Utilization:** **2025 Work RVU:** **2025 NF PE RVU:** **2025 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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 **2023 Medicare Utilization:** **2025 Work RVU:** **2025 NF PE RVU:** **2025 Fac PE RVU:** **Result:** Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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 **2023 Medicare Utilization:** 59 **2025 Work RVU:** 0.00 **2025 NF PE RVU:** 0.55 **2025 Fac PE RVU:** NA **Result:** Decrease

RUC Recommendation: 0.00 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

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77X05				Global:	Issue:	Superficial Radiation Therapy	Screen:	Codes Reported Together 75% or More-Part7	Complete?	Yes			
Most Recent RUC Meeting:		January 2025	Tab: 17	Specialty Developing Recommendation:	AADA, ACRO, ASTRO	First Identified:	September 2024	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU:	Result:	Decrease
RUC Recommendation:				0.77		Referred to CPT Referred to CPT Asst		☐	Published in CPT Asst:				
77X07				Global:	Issue:	Superficial Radiation Therapy	Screen:	Codes Reported Together 75% or More-Part7	Complete?	Yes			
Most Recent RUC Meeting:		January 2025	Tab: 17	Specialty Developing Recommendation:	AADA, ACRO, ASTRO	First Identified:	September 2024	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU:	Result:	PE Only
RUC Recommendation:				PE Only		Referred to CPT Referred to CPT Asst		☐	Published in CPT Asst:				
77X08				Global:	Issue:	Superficial Radiation Therapy	Screen:	Codes Reported Together 75% or More-Part7	Complete?	Yes			
Most Recent RUC Meeting:		January 2025	Tab: 17	Specialty Developing Recommendation:	AADA, ACRO, ASTRO	First Identified:	September 2024	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU:	Result:	PE Only
RUC Recommendation:				PE Only		Referred to CPT Referred to CPT Asst		☐	Published in CPT Asst:				

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77X09				Global:	Issue:	Superficial Radiation Therapy	Screen:	Codes Reported Together 75% or More-Part7	Complete?	Yes
Most Recent RUC Meeting:	January 2025	Tab: 17	Specialty Developing Recommendation:	AADA, ACRO, ASTRO	First Identified:	September 2024	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU:
RUC Recommendation:				0.30		Referred to CPT				
				Referred to CPT Asst	☐	Published in CPT Asst:				
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:		2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU:
RUC Recommendation:				Deleted from CPT		Referred to CPT	February 2012			
				Referred to CPT Asst	☐	Published in CPT Asst:				
78001 Thyroid uptake; multiple determinations				Global:	Issue:	Thyroid Uptake/Imaging	Screen:	Harvard Valued - Utilization over 30,000	Complete?	Yes
Most Recent RUC Meeting:	April 2012	Tab: 22	Specialty Developing Recommendation:	ACR, ACNM, SNM	First Identified:		2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU:
RUC Recommendation:				Deleted from CPT		Referred to CPT	February 2012			
				Referred to CPT Asst	☐	Published in CPT Asst:				

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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:	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT February 2012 Referred to CPT Asst ☐ Published in CPT Asst:		
78006	Thyroid imaging, with uptake; single determination	Global:	Issue: Thyroid Uptake/Imaging	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab: 22	Specialty Developing Recommendation: ACR, ACNM, SNM	First Identified:	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT February 2012 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT February 2012 Referred to CPT Asst ☐ Published in CPT Asst:		
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:	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT February 2012 Referred to CPT Asst ☐ Published in CPT Asst:		

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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:	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU:	Result:	Deleted from CPT
RUC Recommendation:				Deleted from CPT				Referred to CPT February 2012			
				Referred to CPT Asst				☐ Published in CPT Asst:			
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:	2023 Medicare Utilization:	829	2025 Work RVU:	0.19	2025 NF PE RVU:	2.20
RUC Recommendation:				0.19				2025 Fac PE RVU: NA			
				Referred to CPT February 2012				Result: Decrease			
				Referred to CPT Asst				☐ Published in CPT Asst:			
78013 Thyroid imaging (including vascular flow, when performed);				Global:	XXX	Issue:	Thyroid Uptake/Imaging	Screen:	Harvard Valued - Utilization over 30,000	Complete?	Yes
Most Recent RUC Meeting:	April 2012	Tab: 22	Specialty Developing Recommendation:	ACR, ACNM, SNM	First Identified:	2023 Medicare Utilization:	786	2025 Work RVU:	0.37	2025 NF PE RVU:	4.62
RUC Recommendation:				0.37				2025 Fac PE RVU: NA			
				Referred to CPT February 2012				Result: Decrease			
				Referred to CPT Asst				☐ Published in CPT Asst:			

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78014	Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)	Global: XXX	Issue: Thyroid Uptake/Imaging	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab: 22	Specialty Developing Recommendation: ACR, ACNM, SNM	First Identified:	2023 Medicare Utilization: 10,487	2025 Work RVU: 0.50 2025 NF PE RVU: 5.85 2025 Fac PE RVU: NA Result: Decrease
RUC Recommendation: 0.50			Referred to CPT February 2012 Referred to CPT Asst ☐ Published in CPT Asst:		
78070	Parathyroid planar imaging (including subtraction, when performed);	Global: XXX	Issue: Parathyroid Imaging	Screen: Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review	Complete? Yes
Most Recent RUC Meeting: January 2016	Tab: 54	Specialty Developing Recommendation: ACR, ACNM, SNM	First Identified: April 2011	2023 Medicare Utilization: 8,569	2025 Work RVU: 0.80 2025 NF PE RVU: 7.06 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.80			Referred to CPT Referred to CPT Asst ☒ Published in CPT Asst: Dec 2016		
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	2023 Medicare Utilization: 6,410	2025 Work RVU: 1.20 2025 NF PE RVU: 8.13 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 1.20			Referred to CPT Referred to CPT Asst ☒ Published in CPT Asst: Dec 2016		

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78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	Global: 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	2023 Medicare Utilization: 11,950	2025 Work RVU: 1.60 2025 NF PE RVU: 9.96 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 1.60			Referred to CPT Referred to CPT Asst ☒	Published in CPT Asst: Dec 2016	
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT October 2010 Referred to CPT Asst ☐	Published in CPT Asst:	
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:	2023 Medicare Utilization: 44,285	2025 Work RVU: 0.74 2025 NF PE RVU: 7.88 2025 Fac PE RVU: NA Result: Decrease
RUC Recommendation: 0.74			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	

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78227 Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed **Global:** XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011

Tab: 12 **Specialty Developing Recommendation:** ACR, SNM, ACNM

First Identified:

2023 Medicare Utilization: 41,967

2025 Work RVU: 0.90
2025 NF PE RVU: 10.68
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.90

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

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

2023 Medicare Utilization: 286

2025 Work RVU: 0.98
2025 NF PE RVU: 9.51
2025 Fac PE RVU: NA
Result: Not Part of RAW

RUC Recommendation: CPT Assistant article published

Referred to CPT
Referred to CPT Asst ☒ **Published in CPT Asst:** Dec 2015

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

2023 Medicare Utilization: 239

2025 Work RVU: 1.08
2025 NF PE RVU: 10.72
2025 Fac PE RVU: NA
Result: Not Part of RAW

RUC Recommendation: CPT Assistant article published

Referred to CPT
Referred to CPT Asst ☒ **Published in CPT Asst:** Dec 2015

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

2023 Medicare Utilization: 13,173

2025 Work RVU: 0.99
2025 NF PE RVU: 8.29
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.99

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

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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	2023 Medicare Utilization: 3,122	2025 Work RVU: 0.62 2025 NF PE RVU: 5.40 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.62				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
78305 Bone and/or joint imaging; multiple areas				Global: XXX	Issue: Bone Imaging	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: April 2016	Tab: 38	Specialty Developing Recommendation:	ACNM, ACR, SNMMI	First Identified: July 2015	2023 Medicare Utilization: 1,006	2025 Work RVU: 0.83 2025 NF PE RVU: 6.50 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.83				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
78306 Bone and/or joint imaging; whole body				Global: XXX	Issue: Bone Imaging	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: April 2016	Tab: 38	Specialty Developing Recommendation:	ACNM, ACR, SNMMI	First Identified: July 2015	2023 Medicare Utilization: 156,600	2025 Work RVU: 0.86 2025 NF PE RVU: 6.98 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.86				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

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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	2023 Medicare Utilization: 1,301	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: NA Result: Increase
RUC Recommendation: 1.76			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed to	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	2023 Medicare Utilization: 539	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: NA Result: Increase
RUC Recommendation: 1.67			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired compute	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	2023 Medicare Utilization: 124,599	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: NA Result: Increase
RUC Recommendation: 1.90			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	

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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	2023 Medicare Utilization: 82	2025 Work RVU: 0.00	2025 NF PE RVU: 0.00	2025 Fac PE RVU: NA	Result: Increase
RUC Recommendation:	2.07			Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:			
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 a	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	2023 Medicare Utilization: 2,007	2025 Work RVU: 0.00	2025 NF PE RVU: 0.00	2025 Fac PE RVU: NA	Result: Increase
RUC Recommendation:	2.26			Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:			
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	2023 Medicare Utilization: 105,532	2025 Work RVU: 0.00	2025 NF PE RVU: 0.00	2025 Fac PE RVU: NA	Result: Increase
RUC Recommendation:	0.63			Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:			

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78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (	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	2023 Medicare Utilization: 22,019	2025 Work RVU: 1.38 2025 NF PE RVU: 7.72 2025 Fac PE RVU: NA Result: Increase
RUC Recommendation: 1.40	Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:				
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	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	2023 Medicare Utilization: 1,303,381	2025 Work RVU: 1.62 2025 NF PE RVU: 10.90 2025 Fac PE RVU: NA Result: Decrease
RUC Recommendation: 1.75	Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:				
78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Global: XXX	Issue: Myocardial Perfusion Imaging	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting: February 2009	Tab: 16	Specialty Developing Recommendation: SNM, ACR, ASNC, ACC	First Identified: NA	2023 Medicare Utilization: 858	2025 Work RVU: 1.00 2025 NF PE RVU: 6.83 2025 Fac PE RVU: NA Result: Decrease
RUC Recommendation: 1.00	Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:				

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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) an	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	2023 Medicare Utilization: 4,740	2025 Work RVU: 1.34 2025 NF PE RVU: 10.25 2025 Fac PE RVU: NA Result: Decrease
RUC Recommendation: 1.34	Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:				
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	Global: XXX	Issue: Myocardial PET	Screen: High Volume Growth4	Complete? Yes
Most Recent RUC Meeting: January 2019	Tab: 13	Specialty Developing Recommendation: ACC, ACR, ACNM, SNMMI	First Identified: May 2018	2023 Medicare Utilization: 580	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: NA Result: Increase
RUC Recommendation: 1.61	Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:				
78460	Deleted from CPT	Global:	Issue: Myocardial Perfusion Imaging	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting: February 2009	Tab: 16	Specialty Developing Recommendation: SNM, ACR, ASNC, ACC	First Identified:	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT	Referred to CPT October 2008 Referred to CPT Asst ☐ Published in CPT Asst:				

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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:	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU:	Result:	Deleted from CPT	
RUC Recommendation:					Deleted from CPT		Referred to CPT	October 2008	Referred to CPT Asst	☐	Published in CPT Asst:	
78464	Deleted from CPT				Global:	Issue:	Myocardial Perfusion Imaging	Screen:	Codes Reported Together 95% or More	Complete?	Yes	
Most Recent RUC Meeting:	February 2009	Tab: 16	Specialty Developing Recommendation:	SNM, ACR, ASNC, ACC	First Identified:	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU:	Result:	Deleted from CPT	
RUC Recommendation:					Deleted from CPT		Referred to CPT	October 2008	Referred to CPT Asst	☐	Published in CPT Asst:	
78465	Deleted from CPT				Global:	Issue:	Myocardial Perfusion Imaging	Screen:	Codes Reported Together 95% or More	Complete?	Yes	
Most Recent RUC Meeting:	February 2009	Tab: 16	Specialty Developing Recommendation:	SNM, ACR, ASNC, ACC	First Identified:	February 2008	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU:	Result:	Deleted from CPT
RUC Recommendation:					Deleted from CPT		Referred to CPT	October 2008	Referred to CPT Asst	☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization:

9,113

2025 Work RVU:

0.98

2025 NF PE RVU:

5.13

2025 Fac PE RVU:

NA

Result:

Maintain

RUC Recommendation:

0.98

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result:

Deleted from CPT

RUC Recommendation:

Deleted from CPT

Referred to CPT

October 2008

Referred to CPT Asst

☐

Published in CPT Asst:

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result:

Deleted from CPT

RUC Recommendation:

Deleted from CPT

Referred to CPT

October 2008

Referred to CPT Asst

☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

78491 Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic) **Global:** XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019

Tab: 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI

First Identified: May 2018

2023 Medicare Utilization: 230

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.56

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

78492 Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic) **Global:** XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019

Tab: 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI

First Identified: October 2016

2023 Medicare Utilization: 98,169

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.80

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

78579 Pulmonary ventilation imaging (eg, aerosol or gas) **Global:** XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011

Tab: 13 **Specialty Developing Recommendation:** ACR, SNM

First Identified: February 2010

2023 Medicare Utilization: 224

2025 Work RVU: 0.49
2025 NF PE RVU: 4.52
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.49

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 40,533	2025 Work RVU: 0.74	
RUC Recommendation: 0.74				Referred to CPT	October 2010	2025 NF PE RVU: 5.57	
				Referred to CPT Asst	☐	2025 Fac PE RVU: NA	
				Published in CPT Asst:		Result: Maintain	
78582 Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging				Global: XXX	Issue: Pulmonary Imaging	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: February 2011	Tab: 13	Specialty Developing Recommendation:	ACR, SNM	First Identified: February 2010	2023 Medicare Utilization: 55,931	2025 Work RVU: 1.07	
RUC Recommendation: 1.07				Referred to CPT	October 2010	2025 NF PE RVU: 7.74	
				Referred to CPT Asst	☐	2025 Fac PE RVU: NA	
				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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation: Deleted from CPT				Referred to CPT	October 2010	2025 NF PE RVU:	
				Referred to CPT Asst	☐	2025 Fac PE RVU:	
				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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation: Deleted from CPT		Referred to CPT October 2010		2025 NF PE RVU:	
		Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	
				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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation: Deleted from CPT		Referred to CPT October 2010		2025 NF PE RVU:	
		Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	
				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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation: Deleted from CPT		Referred to CPT October 2010		2025 NF PE RVU:	
		Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	
				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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation: Deleted from CPT		Referred to CPT October 2010		2025 NF PE RVU:	
		Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	
				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	2023 Medicare Utilization:
RUC Recommendation: Deleted from CPT		Referred to CPT Referred to CPT Asst ☐	October 2010 Published in CPT Asst:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: 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	2023 Medicare Utilization:
RUC Recommendation: Deleted from CPT		Referred to CPT Referred to CPT Asst ☐	October 2010 Published in CPT Asst:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: 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	2023 Medicare Utilization:
RUC Recommendation: Deleted from CPT		Referred to CPT Referred to CPT Asst ☐	October 2010 Published in CPT Asst:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: 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	2023 Medicare Utilization:
RUC Recommendation: Deleted from CPT		Referred to CPT Referred to CPT Asst ☐	October 2010 Published in CPT Asst:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: 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 **2023 Medicare Utilization:** 1,996

2025 Work RVU: 0.75
2025 NF PE RVU: 4.63
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.75

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2023 Medicare Utilization:** 1,350

2025 Work RVU: 0.85
2025 NF PE RVU: 7.14
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.85

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

78803 Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition **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 **2023 Medicare Utilization:** 39,570

2025 Work RVU: 1.09
2025 NF PE RVU: 8.97
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.20

Referred to CPT
Referred to CPT Asst ☒ **Published in CPT Asst:** Dec 2016

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	2023 Medicare Utilization:	683,960	2025 Work RVU:	0.00	2025 NF PE RVU:	0.00	2025 Fac PE RVU:	NA	Result:	Maintain
RUC Recommendation:	Reaffirmed RUC recommendation			Referred to CPT	Referred to CPT Asst	☐	Published in CPT Asst:								

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	2023 Medicare Utilization:	17,398	2025 Work RVU:	1.96	2025 NF PE RVU:	2.32	2025 Fac PE RVU:	NA	Result:	Maintain
RUC Recommendation:	Article published Feb 2012			Referred to CPT	Referred to CPT Asst	☒	Published in CPT Asst:	Feb 2012							

80500	Clinical pathology consultation; limited, without review of patient's history and medical records	Global: XXX	Issue:	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	2023 Medicare Utilization:		2025 Work RVU:		2025 NF PE RVU:		2025 Fac PE RVU:		Result:	Deleted from CPT
RUC Recommendation:	Deleted from CPT			Referred to CPT	October 2020	Referred to CPT Asst	☐	Published in CPT Asst:							

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2020

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

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 co **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

2023 Medicare Utilization: 22,363

2025 Work RVU: 0.43

2025 NF PE RVU: 0.36

2025 Fac PE RVU: 0.20

Result: Decrease

RUC Recommendation: 0.50

Referred to CPT October 2020

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

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 **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

2023 Medicare Utilization: 3,904

2025 Work RVU: 0.91

2025 NF PE RVU: 0.62

2025 Fac PE RVU: 0.44

Result: Decrease

RUC Recommendation: 0.91

Referred to CPT October 2020

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

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 o **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** CAP
Recommendation:

First
Identified: January 2021

2023
Medicare
Utilization: 6,951

2025 Work RVU: 1.71
2025 NF PE RVU: 1.06
2025 Fac PE RVU: 0.84
Result: Decrease

RUC Recommendation: 1.80

Referred to CPT October 2020
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** CAP
Recommendation:

First
Identified: January 2021

2023
Medicare
Utilization: 13,451

2025 Work RVU: 0.80
2025 NF PE RVU: 0.42
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.80

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

85060 Blood smear, peripheral, interpretation by physician with written report **Global:** XXX **Issue:** Blood Smear Interpretation **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent
RUC Meeting: April 2017 **Tab:** 30 **Specialty Developing** CAP
Recommendation:

First
Identified: April 2016

2023
Medicare
Utilization: 150,972

2025 Work RVU: 0.45
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.22
Result: Maintain

RUC Recommendation: 0.45

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 131,648	2025 Work RVU: 0.94 2025 NF PE RVU: 1.10 2025 Fac PE RVU: 0.42 Result: Increase	
RUC Recommendation: 1.00		Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:	
85390 Fibrinolysins or coagulopathy screen, interpretation and report		Global: XXX	Issue: Fibrinolysins Screen	Screen: Negative IWP/UT	Complete? Yes
Most Recent RUC Meeting: January 2018	Tab: 26 Specialty Developing Recommendation:	First Identified: April 2017	2023 Medicare Utilization: 23,501	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result: Increase	
RUC Recommendation: 0.75		Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:	
86077 Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report		Global: XXX	Issue: RAW	Screen: Different Performing Specialty from Survey7	Complete? No
Most Recent RUC Meeting: April 2025	Tab: 14 Specialty Developing Recommendation:	First Identified: April 2025	2023 Medicare Utilization: 43,315	2025 Work RVU: 0.94 2025 NF PE RVU: 0.60 2025 Fac PE RVU: 0.45 Result:	
RUC Recommendation: Review action plan.		Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:	
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	2023 Medicare Utilization: 30,163	2025 Work RVU: 0.56 2025 NF PE RVU: 1.81 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: New PE Inputs. 0.56		Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 884	2025 Work RVU: 0.37 2025 NF PE RVU: 1.73 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: New PE Inputs. 0.56			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:	
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT	
RUC Recommendation: Deleted from CPT			Referred to CPT October 2010 Referred to CPT Asst ☐		Published in CPT Asst:	
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	2023 Medicare Utilization: 172,298	2025 Work RVU: 0.44 2025 NF PE RVU: 1.64 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: New PE Inputs. 0.56			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 741,316	2025 Work RVU: 0.56	2025 NF PE RVU: 1.45	2025 Fac PE RVU: NA	Result: Decrease
RUC Recommendation: New PE Inputs. 0.56		Referred to CPT		Referred to CPT Asst ☐		Published in CPT Asst:			

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	2023 Medicare Utilization: 42,539	2025 Work RVU: 1.20	2025 NF PE RVU: 15.52	2025 Fac PE RVU: NA	Result: Maintain
RUC Recommendation: Utilization shift is appropriate.		Referred to CPT		Referred to CPT Asst ☐		Published in CPT Asst:			

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	2023 Medicare Utilization: 18,332	2025 Work RVU: 1.00	2025 NF PE RVU: 11.12	2025 Fac PE RVU: NA	Result: Maintain
RUC Recommendation: Utilization shift is appropriate.		Referred to CPT		Referred to CPT Asst ☐		Published in CPT Asst:			

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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:	Tab: 26 April 2018	Specialty Developing Recommendation:	CAP	First Identified: October 2017	2023 Medicare Utilization: 40,110
RUC Recommendation:	0.42	Referred to CPT Referred to CPT Asst	☐	Published in CPT Asst:	2025 Work RVU: 0.26 2025 NF PE RVU: 0.48 2025 Fac PE RVU: 0.48 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:	Tab: 36 April 2015	Specialty Developing Recommendation:		First Identified: April 2015	2023 Medicare Utilization: 4,629
RUC Recommendation:	New PE Inputs	Referred to CPT Referred to CPT Asst	☐	Published in CPT Asst:	2025 Work RVU: 0.50 2025 NF PE RVU: 1.97 2025 Fac PE RVU: NA 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:	Tab: 36 April 2015	Specialty Developing Recommendation:		First Identified: April 2015	2023 Medicare Utilization: 3,913
RUC Recommendation:	New PE Inputs	Referred to CPT Referred to CPT Asst	☐	Published in CPT Asst:	2025 Work RVU: 0.50 2025 NF PE RVU: 1.99 2025 Fac PE RVU: NA 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	2023 Medicare Utilization: 403	2025 Work RVU: 0.76 2025 NF PE RVU: 3.16 2025 Fac PE RVU: NA Result: PE Only	
RUC Recommendation: New PE Inputs			Referred to CPT 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	2023 Medicare Utilization: 92,795	2025 Work RVU: 0.00 2025 NF PE RVU: 2.31 2025 Fac PE RVU: NA Result: PE Only	
RUC Recommendation: New PE Inputs. Removed from FR 2018 as misvalued.			Referred to CPT 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	2023 Medicare Utilization: 2,029,865	2025 Work RVU: 0.00 2025 NF PE RVU: 0.68 2025 Fac PE RVU: NA Result: PE Only	
RUC Recommendation: New PE Inputs. Removed from FR 2018 as misvalued.			Referred to CPT 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	2023 Medicare Utilization: 24,389	2025 Work RVU: 0.74 2025 NF PE RVU: 0.29 2025 Fac PE RVU: 0.29 Result: Decrease	
RUC Recommendation: 0.74				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 42,009	2025 Work RVU: 1.20 2025 NF PE RVU: 0.55 2025 Fac PE RVU: 0.55 Result: Decrease	
RUC Recommendation: 1.40				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
88189 Flow cytometry, interpretation; 16 or more markers				Global: XXX	Issue: Flow Cytometry Interpretation	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: January 2016	Tab: 42	Specialty Developing Recommendation:	CAP	First Identified: July 2015	2023 Medicare Utilization: 249,420	2025 Work RVU: 1.70 2025 NF PE RVU: 0.68 2025 Fac PE RVU: 0.68 Result: Decrease	
RUC Recommendation: 1.70				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

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

2023 Medicare Utilization: 162,101

2025 Work RVU: 0.08

2025 NF PE RVU: 0.40

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.08 and new PE inputs

Referred to CPT

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

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 ganglio

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

2023 Medicare Utilization: 56,973

2025 Work RVU: 0.13

2025 NF PE RVU: 0.85

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.13 and new PE inputs

Referred to CPT

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

88304 Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologi

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

2023 Medicare Utilization: 769,848

2025 Work RVU: 0.22

2025 NF PE RVU: 1.04

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.22 and new PE inputs

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

88305	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 surgica	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	2023 Medicare Utilization: 16,067,106	2025 Work RVU: 0.75	2025 NF PE RVU: 1.38	2025 Fac PE RVU: NA	Result: Maintain
RUC Recommendation: 0.75 and new PE inputs				Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:			
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	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	2023 Medicare Utilization: 898,969	2025 Work RVU: 1.59	2025 NF PE RVU: 6.94	2025 Fac PE RVU: NA	Result: Maintain
RUC Recommendation: 1.59 and new PE inputs				Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:			
88309	Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus,	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	2023 Medicare Utilization: 128,398	2025 Work RVU: 2.80	2025 NF PE RVU: 9.96	2025 Fac PE RVU: NA	Result: Maintain
RUC Recommendation: 2.80 and new PE inputs				Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 1,200,927

2025 Work RVU: 0.54

2025 NF PE RVU: 2.78

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.54

Referred to CPT June 2010

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

88313 Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry

Global: XXX **Issue:** Special Stains

Screen: 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

2023 Medicare Utilization: 1,258,216

2025 Work RVU: 0.24

2025 NF PE RVU: 2.20

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.24

Referred to CPT June 2010

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

88314 Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)

Global: XXX **Issue:** Special Stains

Screen: Havard Valued - Utilization over 1 Million

Complete? Yes

Most Recent RUC Meeting: February 2011

Tab: 33 **Specialty Developing Recommendation:** CAP

First Identified: February 2009

2023 Medicare Utilization: 26,516

2025 Work RVU: 0.45

2025 NF PE RVU: 2.09

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.45

Referred to CPT June 2010

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

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:	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT June 2010 Referred to CPT Asst ☐	Published in CPT Asst:	

88319	Special stain including interpretation and report; Group III, for enzyme constituents	Global: XXX	Issue: Special Stains	Screen: Havard Valued - Utilization over 1 Million	Complete? Yes
Most Recent RUC Meeting: February 2011	Tab: 33	Specialty Developing Recommendation: CAP	First Identified:	2023 Medicare Utilization: 12,847	2025 Work RVU: 0.53 2025 NF PE RVU: 3.50 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.53			Referred to CPT June 2010 Referred to CPT Asst ☐	Published in CPT Asst:	

88321	Consultation and report on referred slides prepared elsewhere	Global: XXX	Issue: Microslide Consultation	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: January 2016	Tab: 43	Specialty Developing Recommendation: CAP, ASC	First Identified: July 2015	2023 Medicare Utilization: 165,401	2025 Work RVU: 1.63 2025 NF PE RVU: 1.20 2025 Fac PE RVU: 0.75 Result: Maintain
RUC Recommendation: 1.63			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	

88323	Consultation and report on referred material requiring preparation of slides	Global: XXX	Issue: Microslide Consultation	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: January 2016	Tab: 43	Specialty Developing Recommendation: CAP, ASC	First Identified: July 2015	2023 Medicare Utilization: 31,145	2025 Work RVU: 1.83 2025 NF PE RVU: 1.62 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 1.83			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 11,312	2025 Work RVU: 2.85 2025 NF PE RVU: 1.72 2025 Fac PE RVU: 1.00 Result: Increase	
RUC Recommendation: 2.85	Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:			
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	2023 Medicare Utilization: 19,229	2025 Work RVU: 0.67 2025 NF PE RVU: 0.92 2025 Fac PE RVU: 0.32 Result: Maintain	
RUC Recommendation: 0.67	Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:			
88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen	Global: XXX	Issue: Pathology Consultation 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	2023 Medicare Utilization: 319,397	2025 Work RVU: 1.19 2025 NF PE RVU: 1.80 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 1.19	Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:			
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	2023 Medicare Utilization: 119,898	2025 Work RVU: 0.59 2025 NF PE RVU: 1.03 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.59	Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:			

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

2023 Medicare Utilization: 57,998

2025 Work RVU: 1.20
2025 NF PE RVU: 1.50
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.20

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

88334	Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Pathology Consultation During Surgery	Screen: CMS Request - Final Rule for 2016	Complete? Yes

Most Recent RUC Meeting: April 2016

Tab: 39 **Specialty Developing Recommendation:** ASC, CAP

First Identified: July 2015

2023 Medicare Utilization: 27,033

2025 Work RVU: 0.73
2025 NF PE RVU: 0.93
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.73

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

88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)	Screen: CMS Request - Final Rule for 2014	Complete? Yes

Most Recent RUC Meeting: April 2014

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

First Identified: November 2013

2023 Medicare Utilization: 3,461,065

2025 Work RVU: 0.56
2025 NF PE RVU: 2.32
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.65

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

Status Report: CMS Requests and Relativity Assessment Issues

88342 Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent
RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP

First Identified: April 2011

2023 Medicare Utilization: 2,174,347

2025 Work RVU: 0.70
2025 NF PE RVU: 2.65
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.70

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

88343 Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide (List separately in addition to code for primary procedur

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

2023 Medicare Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

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

88344 Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)

Screen: CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent
RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP

First Identified: November 2013

2023 Medicare Utilization: 175,628

2025 Work RVU: 0.77
2025 NF PE RVU: 4.38
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.77

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

Status Report: CMS Requests and Relativity Assessment Issues

88346	Immunofluorescence, per specimen; initial single antibody stain procedure	Global: XXX	Issue: Immunofluorescent Studies	Screen: CMS-Other - Utilization over 250,000	Complete? Yes
Most Recent RUC Meeting: January 2015	Tab: 17	Specialty Developing Recommendation: CAP, ASC	First Identified: April 2013	2023 Medicare Utilization: 54,878	2025 Work RVU: 0.74 2025 NF PE RVU: 3.56 2025 Fac PE RVU: NA Result: Decrease
RUC Recommendation: 0.74			Referred to CPT October 2014 Referred to CPT Asst ☐	Published in CPT Asst:	

88347	Immunofluorescent study, each antibody; indirect method	Global:	Issue: Immunofluorescent Studies	Screen: CMS-Other - Utilization over 250,000	Complete? Yes
Most Recent RUC Meeting: January 2015	Tab: 17	Specialty Developing Recommendation: CAP, ASC	First Identified: October 2013	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT October 2014 Referred to CPT Asst ☐	Published in CPT Asst:	

88348	Electron microscopy, diagnostic	Global: XXX	Issue: Electron Microscopy-PE Only	Screen: Services with Stand-Alone PE Procedure Time	Complete? Yes
Most Recent RUC Meeting: October 2013	Tab: 14	Specialty Developing Recommendation: CAP	First Identified: October 2012	2023 Medicare Utilization: 13,572	2025 Work RVU: 1.51 2025 NF PE RVU: 13.12 2025 Fac PE RVU: NA Result: PE Only
RUC Recommendation: New PE Inputs			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT Oct 2013

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

2023 Medicare Utilization: 234,386

2025 Work RVU: 0.59

2025 NF PE RVU: 2.70

2025 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 0.70

Referred to CPT October 2014

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

2023 Medicare Utilization: 24,282

2025 Work RVU: 2.80

2025 NF PE RVU: 4.22

2025 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 2.80

Referred to CPT

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

2023 Medicare Utilization: 660,189

2025 Work RVU: 0.85

2025 NF PE RVU: 2.70

2025 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 0.85

Referred to CPT

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

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

2023 Medicare Utilization: 138,656

2025 Work RVU: 0.95

2025 NF PE RVU: 2.50

2025 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 0.95

Referred to CPT

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

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

2023 Medicare Utilization: 39,774

2025 Work RVU: 0.70

2025 NF PE RVU: 3.15

2025 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 0.88

Referred to CPT

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

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	2023 Medicare Utilization: 62,947	2025 Work RVU: 0.88	2025 NF PE RVU: 4.31	2025 Fac PE RVU: NA	Result: Decrease
RUC Recommendation: 0.88		Referred to CPT May 2013		Referred to CPT Asst ☒		Published in CPT Asst: Dec 2011 & May 2012			

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	2023 Medicare Utilization: 3,001	2025 Work RVU: 1.24	2025 NF PE RVU: 6.75	2025 Fac PE RVU: NA	Result: Decrease
RUC Recommendation: 1.24		Referred to CPT May 2013		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	2023 Medicare Utilization: 3,872	2025 Work RVU: 0.73	2025 NF PE RVU: 2.51	2025 Fac PE RVU: NA	Result: Decrease
RUC Recommendation: 0.86		Referred to CPT May 2013		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	2023 Medicare Utilization: 16,239	2025 Work RVU: 0.88 2025 NF PE RVU: 3.56 2025 Fac PE RVU: NA Result: Decrease
RUC Recommendation: 0.88			Referred to CPT May 2013 Referred to CPT Asst ☒	Published in CPT Asst: Dec 2011 & May 2012	
88373	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)	Screen: CMS Request - Final Rule for 2014	Complete? Yes
Most Recent RUC Meeting: April 2014	Tab: 21	Specialty Developing Recommendation: CAP, ASCP, ASC	First Identified: November 2013	2023 Medicare Utilization: 5,407	2025 Work RVU: 0.58 2025 NF PE RVU: 1.38 2025 Fac PE RVU: NA Result: Decrease
RUC Recommendation: 0.86			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
88374	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure	Global: XXX	Issue: Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s)	Screen: CMS Request - Final Rule for 2014	Complete? Yes
Most Recent RUC Meeting: April 2014	Tab: 21	Specialty Developing Recommendation: CAP, ASCP, ASC	First Identified:	2023 Medicare Utilization: 149,418	2025 Work RVU: 0.93 2025 NF PE RVU: 7.21 2025 Fac PE RVU: NA Result: Decrease
RUC Recommendation: 1.04			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

88377 Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020

Tab: 24 **Specialty Developing Recommendation:** CAP, ASCP, ASC

First Identified: May 2013

2023 Medicare Utilization: 118,475

2025 Work RVU: 1.40

2025 NF PE RVU: 10.19

2025 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 1.40

Referred to CPT May 2013

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

88381 Microdissection (ie, sample preparation of microscopically identified target); manual **Global:** XXX **Issue:** Manual Microdissection **Screen:** High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: April 2025

Tab: 14 **Specialty Developing Recommendation:** ASC, AP

First Identified: April 2022

2023 Medicare Utilization: 73,067

2025 Work RVU: 0.53

2025 NF PE RVU: 5.25

2025 Fac PE RVU: NA

Result: Remove from screen

RUC Recommendation: Remove from screen

Referred to CPT

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

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

2023 Medicare Utilization: 140

2025 Work RVU: 0.24

2025 NF PE RVU: 0.43

2025 Fac PE RVU: NA

Result: Increase

RUC Recommendation: 0.24

Referred to CPT

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

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 fo			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	2023 Medicare Utilization: 27	2025 Work RVU: 0.18 2025 NF PE RVU: 0.07 2025 Fac PE RVU: NA Result: Increase	
RUC Recommendation: 0.18			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

90465 Deleted from CPT			Global:	Issue: Immunization Administration	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting: February 2008	Tab: R	Specialty Developing Recommendation: AAP	First Identified: NA	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT	
RUC Recommendation: New PE inputs			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

90467 Deleted from CPT			Global:	Issue: Immunization Administration	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting: February 2008	Tab: R	Specialty Developing Recommendation: AAP	First Identified: NA	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT	
RUC Recommendation: New PE inputs			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	Global: XXX	Issue: Immunization Administration	Screen: CMS Request - Practice Expense Review / CMS Fastest Growing / 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	2023 Medicare Utilization: 315,781	2025 Work RVU: 0.17 2025 NF PE RVU: 0.44 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.17			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Immunization Administration	Screen: CMS Request - Practice Expense Review / 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	2023 Medicare Utilization: 27,148	2025 Work RVU: 0.15 2025 NF PE RVU: 0.28 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.15			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
90473	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)	Global: XXX	Issue: Immunization Administration	Screen: CMS Request - Practice Expense Review / 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	2023 Medicare Utilization: 4	2025 Work RVU: 0.17 2025 NF PE RVU: 0.32 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.17			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization:

2025 Work RVU: 0.15
2025 NF PE RVU: 0.20
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.15

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

90785 Interactive complexity (List separately in addition to the code for primary procedure) **Global:** ZZZ **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 / High Volume Growth6 **Complete?** Yes

Most Recent RUC Meeting: April 2024

Tab: 12 **Specialty Developing Recommendation:** AACAP, APA (psychology), NASW

First Identified: April 2013

2023 Medicare Utilization: 342,907

2025 Work RVU: 0.33
2025 NF PE RVU: 0.10
2025 Fac PE RVU: 0.04
Result: Increase

RUC Recommendation: 0.33

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

90791 Psychiatric diagnostic evaluation **Global:** XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012

Tab: 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW

First Identified: April 2013

2023 Medicare Utilization: 686,827

2025 Work RVU: 3.84
2025 NF PE RVU: 1.22
2025 Fac PE RVU: 0.48
Result: Increase

RUC Recommendation: 3.00

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

Status Report: CMS Requests and Relativity Assessment Issues

90792 Psychiatric diagnostic evaluation with medical services				Global: XXX	Issue: Psychotherapy	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab: 26	Specialty Developing Recommendation:	APA, APA (HCPAC), NASW	First Identified: April 2013	2023 Medicare Utilization: 522,496	2025 Work RVU: 4.16 2025 NF PE RVU: 1.49 2025 Fac PE RVU: 0.74 Result: Increase	
RUC Recommendation: 3.25				Referred to CPT February 2012	Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT	
RUC Recommendation: Deleted from CPT				Referred to CPT February 2012	Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT	
RUC Recommendation: Deleted from CPT				Referred to CPT February 2012	Referred to CPT Asst ☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

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

**2023
Medicare
Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

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

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

**2023
Medicare
Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

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

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

**2023
Medicare
Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT February 2012

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

Status Report: CMS Requests and Relativity Assessment Issues

90832 Psychotherapy, 30 minutes with patient				Global: XXX	Issue: Psychotherapy	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab: 26	Specialty Developing Recommendation:	APA, APA (HCPAC), NASW	First Identified: April 2013	2023 Medicare Utilization: 1,934,739	2025 Work RVU: 1.86 2025 NF PE RVU: 0.54 2025 Fac PE RVU: 0.23 Result: Increase	
RUC Recommendation: 1.50				Referred to CPT February 2012 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	2023 Medicare Utilization: 1,410,377	2025 Work RVU: 1.64 2025 NF PE RVU: 0.55 2025 Fac PE RVU: 0.29 Result: Increase	
RUC Recommendation: 1.50				Referred to CPT February 2012 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	2023 Medicare Utilization: 3,451,030	2025 Work RVU: 2.45 2025 NF PE RVU: 0.72 2025 Fac PE RVU: 0.31 Result: Increase	
RUC Recommendation: 2.00				Referred to CPT February 2012 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	2023 Medicare Utilization: 411,350	2025 Work RVU: 2.08	2025 NF PE RVU: 0.70	2025 Fac PE RVU: 0.37	Result: Increase
RUC Recommendation:	1.90			Referred to CPT February 2012	Referred to CPT Asst ☐	Published in CPT Asst:			
90837	Psychotherapy, 60 minutes with patient	Global: XXX	Issue: Psychotherapy	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes				
Most Recent RUC Meeting:	April 2012	Tab: 26	Specialty Developing Recommendation: APA, APA (HCPAC), NASW	First Identified: April 2013	2023 Medicare Utilization: 6,251,351	2025 Work RVU: 3.63	2025 NF PE RVU: 1.06	2025 Fac PE RVU: 0.45	Result: Increase
RUC Recommendation:	3.00			Referred to CPT February 2012	Referred to CPT Asst ☐	Published in CPT Asst:			
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	Global: ZZZ	Issue: Psychotherapy	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes				
Most Recent RUC Meeting:	April 2012	Tab: 26	Specialty Developing Recommendation: APA, APA (HCPAC), NASW	First Identified: April 2013	2023 Medicare Utilization: 91,207	2025 Work RVU: 2.74	2025 NF PE RVU: 0.93	2025 Fac PE RVU: 0.51	Result: Increase
RUC Recommendation:	2.50			Referred to CPT February 2012	Referred to CPT Asst ☐	Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

90839 Psychotherapy for crisis; first 60 minutes

Global: XXX

Issue: Psychotherapy for Crisis and Interactive Complexity

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent
RUC Meeting: April 2013

Tab: 35

Specialty Developing
Recommendation: APA, APA
(HCPAC), NASW

First
Identified: April 2013

2023
Medicare
Utilization: 17,382

2025 Work RVU: 3.43
2025 NF PE RVU: 1.06
2025 Fac PE RVU: 0.50
Result: Increase

RUC Recommendation: 3.13

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

90840 Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)

Global: ZZZ

Issue: Psychotherapy for Crisis and Interactive Complexity

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent
RUC Meeting: April 2013

Tab: 35

Specialty Developing
Recommendation: APA, APA
(HCPAC), NASW

First
Identified: April 2013

2023
Medicare
Utilization: 5,285

2025 Work RVU: 1.64
2025 NF PE RVU: 0.55
2025 Fac PE RVU: 0.30
Result: Increase

RUC Recommendation: 1.50

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

90845 Psychoanalysis

Global: XXX

Issue: Psychotherapy

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent
RUC Meeting: October 2011

Tab:

Specialty Developing
Recommendation:

First
Identified: April 2013

2023
Medicare
Utilization: 5,619

2025 Work RVU: 2.30
2025 NF PE RVU: 0.71
2025 Fac PE RVU: 0.34
Result: Increase

RUC Recommendation: 2.10

Referred to CPT

Referred to CPT Asst ☐ Published in CPT Asst:

90846 Family psychotherapy (without the patient present), 50 minutes

Global: XXX

Issue: Psychotherapy

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent
RUC Meeting: April 2012

Tab: 26

Specialty Developing
Recommendation: APA, APA
(HCPAC), NASW

First
Identified: April 2013

2023
Medicare
Utilization: 22,973

2025 Work RVU: 2.63
2025 NF PE RVU: 0.36
2025 Fac PE RVU: 0.35
Result: Increase

RUC Recommendation: 2.40

Referred to CPT February 2012

Referred to CPT Asst ☐ Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

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:	Tab: 26	Specialty Developing Recommendation:	APA, APA (HCPAC), NASW	First Identified: April 2013	2023 Medicare Utilization: 114,179
RUC Recommendation:	2.50	Referred to CPT	February 2012	2025 Work RVU:	2.74
		Referred to CPT Asst	☐	2025 NF PE RVU:	0.38
		Published in CPT Asst:		2025 Fac PE RVU:	0.37
				Result:	Increase
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:	Tab: 26	Specialty Developing Recommendation:	APA, APA (HCPAC), NASW	First Identified: April 2013	2023 Medicare Utilization: 388,921
RUC Recommendation:	0.59	Referred to CPT	February 2012	2025 Work RVU:	0.65
		Referred to CPT Asst	☐	2025 NF PE RVU:	0.20
		Published in CPT Asst:		2025 Fac PE RVU:	0.08
				Result:	Maintain
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:	Tab: 30	Specialty Developing Recommendation:		First Identified: September 2011	2023 Medicare Utilization:
RUC Recommendation:	Deleted from CPT	Referred to CPT	February 2012	2025 Work RVU:	
		Referred to CPT Asst	☐	2025 NF PE RVU:	
		Published in CPT Asst:		2025 Fac PE RVU:	
				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	2023 Medicare Utilization:	2025 Work RVU: 0.48 2025 NF PE RVU: 0.24 2025 Fac PE RVU: 0.19 Result: Increase	
RUC Recommendation: 0.48		Referred to CPT February 2012 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	2023 Medicare Utilization: 259,335	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result: Maintain	
RUC Recommendation: Maintain		Referred to CPT 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	2023 Medicare Utilization: 85,549	2025 Work RVU: 2.50 2025 NF PE RVU: 2.55 2025 Fac PE RVU: 0.52 Result: Increase	
RUC Recommendation: 2.50		Referred to CPT 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:	Tab: 09 April 2024	Specialty Developing Recommendation: ACOG, APTA, AUA	First Identified: April 2023	2023 Medicare Utilization: 79,490	2025 Work RVU: 0.41 2025 NF PE RVU: 0.79 2025 Fac PE RVU: 0.14 Result:
RUC Recommendation:	Refer to CPT	Referred to CPT Referred to CPT Asst	September 2025; Sep 2024 ☐	Published in CPT Asst:	
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:	Tab: 15 January 2019	Specialty Developing Recommendation: ACOG, AUA	First Identified: April 2017	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation:	Deleted from CPT	Referred to CPT Referred to CPT Asst	September 2018 ☐	Published in CPT Asst:	
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:	Tab: 09 April 2024	Specialty Developing Recommendation: ACOG, APTA, AUA	First Identified: September 2018	2023 Medicare Utilization: 27,389	2025 Work RVU: 0.90 2025 NF PE RVU: 1.46 2025 Fac PE RVU: 0.32 Result: Increase
RUC Recommendation:	Refer to CPT 0.90	Referred to CPT Referred to CPT Asst	September 2025; Sep 2024; Feb 2019-EC ☐	Published in CPT Asst:	

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 separate) **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

2023 Medicare Utilization: 19,617

2025 Work RVU: 0.50

2025 NF PE RVU: 0.44

2025 Fac PE RVU: 0.18

Result: Increase

RUC Recommendation: Refer to CPT. 0.50

Referred to CPT September 2025; Sep 2024; Feb 2019-EC

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

2023 Medicare Utilization: 591,622

2025 Work RVU: 1.48

2025 NF PE RVU: NA

2025 Fac PE RVU: 0.54

Result: Increase

RUC Recommendation: 1.48

Referred to CPT

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

2023 Medicare Utilization: 26,555

2025 Work RVU: 2.11

2025 NF PE RVU: NA

2025 Fac PE RVU: 0.80

Result: Maintain

RUC Recommendation: 2.11

Referred to CPT

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	2023 Medicare Utilization: 110,046	2025 Work RVU: 1.56 2025 NF PE RVU: NA 2025 Fac PE RVU: 0.91 Result: Increase	
RUC Recommendation: 1.56		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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 re	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	2023 Medicare Utilization: 8,823	2025 Work RVU: 2.52 2025 NF PE RVU: NA 2025 Fac PE RVU: 0.94 Result: Increase	
RUC Recommendation: 2.52		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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	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	2023 Medicare Utilization: 29	2025 Work RVU: 23.92 2025 NF PE RVU: 9.04 2025 Fac PE RVU: 9.04 Result: PE Only	
RUC Recommendation: RUC Recommended revised clinical staff time		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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 physi	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	2023 Medicare Utilization: 2	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result: PE Only	
RUC Recommendation: RUC Recommended revised clinical staff time	Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:			
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 physicia	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	2023 Medicare Utilization: 5	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result: PE Only	
RUC Recommendation: RUC Recommended revised clinical staff time	Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:			
90954	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician	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	2023 Medicare Utilization: 398	2025 Work RVU: 20.86 2025 NF PE RVU: 7.60 2025 Fac PE RVU: 7.60 Result: PE Only	
RUC Recommendation: RUC Recommended revised clinical staff time	Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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 ot	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	2023 Medicare Utilization: 86	2025 Work RVU: 10.32 2025 NF PE RVU: 4.63 2025 Fac PE RVU: 4.63 Result: PE Only	
RUC Recommendation: RUC Recommended revised clinical staff time	Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:				
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	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	2023 Medicare Utilization: 107	2025 Work RVU: 6.64 2025 NF PE RVU: 3.39 2025 Fac PE RVU: 3.39 Result: PE Only	
RUC Recommendation: RUC Recommended revised clinical staff time	Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:				
90957	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physicia	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	2023 Medicare Utilization: 1,356	2025 Work RVU: 15.46 2025 NF PE RVU: 6.43 2025 Fac PE RVU: 6.43 Result: PE Only	
RUC Recommendation: RUC Recommended revised clinical staff time	Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:				

Status Report: CMS Requests and Relativity Assessment Issues

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 o	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	2023 Medicare Utilization: 350	2025 Work RVU: 9.87 2025 NF PE RVU: 4.40 2025 Fac PE RVU: 4.40 Result: PE Only	
RUC Recommendation: RUC Recommended revised clinical staff time	Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:				
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 othe	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	2023 Medicare Utilization: 225	2025 Work RVU: 6.19 2025 NF PE RVU: 3.15 2025 Fac PE RVU: 3.15 Result: PE Only	
RUC Recommendation: RUC Recommended revised clinical staff time	Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:				
90960	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	Global: XXX	Issue: End-Stage Renal Disease	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting: April 2009	Tab: 29 Specialty Developing Recommendation: RPA	First Identified: February 2009	2023 Medicare Utilization: 1,238,509	2025 Work RVU: 6.77 2025 NF PE RVU: 3.41 2025 Fac PE RVU: 3.41 Result: PE Only	
RUC Recommendation: RUC Recommended revised physician and clinical staff time	Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:				

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	2023 Medicare Utilization: 434,848	2025 Work RVU: 5.52 2025 NF PE RVU: 2.94 2025 Fac PE RVU: 2.94 Result: PE Only	
RUC Recommendation: RUC Recommended revised physician and clinical staff time	Referred to CPT 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	2023 Medicare Utilization: 137,651	2025 Work RVU: 3.57 2025 NF PE RVU: 2.30 2025 Fac PE RVU: 2.30 Result: PE Only	
RUC Recommendation: RUC Recommended revised clinical staff time	Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:				
90963	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	Global: XXX	Issue: End-Stage Renal Disease	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting: April 2009	Tab: 29 Specialty Developing Recommendation: RPA	First Identified: February 2009	2023 Medicare Utilization: 79	2025 Work RVU: 12.09 2025 NF PE RVU: 5.15 2025 Fac PE RVU: 5.15 Result: PE Only	
RUC Recommendation: RUC Recommended revised clinical staff time	Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:				

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 646

2025 Work RVU: 10.25
2025 NF PE RVU: 4.54
2025 Fac PE RVU: 4.54
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time

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

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

2023 Medicare Utilization: 872

2025 Work RVU: 9.80
2025 NF PE RVU: 4.44
2025 Fac PE RVU: 4.44
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time

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

90966	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older	Global: XXX	Issue: End-Stage Renal Disease	Screen: CMS Request - Practice Expense Review	Complete? Yes

Most Recent RUC Meeting: April 2009	Tab: 29	Specialty Developing Recommendation: RPA

First Identified: February 2009

2023 Medicare Utilization: 307,423

2025 Work RVU: 5.52
2025 NF PE RVU: 2.94
2025 Fac PE RVU: 2.94
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 3,765	2025 Work RVU: 1.10 2025 NF PE RVU: 10.43 2025 Fac PE RVU: NA Result: PE Only	
RUC Recommendation: New PE Inputs		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 40,626	2025 Work RVU: 2.24 2025 NF PE RVU: 18.58 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 2.49		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 172	2025 Work RVU: 0.90 2025 NF PE RVU: 23.90 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 1.00		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

91120 Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)				Global: XXX	Issue: Colon Motility Services	Screen: Codes Reported Together 75% or More-Part6	Complete? Yes
Most Recent RUC Meeting: September 2024	Tab: 10	Specialty Developing Recommendation:	ACG, AGA, ASCRS, ASGE	First Identified: April 2023	2023 Medicare Utilization: 10,029	2025 Work RVU: 0.97 2025 NF PE RVU: 13.30 2025 Fac PE RVU: NA Result: Deleted from CPT	
RUC Recommendation: Deleted from CPT				Referred to CPT May 2024 Referred to CPT Asst ☐ Published in CPT Asst:			
91122 Anorectal manometry				Global: 000	Issue: Colon Motility Services	Screen: Codes Reported Together 75% or More-Part6	Complete? Yes
Most Recent RUC Meeting: September 2024	Tab: 10	Specialty Developing Recommendation:	ACG, AGA, ASCRS, ASGE	First Identified: April 2023	2023 Medicare Utilization: 17,915	2025 Work RVU: 1.77 2025 NF PE RVU: 6.29 2025 Fac PE RVU: NA Result: Deleted from CPT	
RUC Recommendation: Deleted from CPT				Referred to CPT May 2024 Referred to CPT Asst ☐ Published in CPT Asst:			
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:	2023 Medicare Utilization: 23	2025 Work RVU: 0.52 2025 NF PE RVU: 11.96 2025 Fac PE RVU: NA Result: PE Only	
RUC Recommendation: New PE Inputs				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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:	2023 Medicare Utilization: 30	2025 Work RVU: 0.66	2025 NF PE RVU: 12.44	2025 Fac PE RVU: NA
RUC Recommendation: New PE Inputs			Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:	Result: PE Only	
91XX1				Global: XXX	Issue: Colon Motility Services	Screen: Codes Reported Together 75% or More-Part6	Complete? Yes
Most Recent RUC Meeting: September 2024	Tab: 10	Specialty Developing Recommendation: ACG, AGA, ASCRS, ASGE	First Identified: May 2024	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU:
RUC Recommendation: 3.05			Referred to CPT May 2024	Referred to CPT Asst ☐	Published in CPT Asst:	Result: Increase	
91XX2				Global: XXX	Issue: Colon Motility Services	Screen: Codes Reported Together 75% or More-Part6	Complete? Yes
Most Recent RUC Meeting: September 2024	Tab: 10	Specialty Developing Recommendation: ACG, AGA, ASCRS, ASGE	First Identified: May 2024	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU:
RUC Recommendation: 2.70			Referred to CPT May 2024	Referred to CPT Asst ☐	Published in CPT Asst:	Result: Increase	

Status Report: CMS Requests and Relativity Assessment Issues

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 / Work Neutrality 2023	Complete? No				
Most Recent RUC Meeting:	April 2025	Tab: 14	Specialty Developing Recommendation: AAO, AOA (optometry)	First Identified: October 2019	2023 Medicare Utilization: 23,440	2025 Work RVU: 0.71	2025 NF PE RVU: 0.47	2025 Fac PE RVU: 0.25	Result: Increase
RUC Recommendation: Review action plan. 0.71			Referred to CPT February 2021 May 2020-Tab 37						
			Referred to CPT Asst ☐			Published in CPT Asst:			
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 / Work Neutrality 2023	Complete? No				
Most Recent RUC Meeting:	April 2025	Tab: 14	Specialty Developing Recommendation: AAO, AOA (optometry)	First Identified: February 2021	2023 Medicare Utilization: 6,424	2025 Work RVU: 0.00	2025 NF PE RVU: 0.79	2025 Fac PE RVU: NA	Result: PE Only
RUC Recommendation: Review action plans. New PE Inputs			Referred to CPT						
			Referred to CPT Asst ☐			Published in CPT Asst:			
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	2023 Medicare Utilization: 80,292	2025 Work RVU: 0.30	2025 NF PE RVU: 0.68	2025 Fac PE RVU: NA	Result: Decrease
RUC Recommendation: 0.30			Referred to CPT						
			Referred to CPT Asst ☐			Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic	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	2023 Medicare Utilization: 102,696	2025 Work RVU: 0.40 2025 NF PE RVU: 0.98 2025 Fac PE RVU: NA Result: Decrease
RUC Recommendation: 0.40	Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		
92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold p	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	2023 Medicare Utilization: 2,679,659	2025 Work RVU: 0.50 2025 NF PE RVU: 1.37 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.50	Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		
92100	Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)	Global: XXX	Issue: Serial Tonometry	Screen: Harvard Valued - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: September 2011	Tab: 36	Specialty Developing Recommendation: AAO, AOA (optometric)	First Identified: April 2011	2023 Medicare Utilization: 23,361	2025 Work RVU: 0.61 2025 NF PE RVU: 1.91 2025 Fac PE RVU: 0.32 Result: Decrease
RUC Recommendation: 0.61	Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

92133 Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve **Global:** XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab: 23 **Specialty Developing Recommendation:** AAO, AOA (eye)

First Identified: October 2009

2023 Medicare Utilization: 2,698,182

2025 Work RVU: 0.31
2025 NF PE RVU: 0.59
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.50

Referred to CPT October 2009
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

2023 Medicare Utilization: 7,917,138

2025 Work RVU: 0.32
2025 NF PE RVU: 0.63
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.50

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

92135 Deleted from CPT **Global:** **Issue:** Ophthalmic Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009

Tab: 31 **Specialty Developing Recommendation:** AAO, AOA

First Identified: October 2008

2023 Medicare Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 1,541,492	2025 Work RVU: 0.54 2025 NF PE RVU: 0.85 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.54			Referred to CPT 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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT May 2016 Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization: 473,745	2025 Work RVU: 0.40 2025 NF PE RVU: 0.32 2025 Fac PE RVU: 0.25 Result: Decrease
RUC Recommendation: 0.40			Referred to CPT February 2018 Referred to CPT Asst ☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

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 **2023 Medicare Utilization:** 668,181 **2025 Work RVU:** 0.26
2025 NF PE RVU: 0.19
2025 Fac PE RVU: 0.16
Result: Decrease

RUC Recommendation: 0.26 **Referred to CPT** February 2018
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 **2023 Medicare Utilization:** **2025 Work RVU:**
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2023 Medicare Utilization:** **2025 Work RVU:**
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

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 **2023 Medicare Utilization:** 1,092 **2025 Work RVU:** 0.00
2025 NF PE RVU: 0.52
2025 Fac PE RVU: NA
Result: Remove from Screen

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

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization:

8,707

2025 Work RVU:

0.32

2025 NF PE RVU:

0.55

2025 Fac PE RVU:

NA

Result:

Remove from Screen

RUC Recommendation:

Remove from screen

Referred to CPT

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

2023 Medicare Utilization:

3,631

2025 Work RVU:

0.00

2025 NF PE RVU:

1.34

2025 Fac PE RVU:

NA

Result:

Remove from Screen

RUC Recommendation:

Remove from screen

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

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

2023 Medicare Utilization:

258,142

2025 Work RVU:

0.75

2025 NF PE RVU:

3.95

2025 Fac PE RVU:

NA

Result:

Decrease

RUC Recommendation:

0.75

Referred to CPT

October 2015

Referred to CPT Asst

☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 7,399	2025 Work RVU: 0.80 2025 NF PE RVU: 6.20 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 0.80			Referred to CPT October 2015 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	2023 Medicare Utilization: 29,620	2025 Work RVU: 0.95 2025 NF PE RVU: 8.73 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 0.95			Referred to CPT October 2015 Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 3,366,885	2025 Work RVU: 0.40 2025 NF PE RVU: 0.68 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 0.40			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 1,210	2025 Work RVU: 0.81 2025 NF PE RVU: 2.76 2025 Fac PE RVU: NA Result: Maintain	
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	
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? Yes
Most Recent RUC Meeting: January 2024	Tab: 16	Specialty Developing Recommendation:	AAO, AOA (optometry), ASRS	First Identified: September 2017	2023 Medicare Utilization: 120,334	2025 Work RVU: 0.69 2025 NF PE RVU: 2.98 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: CPT Assistant article published. 0.80				Referred to CPT	Referred to CPT Asst ☒	Published in CPT Asst: Aug 2024	
92274 Electroretinography (ERG), with interpretation and report; multifocal (mfERG)				Global: XXX	Issue: Electroretinography	Screen: CMS High Expenditure Procedural Codes2 / Work Neutrality 2019	Complete? Yes
Most Recent RUC Meeting: January 2024	Tab: 16	Specialty Developing Recommendation:	AAO, AOA (optometry), ASRS	First Identified: September 2017	2023 Medicare Utilization: 3,745	2025 Work RVU: 0.61 2025 NF PE RVU: 2.05 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: CPT Assistant article published. 0.72				Referred to CPT	Referred to CPT Asst ☒	Published in CPT Asst: Aug 2024	

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92275 Electoretinography with interpretation and report				Global:	Issue:	Electoretinography	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	2023 Medicare Utilization:	2025 Work RVU:			
								2025 NF PE RVU:			
								2025 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:				
92284F 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	2023 Medicare Utilization:	35,164	2025 Work RVU:	0.00	
									2025 NF PE RVU:	0.90	
									2025 Fac PE RVU:	NA	
RUC Recommendation:				0.32	Referred to CPT	February 2024		Result:	Decrease		
					Referred to CPT Asst	☒	Published in CPT Asst:	Jan 2026			
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	2023 Medicare Utilization:	424,170	2025 Work RVU:	0.05	
									2025 NF PE RVU:	0.62	
									2025 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:				

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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	2023 Medicare Utilization: 98,566	2025 Work RVU: 0.40 2025 NF PE RVU: 0.74 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 0.40				Referred to CPT: October 2011	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:	2023 Medicare Utilization: 5,403	2025 Work RVU: 0.40 2025 NF PE RVU: 3.53 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 0.40				Referred to CPT: October 2011	Referred to CPT Asst: ☒	Published in CPT Asst: Mar 2013	

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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Decrease	
RUC Recommendation: 0.17				Referred to CPT: February 2024	Referred to CPT Asst: ☐	Published in CPT Asst:	

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92504	Binocular microscopy (separate diagnostic procedure)	Global: XXX	Issue: Binocular Microscopy	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting:	Tab: 43 April 2010	Specialty Developing Recommendation: AAO-HNS	First Identified: October 2009	2023 Medicare Utilization: 246,160	2025 Work RVU: 0.18 2025 NF PE RVU: 0.67 2025 Fac PE RVU: 0.09 Result: Maintain
RUC Recommendation:	0.18	Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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:	Tab: 28 February 2010	Specialty Developing Recommendation: ASHA	First Identified:	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation:	Deleted from CPT	Referred to CPT Referred to CPT Asst ☐	October 2012 Published in CPT Asst:		
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:	Tab: 14 September 2024	Specialty Developing Recommendation: ASHA	First Identified: October 2015	2023 Medicare Utilization: 698,401	2025 Work RVU: 1.30 2025 NF PE RVU: 0.99 2025 Fac PE RVU: NA Result: Decrease
RUC Recommendation:	Refer to CPT. 1.30 work RVU and clinical staff time removed. Removed from High Volume screen.	Referred to CPT Referred to CPT Asst ☐	September 2025 Published in CPT Asst:		

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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:	2023 Medicare Utilization: 3,228	2025 Work RVU: 0.33 2025 NF PE RVU: 0.39 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 0.43 work RVU and clinical staff time removed		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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:	2023 Medicare Utilization: 418	2025 Work RVU: 2.24 2025 NF PE RVU: 1.75 2025 Fac PE RVU: NA Result: Increase	
RUC Recommendation: 1.75		Referred to CPT October 2012 Referred to CPT Asst ☐	Published in CPT Asst:		
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:	2023 Medicare Utilization: 4,429	2025 Work RVU: 1.92 2025 NF PE RVU: 1.38 2025 Fac PE RVU: NA Result: Increase	
RUC Recommendation: 1.50		Referred to CPT October 2012 Referred to CPT Asst ☐	Published in CPT Asst:		

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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:	Tab: 15 Specialty Developing Recommendation: ASHA	First Identified:	2023 Medicare Utilization: 37,494	2025 Work RVU: 3.84 2025 NF PE RVU: 2.97 2025 Fac PE RVU: NA Result: Increase	
RUC Recommendation:	Refer to CPT Assistant. 3.36	Referred to CPT Referred to CPT Asst	October 2012 ☒ Published in CPT Asst: Apr 2024		
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:	Tab: 32 Specialty Developing Recommendation: ASHA	First Identified:	2023 Medicare Utilization: 23,713	2025 Work RVU: 1.92 2025 NF PE RVU: 1.33 2025 Fac PE RVU: NA Result: Increase	
RUC Recommendation:	1.75	Referred to CPT Referred to CPT Asst	October 2012 ☐ Published in CPT Asst:		
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:	Tab: 23 Specialty Developing Recommendation: ASHA, AAO-HNS	First Identified: NA	2023 Medicare Utilization: 244,519	2025 Work RVU: 1.34 2025 NF PE RVU: 1.19 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation:	Maintain	Referred to CPT Referred to CPT Asst	☐ Published in CPT Asst:		

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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	2023 Medicare Utilization: 52,653	2025 Work RVU: 0.60	2025 NF PE RVU: 0.55	2025 Fac PE RVU: NA	Result: Increase
RUC Recommendation:	0.80			Referred to CPT	October 2014				
				Referred to CPT Asst	☐	Published in CPT Asst:			

92538	Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)	Global: XXX	Issue: Vestibular Caloric Irrigation	Screen: CMS-Other - Utilization over 250,000	Complete? Yes				
Most Recent RUC Meeting:	January 2015	Tab: 18	Specialty Developing Recommendation: AAA, AAN, AAO-HNS, ASHA	First Identified: October 2014	2023 Medicare Utilization: 5,594	2025 Work RVU: 0.30	2025 NF PE RVU: 0.34	2025 Fac PE RVU: NA	Result: Increase
RUC Recommendation:	0.55			Referred to CPT	October 2014				
				Referred to CPT Asst	☐	Published in CPT Asst:			

92540	Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral sti	Global: XXX	Issue: EOG VNG	Screen: Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part7	Complete? No				
Most Recent RUC Meeting:	September 2024	Tab: 14	Specialty Developing Recommendation: AAN, ASHA, AAO-HNS, AAA	First Identified: February 2014	2023 Medicare Utilization: 71,262	2025 Work RVU: 1.50	2025 NF PE RVU: 1.61	2025 Fac PE RVU: NA	Result: Decrease
RUC Recommendation:	Review in 2029. 1.50			Referred to CPT					
				Referred to CPT Asst	☐	Published in CPT Asst:			

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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	2023 Medicare Utilization: 11,509	2025 Work RVU: 0.40 2025 NF PE RVU: 0.33 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.40			Referred to CPT February 2009 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization: 15,514	2025 Work RVU: 0.48 2025 NF PE RVU: 0.36 2025 Fac PE RVU: NA Result: Increase
RUC Recommendation: 0.48			Referred to CPT February 2009 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT October 2014 Referred to CPT Asst ☐ Published in CPT Asst:		

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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	2023 Medicare Utilization: 2,920	2025 Work RVU: 0.27 2025 NF PE RVU: 0.25 2025 Fac PE RVU: NA Result: Increase	
RUC Recommendation: 0.27				Referred to CPT February 2009 Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 4,028	2025 Work RVU: 0.25 2025 NF PE RVU: 0.24 2025 Fac PE RVU: NA Result: Increase	
RUC Recommendation: 0.25				Referred to CPT February 2009 Referred to CPT Asst ☐ Published in CPT Asst:			
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? No
Most Recent RUC Meeting: September 2024	Tab: 14	Specialty Developing Recommendation:	AAA, AAO-HNS, AAN, ASHA	First Identified: February 2014	2023 Medicare Utilization: 40,014	2025 Work RVU: 0.29 2025 NF PE RVU: 3.64 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: Refer to CPT then review at RAW in April 2029.				Referred to CPT May 2025 Referred to CPT Asst ☐ Published in CPT Asst:			

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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

2023 Medicare Utilization: 22,277

2025 Work RVU: 0.00

2025 NF PE RVU: 0.31

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: Editorial change only

Referred to CPT February 2014

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

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

2023 Medicare Utilization: 30,515

2025 Work RVU: 0.67

2025 NF PE RVU: 0.70

2025 Fac PE RVU: NA

Result: Increase

RUC Recommendation: 0.76

Referred to CPT September 2018 / February 2014

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

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 tes

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

2023 Medicare Utilization: 4,575

2025 Work RVU: 0.87

2025 NF PE RVU: 1.05

2025 Fac PE RVU: NA

Result: Increase

RUC Recommendation: 0.96

Referred to CPT September 2018

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

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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:	September 2024	Tab: 14	Specialty Developing Recommendation:	ASHA, AAO-HNS, AAA	First Identified:	2023 Medicare Utilization: 184,157	2025 Work RVU: 0.35 2025 NF PE RVU: 0.29 2025 Fac PE RVU: NA Result: Decrease
RUC Recommendation: Remove from screen. 0.35				Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:	
92557 Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)				Global: XXX	Issue: Bundled Audiology Tests	Screen: Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part7	Complete? Yes
Most Recent RUC Meeting:	September 2024	Tab: 14	Specialty Developing Recommendation:	ASHA, AAO-HNS, AAN	First Identified: February 2008	2023 Medicare Utilization: 1,235,698	2025 Work RVU: 0.60 2025 NF PE RVU: 0.47 2025 Fac PE RVU: 0.33 Result: Decrease
RUC Recommendation: Remove from screen. 0.60 work RVU and clinical staff time removed				Referred to CPT February 2009 Referred to CPT Asst ☐		Published in CPT Asst:	
92558 Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis				Global: XXX	Issue: Otoacoustic Emissions Measurement	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting:	April 2011	Tab: 35	Specialty Developing Recommendation:	ASHA	First Identified: February 2011	2023 Medicare Utilization:	2025 Work RVU: 0.17 2025 NF PE RVU: 0.10 2025 Fac PE RVU: 0.07 Result: Increase
RUC Recommendation: 0.17				Referred to CPT February 2011 Referred to CPT Asst ☐		Published in CPT Asst:	

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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: September 2024	Tab: 14	Specialty Developing Recommendation:	ASHA, AAO-HNS, AAN	First Identified: February 2008	2023 Medicare Utilization: 952,531	2025 Work RVU: 0.20 2025 NF PE RVU: 0.27 2025 Fac PE RVU: 0.11 Result: Decrease	
RUC Recommendation: Remove from screen. 0.20 work RVU and clinical staff time removed				Referred to CPT February 2009			
				Referred to CPT Asst ☐	Published in CPT Asst:		
92568 Acoustic reflex testing, threshold				Global: XXX	Issue: Bundled Audiology Tests	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting: April 2009	Tab: 22	Specialty Developing Recommendation:	ASHA, AAO-HNS, AAN	First Identified: February 2008	2023 Medicare Utilization: 1,806	2025 Work RVU: 0.29 2025 NF PE RVU: 0.15 2025 Fac PE RVU: 0.15 Result: Decrease	
RUC Recommendation: 0.29 work RVU and clinical staff time removed				Referred to CPT February 2009			
				Referred to CPT Asst ☐	Published in CPT Asst:		
92569 Deleted from CPT				Global:	Issue: Bundled Audiology Tests	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting: April 2009	Tab: 22	Specialty Developing Recommendation:	ASHA, AAO-HNS, AAN	First Identified: February 2008	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT	
RUC Recommendation: Deleted from CPT				Referred to CPT February 2009			
				Referred to CPT Asst ☐	Published in CPT Asst:		

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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:	2023 Medicare Utilization: 29,269	2025 Work RVU: 0.55 2025 NF PE RVU: 0.39 2025 Fac PE RVU: 0.29 Result: Decrease
RUC Recommendation: 0.55			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
92584	Electrocochleography	Global: XXX	Issue: Auditory Evoked Potentials	Screen: CMS-Other - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: April 2019	Tab: 06	Specialty Developing Recommendation: AAA, AAO-HNS, ASHA	First Identified: February 2019	2023 Medicare Utilization: 10,601	2025 Work RVU: 1.00 2025 NF PE RVU: 2.20 2025 Fac PE RVU: NA Result: Increase
RUC Recommendation: 1.00			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive	Global:	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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT February 2019 Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT February 2019 Referred to CPT Asst ☐	Published in CPT Asst:	

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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	2023 Medicare Utilization: 40,325	2025 Work RVU: 0.35 2025 NF PE RVU: 0.28 2025 Fac PE RVU: NA Result: Increase	
RUC Recommendation: 0.45		Referred to CPT October 2010 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:	2023 Medicare Utilization: 86,143	2025 Work RVU: 0.55 2025 NF PE RVU: 0.43 2025 Fac PE RVU: NA Result: Increase	
RUC Recommendation: 0.60		Referred to CPT February 2011 Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 1,922	2025 Work RVU: 1.26 2025 NF PE RVU: 0.90 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 1.48 work RVU and clinical staff time removed		Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

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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:	2023 Medicare Utilization:	2025 Work RVU: 1.75 2025 NF PE RVU: 0.85 2025 Fac PE RVU: 0.69 Result: Increase	
RUC Recommendation: 1.75		Referred to CPT February 2011 Referred to CPT Asst ☐ Published in CPT Asst:			
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:	2023 Medicare Utilization:	2025 Work RVU: 1.40 2025 NF PE RVU: 0.86 2025 Fac PE RVU: 0.55 Result: Decrease	
RUC Recommendation: 1.40 work RVU and clinical staff time removed		Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
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:	2023 Medicare Utilization: 635	2025 Work RVU: 1.85 2025 NF PE RVU: 1.85 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 1.85 work RVU and clinical staff time removed		Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Speech Language Pathology Services	Screen: CMS Request/Speech Language Pathology Request	Complete? Yes

Most Recent RUC Meeting: February 2010	Tab: 28	Specialty Developing Recommendation: ASHA

First Identified:	2023 Medicare Utilization: 296

2025 Work RVU:	0.70
2025 NF PE RVU:	0.75
2025 Fac PE RVU:	NA
Result:	Decrease

RUC Recommendation: 0.70 work RVU and clinical staff time removed

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

92609	Therapeutic services for the use of speech-generating device, including programming and modification	Global: XXX	Issue: Speech Language Pathology Services	Screen: CMS Request/Speech Language Pathology Request	Complete? Yes

Most Recent RUC Meeting: February 2010	Tab: 28	Specialty Developing Recommendation: ASHA

First Identified:	2023 Medicare Utilization: 14,119

2025 Work RVU:	1.50
2025 NF PE RVU:	1.58
2025 Fac PE RVU:	NA
Result:	Decrease

RUC Recommendation: 1.50 work RVU and clinical staff time removed

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

92610	Evaluation of oral and pharyngeal swallowing function	Global: XXX	Issue: Speech Language Pathology Services (RUC)	Screen: CMS Request/Speech Language Pathology Request / High Volume Growth2	Complete? Yes

Most Recent RUC Meeting: October 2020	Tab: 23	Specialty Developing Recommendation: ASHA, AAO-HNS

First Identified: NA	2023 Medicare Utilization: 32,384

2025 Work RVU:	1.30
2025 NF PE RVU:	1.24
2025 Fac PE RVU:	0.79
Result:	Decrease

RUC Recommendation: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 10,227
RUC Recommendation:	1.34 work RVU and clinical staff time removed		Referred to CPT Referred to CPT Asst	☐	Published in CPT Asst:
				2025 Work RVU:	1.34
				2025 NF PE RVU:	1.36
				2025 Fac PE RVU:	NA
				Result:	Decrease
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:	2023 Medicare Utilization:
RUC Recommendation:	0.65		Referred to CPT Referred to CPT Asst	February 2011 ☐	Published in CPT Asst:
				2025 Work RVU:	0.65
				2025 NF PE RVU:	0.26
				2025 Fac PE RVU:	0.26
				Result:	Increase
92620	Evaluation of central auditory function, with report; initial 60 minutes	Global: XXX	Issue: Audiology Services	Screen: CMS Request - Audiology Services	Complete? Yes
Most Recent RUC Meeting:	October 2008	Tab: 17	Specialty Developing Recommendation: ASHA, AAO-HNS	First Identified: NA	2023 Medicare Utilization: 1,054
RUC Recommendation:	1.50		Referred to CPT Referred to CPT Asst	☐	Published in CPT Asst:
				2025 Work RVU:	1.50
				2025 NF PE RVU:	1.13
				2025 Fac PE RVU:	0.83
				Result:	Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92621	Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Audiology Services	Screen: CMS Request - Audiology Services	Complete? Yes
Most Recent RUC Meeting:	October 2008	Tab: 17	Specialty Developing Recommendation: ASHA, AAO-HNS	First Identified: NA	2023 Medicare Utilization: 57
RUC Recommendation:	0.35		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	2025 Work RVU: 0.35 2025 NF PE RVU: 0.29 2025 Fac PE RVU: 0.20 Result: Decrease
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	2023 Medicare Utilization: 8,862
RUC Recommendation:	1.15		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	2025 Work RVU: 1.15 2025 NF PE RVU: 0.82 2025 Fac PE RVU: 0.62 Result: Decrease
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	2023 Medicare Utilization: 20,187
RUC Recommendation:	1.40		Referred to CPT May 2018 Referred to CPT Asst ☒	Published in CPT Asst: July 2014	2025 Work RVU: 1.40 2025 NF PE RVU: 1.14 2025 Fac PE RVU: 0.78 Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92627	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Audiology Services	Screen: CMS Request - Audiology Services	Complete? Yes				
Most Recent RUC Meeting:	October 2018	Tab: 30	Specialty Developing Recommendation: ASHA, AAO-HNS	First Identified: NA	2023 Medicare Utilization: 6,074	2025 Work RVU: 0.33	2025 NF PE RVU: 0.27	2025 Fac PE RVU: 0.18	Result: Decrease
RUC Recommendation:	0.33			Referred to CPT	Referred to CPT Asst	☐	Published in CPT Asst:		
92640	Diagnostic analysis with programming of auditory brainstem implant, per hour	Global: XXX	Issue: Audiology Services	Screen: CMS Request - Audiology Services	Complete? Yes				
Most Recent RUC Meeting:	October 2008	Tab: 17	Specialty Developing Recommendation: ASHA, AAO-HNS	First Identified: NA	2023 Medicare Utilization: 17	2025 Work RVU: 1.76	2025 NF PE RVU: 1.44	2025 Fac PE RVU: 0.99	Result: Decrease
RUC Recommendation:	1.76			Referred to CPT	Referred to CPT Asst	☐	Published in CPT Asst:		
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	2023 Medicare Utilization:	2025 Work RVU: 0.25	2025 NF PE RVU: 0.52	2025 Fac PE RVU: NA	Result: Decrease
RUC Recommendation:	0.25			Referred to CPT February 2019	Referred to CPT Asst	☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 502

2025 Work RVU: 1.00

2025 NF PE RVU: 1.33

2025 Fac PE RVU: NA

Result: Increase

RUC Recommendation: 1.00

Referred to CPT February 2019

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

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

2023 Medicare Utilization: 4,677

2025 Work RVU: 1.50

2025 NF PE RVU: 1.68

2025 Fac PE RVU: NA

Result: Increase

RUC Recommendation: 1.50

Referred to CPT February 2019

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

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

2023 Medicare Utilization: 21,786

2025 Work RVU: 1.05

2025 NF PE RVU: 1.33

2025 Fac PE RVU: NA

Result: Increase

RUC Recommendation: 1.05

Referred to CPT February 2019

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

92920 Percutaneous transluminal coronary angioplasty; single major coronary artery or branch **Global:** 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012

Tab: 10

Specialty Developing Recommendation:

ACC

First Identified: October 2010

2023 Medicare Utilization: 18,038

2025 Work RVU: 9.85

2025 NF PE RVU: NA

2025 Fac PE RVU: 3.42

Result: Decrease

RUC Recommendation: 9.00

Referred to CPT October 2011

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

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization:

2025 Work RVU:	0.00
2025 NF PE RVU:	0.00
2025 Fac PE RVU:	0.00
Result:	Decrease

RUC Recommendation: 4.00

Referred to CPT	October 2011
Referred to CPT Asst	☐ Published in CPT Asst:

92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	Global: 000	Issue: Percutaneous Coronary Intervention	Screen: MPC List	Complete? Yes

Most Recent RUC Meeting: January 2012	Tab: 10	Specialty Developing Recommendation: ACC

First Identified: October 2010

2023 Medicare Utilization:	1,536

2025 Work RVU:	11.74
2025 NF PE RVU:	NA
2025 Fac PE RVU:	4.07
Result:	Decrease

RUC Recommendation: 11.00

Referred to CPT	October 2011
Referred to CPT Asst	☐ Published in CPT Asst:

92925	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Percutaneous Coronary Intervention	Screen: MPC List	Complete? Yes

Most Recent RUC Meeting: January 2012	Tab: 10	Specialty Developing Recommendation: ACC

First Identified: October 2010

2023 Medicare Utilization:

2025 Work RVU:	0.00
2025 NF PE RVU:	0.00
2025 Fac PE RVU:	0.00
Result:	Decrease

RUC Recommendation: 5.00

Referred to CPT	October 2011
Referred to CPT Asst	☐ Published in CPT Asst:

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

2023 Medicare Utilization:	191,554

2025 Work RVU:	10.96
2025 NF PE RVU:	NA
2025 Fac PE RVU:	3.80
Result:	Decrease

RUC Recommendation: 10.49

Referred to CPT	October 2011
Referred to CPT Asst	☐ Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization:
RUC Recommendation:	4.44			Referred to CPT Referred to CPT Asst	October 2011 ☐ Published in CPT Asst:
					2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result: Decrease
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	2023 Medicare Utilization: 13,432
RUC Recommendation:	12.32			Referred to CPT Referred to CPT Asst	October 2011 ☐ Published in CPT Asst:
					2025 Work RVU: 12.29 2025 NF PE RVU: NA 2025 Fac PE RVU: 4.26 Result: Decrease
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	2023 Medicare Utilization:
RUC Recommendation:	5.50			Referred to CPT Referred to CPT Asst	October 2011 ☐ Published in CPT Asst:
					2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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 vesse	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	2023 Medicare Utilization: 10,985	2025 Work RVU: 10.95 2025 NF PE RVU: NA 2025 Fac PE RVU: 3.80 Result: Decrease	
RUC Recommendation: 10.49		Referred to CPT October 2011 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 additio	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	2023 Medicare Utilization:	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result: Decrease	
RUC Recommendation: 6.00		Referred to CPT October 2011 Referred to CPT Asst ☐ Published in CPT Asst:			
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 th	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	2023 Medicare Utilization: 28,212	2025 Work RVU: 12.31 2025 NF PE RVU: NA 2025 Fac PE RVU: 4.27 Result: Decrease	
RUC Recommendation: 12.32		Referred to CPT October 2011 Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 6,992

2025 Work RVU: 12.31
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.26
Result: Decrease

RUC Recommendation: 12.32

Referred to CPT October 2011
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, coronar	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

2023 Medicare Utilization:

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00
Result: Decrease

RUC Recommendation: 6.00

Referred to CPT October 2011
Referred to CPT Asst ☐ Published in CPT Asst:

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

2023 Medicare Utilization: 210,188

2025 Work RVU: 2.00
2025 NF PE RVU: 2.42
2025 Fac PE RVU: 1.05
Result: Maintain

RUC Recommendation: 2.25

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

Status Report: CMS Requests and Relativity Assessment Issues

92973	Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: RAW	Screen: High Volume Growth2	Complete? Yes
Most Recent RUC Meeting:	Tab: 19 October 2017	Specialty Developing Recommendation:	First Identified: April 2013	2023 Medicare Utilization: 2,246	2025 Work RVU: 3.28 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.14 Result: Maintain
RUC Recommendation:	Remove from screen	Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:	
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 vess	Global: ZZZ	Issue: RAW	Screen: High Volume Growth11	Complete? No
Most Recent RUC Meeting:	Tab: 14 April 2025	Specialty Developing Recommendation:	First Identified: April 2025	2023 Medicare Utilization: 94,036	2025 Work RVU: 2025 NF PE RVU: 0.00 2025 Fac PE RVU: NA Result:
RUC Recommendation:	Review action plan.	Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:	
92980	Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel	Global:	Issue: Percutaneous Coronary Intervention	Screen: MPC List	Complete? Yes
Most Recent RUC Meeting:	Tab: 10 January 2012	Specialty Developing Recommendation: ACC	First Identified: October 2010	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation:	Deleted from CPT	Referred to CPT	October 2011	Referred to CPT Asst ☐	Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011
Referred to CPT Asst ☐ Published in CPT Asst:

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

2023 Medicare Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011
Referred to CPT Asst ☐ Published in CPT Asst:

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

2023 Medicare Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011
Referred to CPT Asst ☐ Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

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** ACC
Recommendation:

First
Identified: October 2008

2023
Medicare
Utilization: 2,050

2025 Work RVU: 22.60

2025 NF PE RVU: NA

2025 Fac PE RVU: 11.39

Result: Remove from Screen

RUC Recommendation: Deleted from CPT

Referred to CPT

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

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

2023
Medicare
Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT September 2019

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

2023
Medicare
Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT September 2019

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** ACC
Recommendation:

First
Identified: October 2010

2023
Medicare
Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation: Deleted from CPT		Referred to CPT October 2011		2025 NF PE RVU:	
		Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	
				Result: Deleted from CPT	
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	2023 Medicare Utilization: 10,269,471	2025 Work RVU:	0.17
RUC Recommendation: 0.17		Referred to CPT		2025 NF PE RVU:	0.24
		Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	NA
				Result: Maintain	
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	2023 Medicare Utilization: 422,271	2025 Work RVU:	0.00
RUC Recommendation: 0.00		Referred to CPT		2025 NF PE RVU:	0.18
		Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	NA
				Result: PE Only	

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 15,241,115	2025 Work RVU: 0.17	2025 NF PE RVU: 0.06	2025 Fac PE RVU: 0.06	Result: Maintain
RUC Recommendation:		0.17		Referred to CPT		Referred to CPT Asst ☐ Published in CPT Asst:				
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	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU:	Result: Deleted from CPT
RUC Recommendation:		Deleted from CPT		Referred to CPT		February 2010	Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU:	Result: Deleted from CPT
RUC Recommendation:		Deleted from CPT		Referred to CPT		February 2010	Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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** ACC
Recommendation:

First
Identified: February 2010

2023
Medicare
Utilization: 816,351

2025 Work RVU: 0.75
2025 NF PE RVU: 1.40
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.75. CPT Assistant published.

Referred to CPT October 2010

Referred to CPT Asst ☒ **Published in CPT Asst:** Jan 2010

93016 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report **Global:** XXX **Issue:** Cardiovascular Stress Tests **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent
RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing** ACC
Recommendation:

First
Identified: February 2010

2023
Medicare
Utilization: 771,513

2025 Work RVU: 0.45
2025 NF PE RVU: 0.16
2025 Fac PE RVU: 0.16
Result: Maintain

RUC Recommendation: Remove from screen. 0.45

Referred to CPT

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** ACC
Recommendation:

First
Identified: February 2008

2023
Medicare
Utilization: 75,937

2025 Work RVU: 0.00
2025 NF PE RVU: 1.13
2025 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: New PE inputs

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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: September 2024	Tab: 14 Specialty Developing Recommendation: ACC	First Identified: February 2010	2023 Medicare Utilization: 915,348	2025 Work RVU: 0.30 2025 NF PE RVU: 0.11 2025 Fac PE RVU: 0.11 Result: Maintain	
RUC Recommendation: Review action plan. 0.30		Referred to CPT October 2010 Referred to CPT Asst ☒	Published in CPT Asst: Jan 2010		
93025	Microvolt T-wave alternans for assessment of ventricular arrhythmias	Global: XXX	Issue: Microvolt T-Wave Assessment	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting: October 2008	Tab: 18 Specialty Developing Recommendation: ACC	First Identified: NA	2023 Medicare Utilization: 118	2025 Work RVU: 0.75 2025 NF PE RVU: 3.04 2025 Fac PE RVU: NA Result: PE Only	
RUC Recommendation: New PE Inputs		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 80,679	2025 Work RVU: 0.15 2025 NF PE RVU: 0.23 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 0.15		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 10,739
RUC Recommendation:	0.00 (PE only)		Referred to CPT	Referred to CPT Asst	☐ Published in CPT Asst:
				2025 Work RVU:	0.00
				2025 NF PE RVU:	0.19
				2025 Fac PE RVU:	NA
				Result:	Maintain
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	2023 Medicare Utilization: 254,371
RUC Recommendation:	0.15		Referred to CPT	Referred to CPT Asst	☐ Published in CPT Asst:
				2025 Work RVU:	0.15
				2025 NF PE RVU:	0.04
				2025 Fac PE RVU:	0.04
				Result:	Decrease
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 i	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	2023 Medicare Utilization: 10,655
RUC Recommendation:	Remove from screen		Referred to CPT	Referred to CPT Asst	☐ Published in CPT Asst:
				2025 Work RVU:	0.17
				2025 NF PE RVU:	0.30
				2025 Fac PE RVU:	NA
				Result:	Remove from Screen

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:	Tab: 06 January 2023	Specialty Developing Recommendation:	First Identified: January 2023	2023 Medicare Utilization:	2025 Work RVU: 0.85 2025 NF PE RVU: 2.13 2025 Fac PE RVU: 0.34 Result:
RUC Recommendation:	Review action Plan	Referred to CPT Referred to CPT Asst	☐ Published in CPT Asst:		
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:	Tab: 06 January 2023	Specialty Developing Recommendation:	First Identified: January 2023	2023 Medicare Utilization:	2025 Work RVU: 0.80 2025 NF PE RVU: 1.80 2025 Fac PE RVU: 0.32 Result:
RUC Recommendation:	Review action Plan	Referred to CPT Referred to CPT Asst	☐ Published in CPT Asst:		
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:	Tab: 06 January 2023	Specialty Developing Recommendation:	First Identified: January 2023	2023 Medicare Utilization:	2025 Work RVU: 1.82 2025 NF PE RVU: 2.27 2025 Fac PE RVU: 0.66 Result:
RUC Recommendation:	Review action Plan	Referred to CPT Referred to CPT Asst	☐ Published in CPT Asst:		
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:	Tab: 06 January 2023	Specialty Developing Recommendation:	First Identified: January 2023	2023 Medicare Utilization:	2025 Work RVU: 0.43 2025 NF PE RVU: 1.12 2025 Fac PE RVU: 0.18 Result:
RUC Recommendation:	Review action Plan	Referred to CPT Referred to CPT Asst	☐ Published in CPT Asst:		

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	2023 Medicare Utilization: 140,499	2025 Work RVU: 0.39 2025 NF PE RVU: 1.69 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.52		Referred to CPT February 2010 Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 55,226	2025 Work RVU: 0.00 2025 NF PE RVU: 0.53 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: N/A no physician work		Referred to CPT February 2010 Referred to CPT Asst ☐ Published in CPT Asst:			
93226	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report	Global: XXX	Issue: External Cardiovascular Device Monitoring	Screen: Harvard Valued - Utilization over 100,000 /Work Neutrality 2021	Complete? Yes
Most Recent RUC Meeting: September 2023	Tab: 22 Specialty Developing Recommendation: ACC	First Identified: October 2009	2023 Medicare Utilization: 92,549	2025 Work RVU: 0.00 2025 NF PE RVU: 1.02 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: N/A no physician work		Referred to CPT February 2010 Referred to CPT Asst ☐ Published in CPT Asst:			

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

2023 Medicare Utilization: 183,173

2025 Work RVU: 0.39

2025 NF PE RVU: 0.14

2025 Fac PE RVU: 0.14

Result: Remove from Screen

RUC Recommendation: 0.52

Referred to CPT February 2010

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

93228 External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events

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

2023 Medicare Utilization: 291,765

2025 Work RVU: 0.48

2025 NF PE RVU: 0.24

2025 Fac PE RVU: 0.24

Result: Maintain

RUC Recommendation: 0.52

Referred to CPT

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

93229 External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events

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

2023 Medicare Utilization: 374,720

2025 Work RVU: 0.00

2025 NF PE RVU: 22.94

2025 Fac PE RVU: NA

Result: PE Only

RUC Recommendation: PE Only

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

93230	Deleted from CPT			Global:	Issue: Cardiac Device Monitoring	Screen: CMS Request - 2009 Final Rule / Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting:	April 2009	Tab: 31	Specialty Developing Recommendation:	ACC	First Identified: NA	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation:	Deleted from CPT				Referred to CPT February 2010 Referred to CPT Asst ☐ Published in CPT Asst:		
93231	Deleted from CPT			Global:	Issue: External Cardiovascular Device Monitoring	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting:	April 2010	Tab: 25	Specialty Developing Recommendation:		First Identified: October 2009	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation:	Deleted from CPT				Referred to CPT February 2010 Referred to CPT Asst ☐ Published in CPT Asst:		
93232	Deleted from CPT			Global:	Issue: External Cardiovascular Device Monitoring	Screen: Harvard Valued - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting:	April 2010	Tab: 25	Specialty Developing Recommendation:		First Identified: October 2009	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation:	Deleted from CPT				Referred to CPT February 2010 Referred to CPT Asst ☐ Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

93233 Deleted from CPT				Global:	Issue:	Cardiac Device Monitoring	Screen:	CMS Request - 2009 Final Rule / Harvard Valued - Utilization over 100,000	Complete?	Yes
Most Recent RUC Meeting:		April 2009	Tab: 31	Specialty Developing Recommendation:	ACC	First Identified:	NA	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation:		Deleted from CPT				Referred to CPT	February 2010	2025 NF PE RVU:		
						Referred to CPT Asst	☐	Published in CPT Asst:	2025 Fac PE RVU:	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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation:		Deleted from CPT				Referred to CPT	February 2010	2025 NF PE RVU:		
						Referred to CPT Asst	☐	Published in CPT Asst:	2025 Fac PE RVU:	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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation:		Deleted from CPT				Referred to CPT	February 2010	2025 NF PE RVU:		
						Referred to CPT Asst	☐	Published in CPT Asst:	2025 Fac PE RVU:	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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation:			Deleted from CPT		Referred to CPT	February 2010	2025 NF PE RVU:	2025 Fac PE RVU:	Result:
			Referred to CPT Asst		☐	Published in CPT Asst:	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?
Most Recent RUC Meeting:	September 2023	Tab: 22	Specialty Developing Recommendation:		First Identified:	April 2023	2023 Medicare Utilization:	2025 Work RVU:	0.50
RUC Recommendation:			Remove from screen		Referred to CPT		2025 NF PE RVU:	7.49	
			Referred to CPT Asst		☐	Published in CPT Asst:	2025 Fac PE RVU:	NA	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?
Most Recent RUC Meeting:	September 2023	Tab: 22	Specialty Developing Recommendation:		First Identified:	April 2023	2023 Medicare Utilization:	2025 Work RVU:	0.00
RUC Recommendation:			Remove from screen		Referred to CPT		2025 NF PE RVU:	0.34	
			Referred to CPT Asst		☐	Published in CPT Asst:	2025 Fac PE RVU:	NA	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	2023 Medicare Utilization: 238,020	2025 Work RVU: 0.00 2025 NF PE RVU: 6.99 2025 Fac PE RVU: NA Result: Remove from Screen
RUC Recommendation: Remove from screen		Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:	
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	2023 Medicare Utilization: 235,248	2025 Work RVU: 0.50 2025 NF PE RVU: 0.16 2025 Fac PE RVU: 0.16 Result: Remove from Screen
RUC Recommendation: Remove from screen		Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:	
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	2023 Medicare Utilization: 8,992	2025 Work RVU: 0.55 2025 NF PE RVU: 7.77 2025 Fac PE RVU: NA Result: Remove from Screen
RUC Recommendation: Remove from screen		Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 138,128

2025 Work RVU: 0.00

2025 NF PE RVU: 0.34

2025 Fac PE RVU: NA

Result: Remove from Screen

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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

2023 Medicare Utilization: 337,061

2025 Work RVU: 0.00

2025 NF PE RVU: 7.25

2025 Fac PE RVU: NA

Result: Remove from Screen

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

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

2023 Medicare Utilization: 297,449

2025 Work RVU: 0.55

2025 NF PE RVU: 0.18

2025 Fac PE RVU: 0.18

Result: Remove from Screen

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

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 interpr	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	2023 Medicare Utilization: 9,131	2025 Work RVU: 0.52 2025 NF PE RVU: 4.49 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.52		Referred to CPT February 2010 Referred to CPT Asst ☐ Published in CPT Asst:			
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	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	2023 Medicare Utilization: 28,890	2025 Work RVU: 0.00 2025 NF PE RVU: 0.23 2025 Fac PE RVU: NA Result: PE Only	
RUC Recommendation: New PE inputs		Referred to CPT February 2010 Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 34,746	2025 Work RVU: 0.00 2025 NF PE RVU: 4.09 2025 Fac PE RVU: NA Result: PE Only	
RUC Recommendation: PE Only		Referred to CPT February 2010 Referred to CPT Asst ☐ Published in CPT Asst:			

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	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	2023 Medicare Utilization: 79,697	2025 Work RVU: 0.52 2025 NF PE RVU: 0.17 2025 Fac PE RVU: 0.17 Result: Maintain	
RUC Recommendation: 0.52		Referred to CPT February 2010 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	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	2023 Medicare Utilization: 104,038	2025 Work RVU: 0.65 2025 NF PE RVU: 1.31 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.65		Referred to CPT February 2017 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	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	2023 Medicare Utilization: 736,539	2025 Work RVU: 0.77 2025 NF PE RVU: 1.52 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.77		Referred to CPT February 2017 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	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	2023 Medicare Utilization: 68,719	2025 Work RVU: 0.85 2025 NF PE RVU: 1.58 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 0.85		Referred to CPT February 2017 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	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	2023 Medicare Utilization: 67,056	2025 Work RVU: 0.85 2025 NF PE RVU: 1.46 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.85		Referred to CPT February 2017 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	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	2023 Medicare Utilization: 144,455	2025 Work RVU: 1.15 2025 NF PE RVU: 1.69 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 1.15		Referred to CPT February 2017 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	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	2023 Medicare Utilization: 176,325	2025 Work RVU: 1.25 2025 NF PE RVU: 1.82 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 1.25		Referred to CPT February 2017 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	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	2023 Medicare Utilization: 39,425	2025 Work RVU: 0.52 2025 NF PE RVU: 1.21 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.52		Referred to CPT February 2017 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	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	2023 Medicare Utilization: 30,779	2025 Work RVU: 0.30 2025 NF PE RVU: 1.01 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.30		Referred to CPT February 2017 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 **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

2023 Medicare Utilization: 14,202

2025 Work RVU: 0.45
2025 NF PE RVU: 1.07
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.45

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

93288 Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker syste **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

2023 Medicare Utilization: 158,763

2025 Work RVU: 0.43
2025 NF PE RVU: 1.21
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.43

Referred to CPT February 2017
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 imp **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

2023 Medicare Utilization: 56,855

2025 Work RVU: 0.75
2025 NF PE RVU: 1.33
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.75

Referred to CPT February 2017
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	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	2023 Medicare Utilization: 78,108	2025 Work RVU: 0.43 2025 NF PE RVU: 1.10 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.43		Referred to CPT February 2017 Referred to CPT Asst ☐ Published in CPT Asst:			
93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, in	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	2023 Medicare Utilization: 56,780	2025 Work RVU: 0.37 2025 NF PE RVU: 1.05 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 0.37		Referred to CPT February 2017 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	2023 Medicare Utilization: 941	2025 Work RVU: 0.43 2025 NF PE RVU: 1.05 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.43		Referred to CPT February 2017 Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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 **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

2023 Medicare Utilization: 8,697

2025 Work RVU: 0.31
2025 NF PE RVU: 0.91
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.31

Referred to CPT February 2017
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

2023 Medicare Utilization: 1,745,578

2025 Work RVU: 0.60
2025 NF PE RVU: 0.23
2025 Fac PE RVU: 0.23
Result: Decrease

RUC Recommendation: 0.60

Referred to CPT
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

2023 Medicare Utilization: 702,662

2025 Work RVU: 0.74
2025 NF PE RVU: 0.29
2025 Fac PE RVU: 0.29
Result: Decrease

RUC Recommendation: 0.74

Referred to CPT
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, techni **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

2023 Medicare Utilization: 1,851,309

2025 Work RVU: 0.00
2025 NF PE RVU: 0.59
2025 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: New PE inputs and Refer to CPT

Referred to CPT February 2017

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)

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

2023 Medicare Utilization: 628,709

2025 Work RVU: 0.52
2025 NF PE RVU: 1.25
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.52 and PE Inputs

Referred to CPT

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

2023 Medicare Utilization: 1,153,442

2025 Work RVU: 0.52
2025 NF PE RVU: 2.46
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.52 and PE Inputs

Referred to CPT

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	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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation: Deleted from CPT		Referred to CPT February 2019		2025 NF PE RVU:	
		Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	
				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	2023 Medicare Utilization: 6,621,296	2025 Work RVU: 1.46	
RUC Recommendation: 1.46		Referred to CPT		2025 NF PE RVU: 4.28	
		Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: NA	
				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	2023 Medicare Utilization: 21,226	2025 Work RVU: 0.92	
RUC Recommendation: 0.92		Referred to CPT		2025 NF PE RVU: 3.08	
		Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: NA	
				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** ACC
Recommendation:

First
Identified: October 2008

2023
Medicare
Utilization: 543,887

2025 Work RVU: 0.53
2025 NF PE RVU: 2.35
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.53

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

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** ACC
Recommendation:

First
Identified: February 2009

2023
Medicare
Utilization: 313,390

2025 Work RVU: 0.38
2025 NF PE RVU: 1.10
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.38

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

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** ACC
Recommendation:

First
Identified: October 2013

2023
Medicare
Utilization: 315,168

2025 Work RVU: 0.15
2025 NF PE RVU: 0.58
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.15

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

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

2023 Medicare Utilization: 613,639

2025 Work RVU: 0.07
2025 NF PE RVU: 0.61
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.07

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

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

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

2023 Medicare Utilization: 64,242

2025 Work RVU: 1.46
2025 NF PE RVU: 3.95
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.46; CPT Assistant article published

Referred to CPT October 2010
Referred to CPT Asst ☒ **Published in CPT Asst:** Jan 2010

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

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

2023 Medicare Utilization: 176,732

2025 Work RVU: 1.75
2025 NF PE RVU: 5.04
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.75

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

Status Report: CMS Requests and Relativity Assessment Issues

93355 Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg, TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial ap **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth11 **Complete?** No

Most Recent RUC Meeting: April 2025

Tab: 14 **Specialty Developing Recommendation:**

First Identified: April 2025

2023 Medicare Utilization: 30,111

2025 Work RVU: 4.66

2025 NF PE RVU: NA

2025 Fac PE RVU: 1.61

Result:

RUC Recommendation: Review action plan.

Referred to CPT

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

93451 Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed **Global:** 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2018

Tab: 33 **Specialty Developing Recommendation:** ACC

First Identified:

2023 Medicare Utilization: 43,505

2025 Work RVU: 2.47

2025 NF PE RVU: 21.55

2025 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: Remove from Modifier -51 exempt list. 3.02

Referred to CPT October 2009

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

93452 Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed **Global:** 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011

Tab: 28 **Specialty Developing Recommendation:** ACC

First Identified:

2023 Medicare Utilization: 3,314

2025 Work RVU: 4.50

2025 NF PE RVU: 20.29

2025 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 4.32

Referred to CPT October 2009

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

Status Report: CMS Requests and Relativity Assessment Issues

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:	2023 Medicare Utilization: 1,788	2025 Work RVU: 5.99 2025 NF PE RVU: 25.59 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 5.98		Referred to CPT October 2009 Referred to CPT Asst ☐ Published in CPT Asst:			
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	Global: 000	Issue: Diagnostic Cardiac Catheterization	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting: April 2011	Tab: 28 Specialty Developing Recommendation: ACC	First Identified:	2023 Medicare Utilization: 105,729	2025 Work RVU: 4.54 2025 NF PE RVU: 20.42 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 4.95		Referred to CPT October 2009 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, ven	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:	2023 Medicare Utilization: 18,517	2025 Work RVU: 5.29 2025 NF PE RVU: 22.52 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 6.15		Referred to CPT October 2009 Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

93456 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization

Global: 000

Issue: Diagnostic Cardiac Catheterization

Screen: Codes Reported Together 95% or More / Modifier -51 Exempt

Complete? Yes

Most Recent RUC Meeting: April 2018

Tab: 33 **Specialty Developing Recommendation:** ACC

First Identified:

2023 Medicare Utilization: 20,088

2025 Work RVU: 5.90

2025 NF PE RVU: 25.12

2025 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: Remove from Modifier -51 Exempt List. 6.00

Referred to CPT October 2009

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

93457 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, ven

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:

2023 Medicare Utilization: 3,101

2025 Work RVU: 6.64

2025 NF PE RVU: 27.17

2025 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 7.66

Referred to CPT October 2009

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 ven

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:

2023 Medicare Utilization: 387,709

2025 Work RVU: 5.60

2025 NF PE RVU: 23.08

2025 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 6.51

Referred to CPT October 2009

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

Status Report: CMS Requests and Relativity Assessment Issues

93459 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ven **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: **2023 Medicare Utilization:** 54,751

2025 Work RVU: 6.35
2025 NF PE RVU: 24.47
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 7.34

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

93460 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) fo **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: **2023 Medicare Utilization:** 71,831

2025 Work RVU: 7.10
2025 NF PE RVU: 27.07
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 7.88

Referred to CPT October 2009
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) fo **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: **2023 Medicare Utilization:** 9,735

2025 Work RVU: 7.85
2025 NF PE RVU: 29.85
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 9.00

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

Status Report: CMS Requests and Relativity Assessment Issues

93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Diagnostic Cardiac Catheterization	Screen: Codes Reported Together 95% or More	Complete? Yes

Most Recent RUC Meeting: April 2011

Tab: 28 **Specialty Developing Recommendation:** ACC

First Identified:

2023 Medicare Utilization: 7,647

2025 Work RVU: 3.73

2025 NF PE RVU: 1.50

2025 Fac PE RVU: 1.50

Result: Decrease

RUC Recommendation: 3.73

Referred to CPT October 2009

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

93463 Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, w

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:

2023 Medicare Utilization: 5,272

2025 Work RVU: 2.00

2025 NF PE RVU: 0.71

2025 Fac PE RVU: 0.71

Result: Decrease

RUC Recommendation: 2.00

Referred to CPT October 2009

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

93464 Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)

Global: ZZZ

Issue: Diagnostic Cardiac Catheterization

Screen: Codes Reported Together 95% or More

Complete? Yes

Most Recent RUC Meeting: April 2011

Tab: 28 **Specialty Developing Recommendation:** ACC

First Identified:

2023 Medicare Utilization: 1,207

2025 Work RVU: 1.80

2025 NF PE RVU: 4.48

2025 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 1.80

Referred to CPT October 2009

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

Status Report: CMS Requests and Relativity Assessment Issues

93501 Deleted from CPT			Global:	Issue:	Cardiac Catheterization	Screen:	Codes Reported Together 95% or More	Complete?	Yes	
Most Recent RUC Meeting:	April 2010	Tab: 26	Specialty Developing Recommendation:	ACC	First Identified:	February 2008	2023 Medicare Utilization:	2025 Work RVU:		
RUC Recommendation:			Deleted from CPT		Referred to CPT	October 2009	2025 NF PE RVU:	2025 Fac PE RVU:		
			Referred to CPT Asst	☐	Published in CPT Asst:		Result:	Deleted from CPT		
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	2023 Medicare Utilization:	48,353	2025 Work RVU:	2.00
RUC Recommendation:			2.00		Referred to CPT		2025 NF PE RVU:	NA	2025 Fac PE RVU:	0.41
			Referred to CPT Asst	☐	Published in CPT Asst:		Result:	Decrease		
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	2023 Medicare Utilization:	2025 Work RVU:		
RUC Recommendation:			Deleted from CPT		Referred to CPT	October 2009	2025 NF PE RVU:	2025 Fac PE RVU:		
			Referred to CPT Asst	☐	Published in CPT Asst:		Result:	Deleted from CPT		

Status Report: CMS Requests and Relativity Assessment Issues

93510 Deleted from CPT			Global:	Issue:	Cardiac Catheterization	Screen:	Codes Reported Together 95% or More/ CMS Request - Practice Expense Review / Harvard Valued - Utilization over 100,000	Complete?	Yes
Most Recent RUC Meeting:	February 2009	Tab: 31	Specialty Developing Recommendation:	ACC	First Identified:	February 2008	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation:			Deleted from CPT			Referred to CPT	October 2009	2025 NF PE RVU:	
			Referred to CPT Asst			☐	Published in CPT Asst:	2025 Fac PE RVU:	
								Result:	Deleted from CPT
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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation:			Deleted from CPT			Referred to CPT	October 2009	2025 NF PE RVU:	
			Referred to CPT Asst			☐	Published in CPT Asst:	2025 Fac PE RVU:	
								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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation:			Deleted from CPT			Referred to CPT	October 2009	2025 NF PE RVU:	
			Referred to CPT Asst			☐	Published in CPT Asst:	2025 Fac PE RVU:	
								Result:	Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93524 Deleted from CPT				Global:	Issue:	Cardiac Catheterization	Screen:	Codes Reported Together 95% or More	Complete?	Yes
Most Recent RUC Meeting:		April 2010	Tab: 26	Specialty Developing Recommendation:	ACC	First Identified:	February 2008	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation:		Deleted from CPT				Referred to CPT	October 2009	2025 NF PE RVU:	2025 Fac PE RVU:	
						Referred to CPT Asst	☐	Published in CPT Asst:	Result:	Deleted from CPT
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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation:		Deleted from CPT				Referred to CPT	October 2009	2025 NF PE RVU:	2025 Fac PE RVU:	
						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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation:		Deleted from CPT				Referred to CPT	October 2009	2025 NF PE RVU:	2025 Fac PE RVU:	
						Referred to CPT Asst	☐	Published in CPT Asst:	Result:	Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93528 Deleted from CPT				Global:	Issue:	Cardiac Catheterization	Screen:	Codes Reported Together 95% or More	Complete?	Yes
Most Recent RUC Meeting:		April 2010	Tab: 26	Specialty Developing Recommendation:	ACC	First Identified:	February 2008	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation:		Deleted from CPT				Referred to CPT	October 2009	2025 NF PE RVU:	2025 Fac PE RVU:	
						Referred to CPT Asst	☐	Published in CPT Asst:	Result:	Deleted from CPT
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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation:		Deleted from CPT				Referred to CPT	October 2009	2025 NF PE RVU:	2025 Fac PE RVU:	
						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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation:		Deleted from CPT				Referred to CPT	October 2009	2025 NF PE RVU:	2025 Fac PE RVU:	
						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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation:		Deleted from CPT				Referred to CPT	October 2009	2025 NF PE RVU:	2025 Fac PE RVU:	
						Referred to CPT Asst	☐	Published in CPT Asst:	Result:	Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93541 Deleted from CPT

Global:

Issue: Cardiac Catheterization

Screen: Codes Reported
Together 95% or More

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab: 26

**Specialty Developing
Recommendation:** ACC

**First
Identified:** February 2008

**2023
Medicare
Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

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

93542 Deleted from CPT

Global:

Issue: Cardiac Catheterization

Screen: Codes Reported
Together 95% or More

Complete? Yes

**Most Recent
RUC Meeting:** April 2010

Tab: 26

**Specialty Developing
Recommendation:** ACC

**First
Identified:** February 2008

**2023
Medicare
Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

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

93543 Deleted from CPT

Global:

Issue: Cardiac Catheterization

Screen: Codes Reported
Together 95% or More /
CMS Request - Practice
Expense Review /
Harvard Valued -
Utilization over 100,000

Complete? Yes

**Most Recent
RUC Meeting:** February 2009

Tab: 31

**Specialty Developing
Recommendation:** ACC

**First
Identified:** February 2008

**2023
Medicare
Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

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

Status Report: CMS Requests and Relativity Assessment Issues

93544 Deleted from CPT			Global:	Issue:	Cardiac Catheterization	Screen:	Codes Reported Together 95% or More	Complete?	Yes
Most Recent RUC Meeting:	February 2008	Tab: S	Specialty Developing Recommendation:	ACC	First Identified:	February 2008	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation:			Deleted from CPT	Referred to CPT	October 2009	Referred to CPT Asst	☐	Published in CPT Asst:	
								2025 NF PE RVU:	
								2025 Fac PE RVU:	
								Result:	Deleted from CPT
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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation:			Deleted from CPT	Referred to CPT	October 2009	Referred to CPT Asst	☐	Published in CPT Asst:	
								2025 NF PE RVU:	
								2025 Fac PE RVU:	
								Result:	Deleted from CPT
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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation:			Deleted from CPT	Referred to CPT	October 2009	Referred to CPT Asst	☐	Published in CPT Asst:	
								2025 NF PE RVU:	
								2025 Fac PE RVU:	
								Result:	Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: 0.77. Deleted from CPT for 2022.

Referred to CPT

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: 0.95. Deleted from CPT for 2022.

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

93563	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Diagnostic Cardiac Catheterization	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting: April 2011	Tab: 28 Specialty Developing Recommendation: ACC	First Identified:	2023 Medicare Utilization: 127	2025 Work RVU: 1.00 2025 NF PE RVU: 0.35 2025 Fac PE RVU: 0.35 Result: Decrease	
RUC Recommendation: 2.00		Referred to CPT October 2009 Referred to CPT Asst ☐ Published in CPT Asst:			
93564	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free ma	Global: ZZZ	Issue: Pulmonary Angiography	Screen: Codes Reported Together 95% or More / Low Survey Response	Complete? No
Most Recent RUC Meeting: October 2021	Tab: 08 Specialty Developing Recommendation: ACC, SCAI	First Identified: October 2021	2023 Medicare Utilization: 2	2025 Work RVU: 1.03 2025 NF PE RVU: 0.36 2025 Fac PE RVU: 0.36 Result: Decrease	
RUC Recommendation: Review action plan		Referred to CPT October 2009 Referred to CPT Asst ☐ Published in CPT Asst:			
93565	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Diagnostic Cardiac Catheterization	Screen: Codes Reported Together 95% or More	Complete? Yes
Most Recent RUC Meeting: April 2011	Tab: 28 Specialty Developing Recommendation: ACC	First Identified:	2023 Medicare Utilization: 51	2025 Work RVU: 0.50 2025 NF PE RVU: 0.17 2025 Fac PE RVU: 0.17 Result: Decrease	
RUC Recommendation: 1.90		Referred to CPT October 2009 Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

93566 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)

Global: ZZZ

Issue: Diagnostic Cardiac Catheterization

Screen: Codes Reported Together 95% or More

Complete? Yes

Most Recent RUC Meeting: April 2011

Tab: 28 **Specialty Developing Recommendation:** ACC

First Identified:

2023 Medicare Utilization: 153

2025 Work RVU: 0.50

2025 NF PE RVU: 0.18

2025 Fac PE RVU: 0.18

Result: Decrease

RUC Recommendation: 0.96

Referred to CPT October 2009

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

93567 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravulvar 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:

2023 Medicare Utilization: 15,013

2025 Work RVU: 0.70

2025 NF PE RVU: 0.24

2025 Fac PE RVU: 0.24

Result: Decrease

RUC Recommendation: 0.97

Referred to CPT October 2009

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

93568 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for 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:

2023 Medicare Utilization: 780

2025 Work RVU: 0.88

2025 NF PE RVU: 0.31

2025 Fac PE RVU: 0.31

Result: Decrease

RUC Recommendation: 0.98

Referred to CPT October 2009

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

Status Report: CMS Requests and Relativity Assessment Issues

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 pro	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	2023 Medicare Utilization: 61,493	2025 Work RVU: 0.00 2025 NF PE RVU: NA 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 1.50		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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 pri	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	2023 Medicare Utilization: 11,662	2025 Work RVU: 0.00 2025 NF PE RVU: NA 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 1.00		Referred to CPT 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 / Work Neutrality 2023	Complete? No
Most Recent RUC Meeting: April 2025	Tab: 14 Specialty Developing Recommendation: ACC, HRS	First Identified: October 2008	2023 Medicare Utilization: 1,512	2025 Work RVU: 5.23 2025 NF PE RVU: NA 2025 Fac PE RVU: 2.11 Result: Decrease	
RUC Recommendation: Review action plan. 5.23		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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 bund	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	2023 Medicare Utilization: 5,952	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 11.57		Referred to CPT October 2011 Referred to CPT Asst ☐ Published in CPT Asst:			
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 separatel	Global: ZZZ	Issue: Cardiac Ablation Services Bundling	Screen: High Volume Growth6 / Work Neutrality 2023	Complete? No
Most Recent RUC Meeting: April 2025	Tab: 14 Specialty Developing Recommendation: ACC, HRS	First Identified: October 2019	2023 Medicare Utilization: 2,064	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: Review action plan. 1.75		Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
93622	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for prim	Global: ZZZ	Issue: RAW	Screen: Work Neutrality 2023	Complete? No
Most Recent RUC Meeting: April 2025	Tab: 14 Specialty Developing Recommendation:	First Identified: April 2025	2023 Medicare Utilization: 10,294	2025 Work RVU: 2025 NF PE RVU: 0.00 2025 Fac PE RVU: NA Result:	
RUC Recommendation: Review action plan.		Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 39,674	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: Referral to CPT for parenthetical. 2.04	Referred to CPT May 2019 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 implant	Global: 000	Issue: Insertion/Removal of Pacemaker or Pacing Cardioverter-Defibrillator	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	2023 Medicare Utilization: 6,127	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 2B.	Referred to CPT February 2011 Referred to CPT Asst ☐ Published in CPT Asst:				
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT	
RUC Recommendation: Deleted from CPT	Referred to CPT October 2011 Referred to CPT Asst ☐ Published in CPT Asst:				

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT	
RUC Recommendation: Deleted from CPT		Referred to CPT October 2011 Referred to CPT Asst ☐ Published in CPT Asst:			
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	Global: 000	Issue: Cardiac Ablation Services Bundling	Screen: Codes Reported Together 75% or More-Part1 / Work Neutrality 2023	Complete? No
Most Recent RUC Meeting: April 2025	Tab: 14 Specialty Developing Recommendation: ACC, HRS	First Identified: October 2011	2023 Medicare Utilization: 27,226	2025 Work RVU: 15.00 2025 NF PE RVU: NA 2025 Fac PE RVU: 6.08 Result: Decrease	
RUC Recommendation: Review action plan. 15.00		Referred to CPT October 2011 Referred to CPT Asst ☐ Published in CPT Asst:			
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	Global: 000	Issue: Cardiac Ablation Services Bundling	Screen: Codes Reported Together 75% or More-Part1 / Work Neutrality 2023	Complete? No
Most Recent RUC Meeting: April 2025	Tab: 14 Specialty Developing Recommendation: ACC, HRS	First Identified: October 2011	2023 Medicare Utilization: 8,237	2025 Work RVU: 18.10 2025 NF PE RVU: NA 2025 Fac PE RVU: 7.29 Result: Decrease	
RUC Recommendation: Review action plan. 18.10		Referred to CPT October 2011 Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** Codes Reported Together 75% or More-Part1 /High Volume Growth7 / Work Neutrality 2023 **Complete?** No

Most Recent RUC Meeting: April 2025

Tab: 14 **Specialty Developing Recommendation:** ACC, HRS

First Identified: October 2011

2023 Medicare Utilization: 51,240

2025 Work RVU: 5.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.23
Result: Decrease

RUC Recommendation: Review action plan. 7.00

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

Global: 000 **Issue:** Cardiac Ablation Services Bundling

Screen: Codes Reported Together 75% or More-Part1 / High Volume Growth6 / Work Neutrality 2023 **Complete?** No

Most Recent RUC Meeting: April 2025

Tab: 14 **Specialty Developing Recommendation:** ACC, HRS

First Identified: October 2011

2023 Medicare Utilization: 76,119

2025 Work RVU: 17.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.91
Result: Decrease

RUC Recommendation: Review action plan. 17.00

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

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 /Work Neutrality 2023 **Complete?** No

Most Recent RUC Meeting: April 2025

Tab: 14 **Specialty Developing Recommendation:** ACC, HRS

First Identified: October 2011

2023 Medicare Utilization: 43,537

2025 Work RVU: 5.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.24
Result: Decrease

RUC Recommendation: Review action plan. 7.00

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93662 Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** High Volume Growth1 / High Volume Growth5 /Work Neutrality 2023 **Complete?** No

Most Recent **Tab:** 14 **Specialty Developing** ACC, HRS
RUC Meeting: April 2025 **Recommendation:**

First
Identified: February 2008

2023
Medicare
Utilization: 25,053

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: Review action plan. 2.53

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

93668 Peripheral arterial disease (PAD) rehabilitation, per session

Global: XXX **Issue:** Peripheral Artery Disease (PAD) Rehabilitation (PE Only)

Screen: CMS Request - Final Rule for 2018

Complete? Yes

Most Recent **Tab:** 28 **Specialty Developing**
RUC Meeting: January 2018 **Recommendation:**

First
Identified: July 2017

2023
Medicare
Utilization: 568

2025 Work RVU: 0.00
2025 NF PE RVU: 0.43
2025 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: New PE Inputs

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

93701 Bioimpedance-derived physiologic cardiovascular analysis

Global: XXX **Issue:**

Screen: Low Value-High Volume

Complete? Yes

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

First
Identified: October 2010

2023
Medicare
Utilization: 3,111

2025 Work RVU: 0.00
2025 NF PE RVU: 0.78
2025 Fac PE RVU: NA
Result: Remove from Screen

RUC Recommendation: Remove from screen

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

93731 Deleted from CPT

Global: **Issue:** Cardiology Services

Screen: CMS Fastest Growing

Complete? Yes

Most Recent **Tab:** 26 **Specialty Developing** ACC
RUC Meeting: October 2008 **Recommendation:**

First
Identified: October 2008

2023
Medicare
Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

93732 Deleted from CPT	Global:	Issue: Cardiology Services	Screen: CMS Fastest Growing	Complete? Yes
Most Recent RUC Meeting: October 2008	Tab: 26	Specialty Developing Recommendation: ACC	First Identified: October 2008	2023 Medicare Utilization:
RUC Recommendation: Deleted from CPT		Referred to CPT	2025 Work RVU:	2025 NF PE RVU:
		Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:
				Result: Deleted from CPT

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	2023 Medicare Utilization:
RUC Recommendation: Deleted from CPT		Referred to CPT	2025 Work RVU:	2025 NF PE RVU:
		Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:
				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	2023 Medicare Utilization:
RUC Recommendation: Deleted from CPT		Referred to CPT	2025 Work RVU:	2025 NF PE RVU:
		Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:
				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	2023 Medicare Utilization:
RUC Recommendation: Deleted from CPT		Referred to CPT	2025 Work RVU:	2025 NF PE RVU:
		Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:
				Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93750	Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum sta	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	2023 Medicare Utilization: 75,065	2025 Work RVU: 0.75 2025 NF PE RVU: 0.66 2025 Fac PE RVU: 0.32 Result: Decrease	
RUC Recommendation: 0.85		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
93792	Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood samp	Global: XXX	Issue: Home INR Monitoring	Screen: High Volume Growth3 / Work Neutrality 2018	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 27 Specialty Developing Recommendation:	First Identified: September 2016	2023 Medicare Utilization: 595	2025 Work RVU: 0.00 2025 NF PE RVU: 2.03 2025 Fac PE RVU: NA Result: PE Only	
RUC Recommendation: PE Only		Referred to CPT September 2016 Referred to CPT Asst ☐	Published in CPT Asst:		
93793	Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additiona	Global: XXX	Issue: Home INR Monitoring	Screen: High Volume Growth3 / Work Neutrality 2018	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 27 Specialty Developing Recommendation:	First Identified: September 2016	2023 Medicare Utilization: 1,375,628	2025 Work RVU: 0.18 2025 NF PE RVU: 0.15 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.18		Referred to CPT September 2016 Referred to CPT Asst ☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

93875 Deleted from CPT

Global:

Issue: Noninvasive Vascular Diagnostic Studies

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2010

Tab: 45

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

First Identified: February 2010

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010

Referred to CPT Asst ☒ **Published in CPT Asst:** SS in process of developing draft of CPT Asst article (Aug 2011). Code was deleted

93880 Duplex scan of extracranial arteries; complete bilateral study

Global: XXX

Issue: Duplex Scans

Screen: Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014

Complete? Yes

Most Recent RUC Meeting: April 2014

Tab: 33

Specialty Developing Recommendation: ACR, ACC, SVS

First Identified: February 2010

2023 Medicare Utilization: 1,660,674

2025 Work RVU: 0.80

2025 NF PE RVU: 4.73

2025 Fac PE RVU: NA

Result: Increase

RUC Recommendation: 0.80

Referred to CPT October 2010

Referred to CPT Asst ☒ **Published in CPT Asst:** Addressed in CPT Coding Changes

93882 Duplex scan of extracranial arteries; unilateral or limited study

Global: XXX

Issue: Duplex Scans

Screen: CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014

Complete? Yes

Most Recent RUC Meeting: April 2014

Tab: 33

Specialty Developing Recommendation: ACC, ACR, SVS

First Identified: January 2012

2023 Medicare Utilization: 27,662

2025 Work RVU: 0.50

2025 NF PE RVU: 3.11

2025 Fac PE RVU: NA

Result: Increase

RUC Recommendation: 0.50

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 77,276	2025 Work RVU: 0.90 2025 NF PE RVU: 6.71 2025 Fac PE RVU: NA Result: Decrease
RUC Recommendation: 0.90				Referred to CPT May 2023 Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 8,007	2025 Work RVU: 0.73 2025 NF PE RVU: 4.04 2025 Fac PE RVU: NA Result: Increase
RUC Recommendation: 0.73				Referred to CPT October 2010 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	2023 Medicare Utilization: 35,135	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT 2025.				Referred to CPT May 2023 Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 37,355	2025 Work RVU: 1.15 2025 NF PE RVU: 7.53 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 1.15			Referred to CPT May 2023 Referred to CPT Asst ☐ Published in CPT Asst:		
93893	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection	Global: XXX	Issue: Transcranial Doppler Studies	Screen: 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: May 2023	2023 Medicare Utilization: 1,896	2025 Work RVU: 1.15 2025 NF PE RVU: 8.76 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 1.15			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization:	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: NA Result: Not Part of RAW
RUC Recommendation: Rescind April 2014 recommendation, contractor price.			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

93896	Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Transcranial Doppler Studies	Screen: 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: May 2023	2023 Medicare Utilization:
RUC Recommendation:	0.81		Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:
				2025 Work RVU:	0.81
				2025 NF PE RVU:	4.48
				2025 Fac PE RVU:	NA
				Result:	Decrease
93897	Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Transcranial Doppler Studies	Screen: 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: May 2023	2023 Medicare Utilization:
RUC Recommendation:	0.73		Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:
				2025 Work RVU:	0.73
				2025 NF PE RVU:	5.93
				2025 Fac PE RVU:	NA
				Result:	Decrease
93898	Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Transcranial Doppler Studies	Screen: 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: May 2023	2023 Medicare Utilization:
RUC Recommendation:	0.85		Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:
				2025 Work RVU:	0.85
				2025 NF PE RVU:	6.13
				2025 Fac PE RVU:	NA
				Result:	Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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	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	2023 Medicare Utilization: 593,425	2025 Work RVU: 0.25 2025 NF PE RVU: 2.15 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.25			Referred to CPT February 2010 Referred to CPT Asst ☐ Published in CPT Asst:		
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	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	2023 Medicare Utilization: 326,957	2025 Work RVU: 0.45 2025 NF PE RVU: 3.36 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.45			Referred to CPT February 2010 Referred to CPT Asst ☐ Published in CPT Asst:		
93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at	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	2023 Medicare Utilization: 40,594	2025 Work RVU: 0.50 2025 NF PE RVU: 4.19 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.50			Referred to CPT February 2010 Referred to CPT Asst ☐ Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study			Global: XXX	Issue: Duplex Scans	Screen: CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014	Complete? Yes
Most Recent RUC Meeting:	April 2014	Tab: 33	Specialty Developing Recommendation:	ACC, ACR, SVS	First Identified: April 2011	2023 Medicare Utilization: 610,788	2025 Work RVU: 0.80
							2025 NF PE RVU: 6.18
							2025 Fac PE RVU: NA
RUC Recommendation:	0.80				Referred to CPT		Result: Maintain
					Referred to CPT Asst	☐	Published in CPT Asst:
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study			Global: XXX	Issue: Duplex Scans	Screen: CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014	Complete? Yes
Most Recent RUC Meeting:	April 2014	Tab: 33	Specialty Developing Recommendation:	ACC, ACR, SVS	First Identified: April 2011	2023 Medicare Utilization: 214,589	2025 Work RVU: 0.50
							2025 NF PE RVU: 3.68
							2025 Fac PE RVU: NA
RUC Recommendation:	0.60				Referred to CPT		Result: Increase
					Referred to CPT Asst	☐	Published in CPT Asst:
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study			Global: XXX	Issue: Duplex Scans	Screen: CMS Request - Final Rule for 2014	Complete? Yes
Most Recent RUC Meeting:	April 2014	Tab: 33	Specialty Developing Recommendation:	AAN, ACC, ACR, SIR, SVS	First Identified: November 2013	2023 Medicare Utilization: 22,558	2025 Work RVU: 0.80
							2025 NF PE RVU: 4.99
							2025 Fac PE RVU: NA
RUC Recommendation:	0.80				Referred to CPT		Result: Increase
					Referred to CPT Asst	☐	Published in CPT Asst:

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	2023 Medicare Utilization: 40,860	2025 Work RVU: 0.50 2025 NF PE RVU: 3.10 2025 Fac PE RVU: NA Result: Increase
RUC Recommendation: 0.50			Referred to CPT October 2010 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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT May 2016 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	2023 Medicare Utilization: 1,434,856	2025 Work RVU: 0.70 2025 NF PE RVU: 4.75 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.70			Referred to CPT 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 **2023 Medicare Utilization:** 1,479,817

2025 Work RVU: 0.45
2025 NF PE RVU: 3.04
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.45

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

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 **2023 Medicare Utilization:** 205,701

2025 Work RVU: 1.16
2025 NF PE RVU: 6.53
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.30

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

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 **2023 Medicare Utilization:** 145,778

2025 Work RVU: 0.80
2025 NF PE RVU: 3.86
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.00

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

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	2023 Medicare Utilization: 243,136	2025 Work RVU: 0.80 2025 NF PE RVU: 4.43 2025 Fac PE RVU: NA Result: Increase
RUC Recommendation: 0.97			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	Global: XXX	Issue: Duplex Scans	Screen: CMS-Other - Utilization over 250,000 / CMS Request - Final Rule for 2014	Complete? Yes
Most Recent RUC Meeting: April 2014	Tab: 33	Specialty Developing Recommendation:	First Identified: October 2013	2023 Medicare Utilization: 53,396	2025 Work RVU: 0.50 2025 NF PE RVU: 2.92 2025 Fac PE RVU: NA Result: Increase
RUC Recommendation: 0.70			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
93982	Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report	Global:	Issue: Endovascular Repair Procedures (EVAR)	Screen: Codes Reported Together 75%or More-Part3	Complete? Yes
Most Recent RUC Meeting: January 2017	Tab: 10	Specialty Developing Recommendation: SVS, SIR, STS, AATS	First Identified: January 2017	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

93985	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study	Global: XXX	Issue: Duplex Scan Arterial Inflow-Venous Outflow Upper Extremity	Screen: CMS-Other - Utilization over 30,000-Part2	Complete? Yes

Most Recent RUC Meeting: January 2019	Tab: 17	Specialty Developing Recommendation:

First Identified: October 2018

2023 Medicare Utilization: 17,461

2025 Work RVU: 0.80
2025 NF PE RVU: 6.41
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.80

Referred to CPT September 2018
Referred to CPT Asst ☐ Published in CPT Asst:

93986	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study	Global: XXX	Issue: Duplex Scan Arterial Inflow-Venous Outflow Upper Extremity	Screen: CMS-Other - Utilization over 30,000-Part2	Complete? Yes

Most Recent RUC Meeting: January 2019	Tab: 17	Specialty Developing Recommendation:

First Identified: October 2018

2023 Medicare Utilization: 6,005

2025 Work RVU: 0.50
2025 NF PE RVU: 3.74
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.50

Referred to CPT September 2018
Referred to CPT Asst ☐ Published in CPT Asst:

93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	Global: XXX	Issue: Doppler Flow Testing	Screen: CMS Fastest Growing / High Volume Growth2	Complete? Yes

Most Recent RUC Meeting: April 2014	Tab: 40	Specialty Developing Recommendation: ACR, SVS

First Identified: October 2008

2023 Medicare Utilization: 91,706

2025 Work RVU: 0.50
2025 NF PE RVU: 3.74
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.60

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **2023 Medicare Utilization:** 838,062

2025 Work RVU: 0.17
2025 NF PE RVU: 0.63
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.17

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

94014 Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other **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 **2023 Medicare Utilization:** 169

2025 Work RVU: 0.52
2025 NF PE RVU: 1.13
2025 Fac PE RVU: NA
Result: Remove from Screen

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

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

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 **2023 Medicare Utilization:** 31

2025 Work RVU: 0.00
2025 NF PE RVU: 0.95
2025 Fac PE RVU: NA
Result: Remove from Screen

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

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

Status Report: CMS Requests and Relativity Assessment Issues

94016	Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional	Global: XXX	Issue: Pulmonary Tests	Screen: High Volume Growth1	Complete? Yes
Most Recent RUC Meeting: February 2009	Tab: 38 Specialty Developing Recommendation: ACCP/ATS	First Identified: April 2008	2023 Medicare Utilization: 7,091	2025 Work RVU: 0.52 2025 NF PE RVU: 0.18 2025 Fac PE RVU: 0.18 Result: Remove from Screen	
RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS	Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:		

94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	Global: XXX	Issue: Spirometry	Screen: MPC List / CPT Assistant Analysis 2018	Complete? Yes
Most Recent RUC Meeting: October 2019	Tab: 12 Specialty Developing Recommendation: ATS, CHEST	First Identified: October 2010	2023 Medicare Utilization: 794,425	2025 Work RVU: 0.22 2025 NF PE RVU: 0.93 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 0.22	Referred to CPT	Referred to CPT Asst ☒	Published in CPT Asst: Mar 2014		

94200	Maximum breathing capacity, maximal voluntary ventilation	Global: XXX	Issue: Lung Function Test	Screen: CMS-Other - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting: April 2018	Tab: 28 Specialty Developing Recommendation: ATS, CHEST	First Identified: October 2017	2023 Medicare Utilization: 49,564	2025 Work RVU: 0.05 2025 NF PE RVU: 0.38 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 0.05	Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

94240 Deleted from CPT			Global:	Issue:	Pulmonary Tests	Screen:	Codes Reported Together 75% or More-Part1	Complete?	Yes
Most Recent RUC Meeting:	April 2010	Tab: 45	Specialty Developing Recommendation:	ACCP, ATS	First Identified:	February 2010	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation:			Deleted from CPT		Referred to CPT	October 2010	2025 NF PE RVU:	2025 Fac PE RVU:	Result:
					Referred to CPT Asst	☐	Published in CPT Asst:		
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	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation:			Deleted from CPT		Referred to CPT		2025 NF PE RVU:	2025 Fac PE RVU:	Result:
					Referred to CPT Asst	☐	Published in CPT Asst:		
94260 Deleted from CPT			Global:	Issue:	Pulmonary Tests	Screen:	Codes Reported Together 75% or More-Part1 /	Complete?	Yes
Most Recent RUC Meeting:	April 2010	Tab: 45	Specialty Developing Recommendation:	ACCP, ATS	First Identified:	February 2010	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation:			Deleted from CPT		Referred to CPT	October 2010	2025 NF PE RVU:	2025 Fac PE RVU:	Result:
					Referred to CPT Asst	☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

94350 Deleted from CPT				Global:	Issue:	Pulmonary Tests	Screen:	Codes Reported Together 75% or More-Part1	Complete?	Yes	
Most Recent RUC Meeting:		April 2010	Tab: 45	Specialty Developing Recommendation:	ACCP, ATS	First Identified:	February 2010	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 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
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	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 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
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	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 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

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:	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT		Referred to CPT September 2019	Referred to CPT Asst ☒	Published in CPT Asst: Mar 2014	

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	2023 Medicare Utilization: 691	2025 Work RVU: 0.40 2025 NF PE RVU: 2.19 2025 Fac PE RVU: NA Result: Remove from Screen
RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS		Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:	

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	2023 Medicare Utilization: 6,272	2025 Work RVU: 0.70 2025 NF PE RVU: 1.94 2025 Fac PE RVU: NA Result: Decrease
RUC Recommendation: 0.70		Referred to CPT February 2016	Referred to CPT Asst ☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 246,039	2025 Work RVU: 0.48 2025 NF PE RVU: 0.52 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 0.48		Referred to CPT February 2016 Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT	
RUC Recommendation: Deleted from CPT		Referred to CPT February 2016 Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 17,780	2025 Work RVU: 1.42 2025 NF PE RVU: 3.13 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 1.42		Referred to CPT February 2016 Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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 2022 / Different Performing Specialty from Survey6	Complete? No
Most Recent RUC Meeting:	September 2024	Tab: 14	Specialty Developing Recommendation: ACP, ATS, CHEST	First Identified: April 2024	2023 Medicare Utilization: 46,968
RUC Recommendation:	Maintain. Review on new technology in April 2026.	Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:	2025 Work RVU: 0.36 2025 NF PE RVU: 1.92 2025 Fac PE RVU: 0.13 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 2022	Complete? No
Most Recent RUC Meeting:	September 2024	Tab: 14	Specialty Developing Recommendation: ACP, ATS, CHEST	First Identified: April 2024	2023 Medicare Utilization: 16,169
RUC Recommendation:	Maintain. Review on new technology in April 2026.	Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:	2025 Work RVU: 0.56 2025 NF PE RVU: 1.92 2025 Fac PE RVU: 0.17 Result:
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 b	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:	2023 Medicare Utilization: 217,860
RUC Recommendation:	New PE Inputs	Referred to CPT	Referred to CPT Asst ☒	Published in CPT Asst: Mar 2014	2025 Work RVU: 0.00 2025 NF PE RVU: 0.23 2025 Fac PE RVU: NA Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 2,297

2025 Work RVU: 0.00

2025 NF PE RVU: 0.74

2025 Fac PE RVU: NA

Result: PE Only

RUC Recommendation: New PE Inputs

Referred to CPT

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

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:

2023 Medicare Utilization: 5,722

2025 Work RVU: 0.00

2025 NF PE RVU: 1.14

2025 Fac PE RVU: NA

Result: PE Only

RUC Recommendation: New PE Inputs CPT Assistant article published

Referred to CPT

Referred to CPT Asst ☒ **Published in CPT Asst:** Mar 2014

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

2023 Medicare Utilization: 156

2025 Work RVU: 0.00

2025 NF PE RVU: 0.61

2025 Fac PE RVU: NA

Result: PE Only

RUC Recommendation: New PE Inputs

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 2,743
RUC Recommendation: Remove from screen			Referred to CPT	2025 Work RVU: 0.20	
			Referred to CPT Asst ☐	2025 NF PE RVU: 1.21	
			Published in CPT Asst:	2025 Fac PE RVU: NA	
				Result: Remove from Screen	
94720	Carbon monoxide diffusing capacity (eg, single breath, steady state)	Global:	Issue: Pulmonary Tests	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting:	April 2010	Tab: 45	Specialty Developing Recommendation: ACCP, ATS	First Identified: February 2010	2023 Medicare Utilization:
RUC Recommendation: Deleted from CPT			Referred to CPT October 2010	2025 Work RVU:	
			Referred to CPT Asst ☐	2025 NF PE RVU:	
			Published in CPT Asst:	2025 Fac PE RVU:	
				Result: Deleted from CPT	
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	2023 Medicare Utilization:
RUC Recommendation: Deleted from CPT			Referred to CPT October 2010	2025 Work RVU:	
			Referred to CPT Asst ☐	2025 NF PE RVU:	
			Published in CPT Asst:	2025 Fac PE RVU:	
				Result: Deleted from CPT	

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 619,446	2025 Work RVU: 0.26 2025 NF PE RVU: 1.41 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 0.31		Referred to CPT February 2011 Referred to CPT Asst ☐ Published in CPT Asst:			
94727	Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes	Global: XXX	Issue: Pulmonary Function Testing	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes
Most Recent RUC Meeting: April 2011	Tab: 19 Specialty Developing Recommendation: ACCP, ATS	First Identified: February 2010	2023 Medicare Utilization: 260,830	2025 Work RVU: 0.26 2025 NF PE RVU: 1.07 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 0.31		Referred to CPT February 2011 Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 3,088	2025 Work RVU: 0.26 2025 NF PE RVU: 1.05 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 0.31		Referred to CPT February 2011 Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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:	Tab: 19	Specialty Developing Recommendation: ACCP, ATS	First Identified: February 2010	2023 Medicare Utilization: 963,394	2025 Work RVU: 0.19 2025 NF PE RVU: 1.47 2025 Fac PE RVU: NA Result: Decrease
RUC Recommendation:	0.19		Referred to CPT February 2011 Referred to CPT Asst ☐	Published in CPT Asst:	
94750	Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)	Global:	Issue: RAW	Screen: CMS-Other - Utilization over 20,000 Part1	Complete? Yes
Most Recent RUC Meeting:	Tab: 17	Specialty Developing Recommendation:	First Identified: January 2019	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation:	Deleted from CPT		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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:	Tab: 32	Specialty Developing Recommendation: ACCP, ATS	First Identified: NA	2023 Medicare Utilization: 8,749	2025 Work RVU: 0.00 2025 NF PE RVU: 0.10 2025 Fac PE RVU: NA Result: PE Only
RUC Recommendation:	New PE inputs		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

94761 Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise) **Global:** XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent **Tab:** 32 **Specialty Developing** ACCP, ATS
RUC Meeting: February 2009 **Recommendation:**

First
Identified: NA

2023
Medicare
Utilization: 4,527

2025 Work RVU: 0.00

2025 NF PE RVU: 0.11

2025 Fac PE RVU: NA

Result: PE Only

RUC Recommendation: New PE inputs

Referred to CPT

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

94762 Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)

Global: XXX **Issue:** Measure Blood Oxygen Level

Screen: CMS Fastest Growing, CMS Request - Practice Expense Review

Complete? Yes

Most Recent **Tab:** 32 **Specialty Developing** ACCP, ATS
RUC Meeting: February 2009 **Recommendation:**

First
Identified: October 2008

2023
Medicare
Utilization: 136,863

2025 Work RVU: 0.00

2025 NF PE RVU: 0.73

2025 Fac PE RVU: NA

Result: PE Only

RUC Recommendation: New PE inputs

Referred to CPT

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

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 **Tab:** 25 **Specialty Developing** ATS, CHEST
RUC Meeting: April 2019 **Recommendation:**

First
Identified: February 2008

2023
Medicare
Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT September 2019

Referred to CPT Asst ☒ **Published in CPT Asst:** Mar 2014

Status Report: CMS Requests and Relativity Assessment Issues

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		2023 Medicare Utilization: 8,386,614		2025 Work RVU:	0.01
								2025 NF PE RVU:	0.09
								2025 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		2023 Medicare Utilization:		2025 Work RVU:	
								2025 NF PE RVU:	
								2025 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:			
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		2023 Medicare Utilization: 94,940		2025 Work RVU:	0.00
								2025 NF PE RVU:	0.55
								2025 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

95015	Intracutaneous (intra dermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests	Global:	Issue: Intracutaneous Allergy Tests	Screen: Low Value-Billed in Multiple Units	Complete? Yes
Most Recent RUC Meeting: April 2011	Tab: 31	Specialty Developing Recommendation: JCAAI, ACAAI, AAAAI	First Identified: October 2010	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT		Referred to CPT February 2012 Referred to CPT Asst ☐ Published in CPT Asst:			
95017	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intra dermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests	Global: XXX	Issue: Percutaneous Allergy Testing	Screen: Low Value-Billed in Multiple Units	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab: 29	Specialty Developing Recommendation: JCAAI	First Identified: October 2010	2023 Medicare Utilization: 14,028	2025 Work RVU: 0.07 2025 NF PE RVU: 0.17 2025 Fac PE RVU: 0.03 Result: Decrease
RUC Recommendation: 0.07		Referred to CPT February 2012 Referred to CPT Asst ☐ Published in CPT Asst:			
95018	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intra dermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests	Global: XXX	Issue: Percutaneous Allergy Testing	Screen: Low Value-Billed in Multiple Units	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab: 29	Specialty Developing Recommendation: JCAAI	First Identified: October 2010	2023 Medicare Utilization: 90,878	2025 Work RVU: 0.14 2025 NF PE RVU: 0.44 2025 Fac PE RVU: 0.06 Result: Decrease
RUC Recommendation: 0.14		Referred to CPT February 2012 Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

95024 Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests

Global: XXX

Issue: Intracutaneous Allergy Tests

Screen: Low Value-Billed in Multiple Units / Negative IWPUR

Complete? Yes

Most Recent RUC Meeting: October 2017

Tab: 19

Specialty Developing Recommendation: JCAAI, ACAAI, AAAAI, AAOA

First Identified: October 2010

2023 Medicare Utilization: 1,366,877

2025 Work RVU: 0.01

2025 NF PE RVU: 0.21

2025 Fac PE RVU: 0.01

Result: PE Only

RUC Recommendation: New PE Inputs.

Referred to CPT

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 Allergy Tests

Screen: Low Value-Billed in Multiple Units

Complete? Yes

Most Recent RUC Meeting: February 2011

Tab: 41

Specialty Developing Recommendation: JCAAI, ACAAI, AAAAI

First Identified: October 2010

2023 Medicare Utilization: 103,735

2025 Work RVU: 0.01

2025 NF PE RVU: 0.12

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.01

Referred to CPT

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

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

2023 Medicare Utilization: 720,832

2025 Work RVU: 0.00

2025 NF PE RVU: 0.31

2025 Fac PE RVU: NA

Result: PE Only

RUC Recommendation: New PE Inputs

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 2,366,677

2025 Work RVU: 0.00

2025 NF PE RVU: 0.36

2025 Fac PE RVU: NA

Result: PE Only

RUC Recommendation: New PE Inputs

Referred to CPT

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

95144 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials) **Global:** XXX **Issue:** Antigen Therapy Services **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes2 / Different Performing Specialty from Survey7 **Complete?** No

Most Recent RUC Meeting: April 2025

Tab: 14

Specialty Developing Recommendation: AAOHNS, AAOA, ACAAI

First Identified: October 2010

2023 Medicare Utilization: 186,284

2025 Work RVU: 0.06

2025 NF PE RVU: 0.42

2025 Fac PE RVU: 0.03

Result: Maintain

RUC Recommendation: Review action plan. 0.06

Referred to CPT

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

95148 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms **Global:** XXX **Issue:** **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: October 2010

Tab: 73

Specialty Developing Recommendation:

First Identified: October 2010

2023 Medicare Utilization: 18,655

2025 Work RVU: 0.06

2025 NF PE RVU: 2.69

2025 Fac PE RVU: 0.03

Result: Maintain

RUC Recommendation: 0.06

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 5,940,394	2025 Work RVU: 0.06 2025 NF PE RVU: 0.36 2025 Fac PE RVU: 0.03 Result: Maintain
RUC Recommendation: 0.06			Referred to CPT 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:	2023 Medicare Utilization: 18,661	2025 Work RVU: 0.00 2025 NF PE RVU: 1.94 2025 Fac PE RVU: NA Result: PE Only
RUC Recommendation: PE Only			Referred to CPT June 2017 Referred to CPT Asst ☒	Published in CPT Asst: June 2018	
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	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	2023 Medicare Utilization: 36,328	2025 Work RVU: 0.00 2025 NF PE RVU: 4.27 2025 Fac PE RVU: NA Result: PE Only
RUC Recommendation: New PE inputs			Referred to CPT October 2015 & February 2017 Referred to CPT Asst ☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

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 / High Volume Growth11	Complete? No
Most Recent RUC Meeting:	Tab: 14 Specialty Developing Recommendation: AACE, ES April 2025	First Identified: April 2013	2023 Medicare Utilization: 681,075	2025 Work RVU: 0.70 2025 NF PE RVU: 0.29 2025 Fac PE RVU: 0.29 Result: Decrease	
RUC Recommendation:	Review action plan. 0.70	Referred to CPT February 2017 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:	Tab: 12 Specialty Developing Recommendation: AAN, ACNS April 2024	First Identified: May 2018	2023 Medicare Utilization: 16,848	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result: PE Only	
RUC Recommendation:	PE Only	Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
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:	Tab: 13 Specialty Developing Recommendation: AAN, ACNS October 2018	First Identified: May 2018	2023 Medicare Utilization: 366	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result: PE Only	
RUC Recommendation:	PE Only	Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 312	2025 Work RVU: 0.00	2025 NF PE RVU: 0.00	2025 Fac PE RVU: 0.00	Result: PE Only
RUC Recommendation: PE Only				Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:				

95707	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	Global: XXX	Issue: Long-Term EEG Monitoring	Screen: High Volume Growth4	Complete? Yes				
Most Recent RUC Meeting:	October 2018	Tab: 13	Specialty Developing Recommendation: AAN, ACNS	First Identified: May 2018	2023 Medicare Utilization: 146	2025 Work RVU: 0.00	2025 NF PE RVU: 0.00	2025 Fac PE RVU: 0.00	Result: PE Only
RUC Recommendation: PE Only				Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:				

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	2023 Medicare Utilization: 7,013	2025 Work RVU: 0.00	2025 NF PE RVU: 0.00	2025 Fac PE RVU: 0.00	Result: PE Only
RUC Recommendation: PE Only				Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:				

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 1,571	2025 Work RVU: 0.00	2025 NF PE RVU: 0.00	2025 Fac PE RVU: 0.00	Result: PE Only
RUC Recommendation:	PE Only			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:				
95710	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	Global: XXX	Issue: Long-Term EEG Monitoring	Screen: High Volume Growth4	Complete? Yes				
Most Recent RUC Meeting:	October 2018	Tab: 13	Specialty Developing Recommendation: AAN, ACNS	First Identified: May 2018	2023 Medicare Utilization: 145	2025 Work RVU: 0.00	2025 NF PE RVU: 0.00	2025 Fac PE RVU: 0.00	Result: PE Only
RUC Recommendation:	PE Only			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:				
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	2023 Medicare Utilization: 179	2025 Work RVU: 0.00	2025 NF PE RVU: 0.00	2025 Fac PE RVU: 0.00	Result: PE Only
RUC Recommendation:	PE Only			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:				

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization:	1,129	2025 Work RVU:	0.00	2025 NF PE RVU:	0.00	2025 Fac PE RVU:	0.00	Result:	PE Only
RUC Recommendation:		PE Only		Referred to CPT		Referred to CPT Asst		☐	Published in CPT Asst:						
95713	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	Global: XXX	Issue: Long-Term EEG Monitoring	Screen: High Volume Growth4	Complete? Yes										
Most Recent RUC Meeting:	October 2018	Tab: 13	Specialty Developing Recommendation:	AAN, ACNS	First Identified: May 2018	2023 Medicare Utilization:	2,338	2025 Work RVU:	0.00	2025 NF PE RVU:	0.00	2025 Fac PE RVU:	0.00	Result:	PE Only
RUC Recommendation:		PE Only		Referred to CPT		Referred to CPT Asst		☐	Published in CPT Asst:						
95714	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	Global: XXX	Issue: Long-Term EEG Monitoring	Screen: High Volume Growth4	Complete? Yes										
Most Recent RUC Meeting:	October 2018	Tab: 13	Specialty Developing Recommendation:	AAN, ACNS	First Identified: May 2018	2023 Medicare Utilization:	3,059	2025 Work RVU:	0.00	2025 NF PE RVU:	0.00	2025 Fac PE RVU:	0.00	Result:	PE Only
RUC Recommendation:		PE Only		Referred to CPT		Referred to CPT Asst		☐	Published in CPT Asst:						

Status Report: CMS Requests and Relativity Assessment Issues

95715	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	Global: XXX	Issue: Long-Term EEG Monitoring	Screen: High Volume Growth4 / Contractor Priced High Volume2	Complete? Yes				
Most Recent RUC Meeting:	April 2024	Tab: 12	Specialty Developing Recommendation: AAN, ACNS	First Identified: May 2018	2023 Medicare Utilization: 18,734	2025 Work RVU: 0.00	2025 NF PE RVU: 0.00	2025 Fac PE RVU: 0.00	Result: PE Only
RUC Recommendation: PE Only			Referred to CPT Referred to CPT Asst ☐			Published in CPT Asst:			
95716	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	Global: XXX	Issue: Long-Term EEG Monitoring	Screen: High Volume Growth4	Complete? Yes				
Most Recent RUC Meeting:	October 2018	Tab: 13	Specialty Developing Recommendation: AAN, ACNS	First Identified: May 2018	2023 Medicare Utilization: 3,432	2025 Work RVU: 0.00	2025 NF PE RVU: 0.00	2025 Fac PE RVU: 0.00	Result: PE Only
RUC Recommendation: PE Only			Referred to CPT Referred to CPT Asst ☐			Published in CPT Asst:			
95717	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video	Global: XXX	Issue: Long-Term EEG Monitoring	Screen: High Volume Growth4	Complete? Yes				
Most Recent RUC Meeting:	October 2018	Tab: 13	Specialty Developing Recommendation: AAN, ACNS	First Identified: May 2018	2023 Medicare Utilization: 5,357	2025 Work RVU: 2.00	2025 NF PE RVU: 1.05	2025 Fac PE RVU: 1.00	Result: Decrease
RUC Recommendation: 2.00			Referred to CPT Referred to CPT Asst ☐			Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization:

33,690

2025 Work RVU:

2.50

2025 NF PE RVU:

1.33

2025 Fac PE RVU:

1.26

Result:

Decrease

RUC Recommendation:

2.50

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

95719

Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpret

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

2023 Medicare Utilization:

6,279

2025 Work RVU:

3.00

2025 NF PE RVU:

1.59

2025 Fac PE RVU:

1.51

Result:

Decrease

RUC Recommendation:

3.00

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

95720

Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpret

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

2023 Medicare Utilization:

128,778

2025 Work RVU:

3.86

2025 NF PE RVU:

2.04

2025 Fac PE RVU:

1.94

Result:

Decrease

RUC Recommendation:

3.86

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

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	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	2023 Medicare Utilization: 2,714	2025 Work RVU: 3.86 2025 NF PE RVU: 2.05 2025 Fac PE RVU: 1.93 Result: Decrease
RUC Recommendation: 3.86			Referred to CPT 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	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	2023 Medicare Utilization: 2,171	2025 Work RVU: 4.70 2025 NF PE RVU: 2.45 2025 Fac PE RVU: 2.32 Result: Decrease
RUC Recommendation: 4.70			Referred to CPT 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	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	2023 Medicare Utilization: 2,474	2025 Work RVU: 4.75 2025 NF PE RVU: 2.49 2025 Fac PE RVU: 2.34 Result: Decrease
RUC Recommendation: 4.75			Referred to CPT 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	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	2023 Medicare Utilization:	4,284	2025 Work RVU:	6.00	2025 NF PE RVU:	3.07	2025 Fac PE RVU:	2.91	Result:	Decrease
RUC Recommendation:	6.00				Referred to CPT	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 re	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	2023 Medicare Utilization:	124	2025 Work RVU:	5.40	2025 NF PE RVU:	2.91	2025 Fac PE RVU:	2.72	Result:	Decrease
RUC Recommendation:	5.40				Referred to CPT	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 re	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	2023 Medicare Utilization:	666	2025 Work RVU:	7.58	2025 NF PE RVU:	3.98	2025 Fac PE RVU:	3.75	Result:	Decrease
RUC Recommendation:	7.58				Referred to CPT	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: Unattended Sleep Testing	Screen: CMS Fastest Growing / High Volume Growth10	Complete? Yes
Most Recent RUC Meeting: April 2025	Tab: 08	Specialty Developing Recommendation: AAN, AASM, ATS, CHEST	First Identified: October 2009	2023 Medicare Utilization: 140,865	2025 Work RVU: 0.85 2025 NF PE RVU: 2.95 2025 Fac PE RVU: NA Result: Deleted from CPT
RUC Recommendation: Deleted from CPT 2027			Referred to CPT February 2025 Referred to CPT Asst ☐ Published in CPT Asst:		
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	Global: XXX	Issue: Unattended Sleep Testing	Screen: CMS Fastest Growing / High Volume Growth10	Complete? Yes
Most Recent RUC Meeting: April 2025	Tab: 08	Specialty Developing Recommendation: AAN, AASM, ATS, CHEST	First Identified: October 2009	2023 Medicare Utilization: 294	2025 Work RVU: 0.85 2025 NF PE RVU: 2.02 2025 Fac PE RVU: NA Result: Deleted from CPT
RUC Recommendation: Deleted from CPT 2027			Referred to CPT February 2025 Referred to CPT Asst ☐ Published in CPT Asst:		
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	Global: XXX	Issue: Sleep Testing	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting: April 2010	Tab: 28	Specialty Developing Recommendation: ACNS, AAN, ACCP/ATS, AASM	First Identified: NA	2023 Medicare Utilization: 147	2025 Work RVU: 0.90 2025 NF PE RVU: 2.98 2025 Fac PE RVU: NA Result: Decrease
RUC Recommendation: 0.90 and New PE inputs			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

95805 Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness **Global:** XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab: 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM

First Identified: October 2009

2023 Medicare Utilization: 1,672

2025 Work RVU: 1.20

2025 NF PE RVU: 11.79

2025 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 1.20

Referred to CPT October 2009

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

95806 Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement) **Global:** XXX **Issue:** Unattended Sleep Testing **Screen:** CMS Fastest Growing / High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: April 2025

Tab: 08 **Specialty Developing Recommendation:** AAN, AASM, ATS, CHEST

First Identified: October 2009

2023 Medicare Utilization: 90,974

2025 Work RVU: 0.93

2025 NF PE RVU: 1.90

2025 Fac PE RVU: NA

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT 2027

Referred to CPT February 2025

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

2023 Medicare Utilization: 911

2025 Work RVU: 1.28

2025 NF PE RVU: 10.98

2025 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 1.25

Referred to CPT October 2009

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

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 835

2025 Work RVU: 1.74

2025 NF PE RVU: 12.77

2025 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 1.74

Referred to CPT October 2009

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

95810 Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist **Global:** XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab: 28

Specialty Developing Recommendation: ACNS, AAN, ACCP/ATS, AASM

First Identified: February 2010

2023 Medicare Utilization: 172,784

2025 Work RVU: 2.50

2025 NF PE RVU: 16.07

2025 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 2.50

Referred to CPT October 2009

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

95811 Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist **Global:** XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010

Tab: 28

Specialty Developing Recommendation: ACNS, AAN, ACCP/ATS, AASM

First Identified: October 2009

2023 Medicare Utilization: 187,466

2025 Work RVU: 2.60

2025 NF PE RVU: 16.84

2025 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 2.60

Referred to CPT October 2009

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

2023 Medicare Utilization: 20,101

2025 Work RVU: 1.08

2025 NF PE RVU: 9.26

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 1.08

Referred to CPT

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

2023 Medicare Utilization: 25,362

2025 Work RVU: 1.63

2025 NF PE RVU: 11.56

2025 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 1.63

Referred to CPT

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

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

2023 Medicare Utilization: 275,095

2025 Work RVU: 1.08

2025 NF PE RVU: 10.46

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 1.08

Referred to CPT

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

95819 Electroencephalogram (EEG); including recording awake and asleep

Global: XXX

Issue: Electroencephalogram

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent RUC Meeting: October 2012

Tab: 22

Specialty Developing Recommendation: AAN, ACNS

First Identified: September 2011

2023 Medicare Utilization: 153,233

2025 Work RVU: 1.08

2025 NF PE RVU: 12.36

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 1.08

Referred to CPT

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

95822 Electroencephalogram (EEG); recording in coma or sleep only

Global: XXX

Issue: Electroencephalogram

Screen: CMS High Expenditure Procedural Codes1

Complete? Yes

Most Recent RUC Meeting: October 2012

Tab: 22

Specialty Developing Recommendation: AAN, ACNS

First Identified: January 2012

2023 Medicare Utilization: 20,707

2025 Work RVU: 1.08

2025 NF PE RVU: 11.35

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 1.08

Referred to CPT

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

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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation:	Deleted from CPT		Referred to CPT Referred to CPT Asst	☐	Published in CPT Asst:			
95831	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk	Global:	Issue:	Muscle Testing	Screen:	High Volume Growth3 / CMS-Other - Utilization over 30,000	Complete?	Yes
Most Recent RUC Meeting:	April 2018	Tab: 33	Specialty Developing Recommendation:	AAN, AANEM, AAPM, AAPMR, ACP, APTA	First Identified:	October 2015	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation:	Deleted from CPT		Referred to CPT Referred to CPT Asst	September 2018 ☐	Published in CPT Asst:			
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation:	Deleted from CPT		Referred to CPT Referred to CPT Asst	September 2018 ☐	Published in CPT Asst:			

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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT		Referred to CPT September 2018	Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT		Referred to CPT September 2018	Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization: 18,405	2025 Work RVU: 0.16 2025 NF PE RVU: 0.56 2025 Fac PE RVU: 0.06 Result: Maintain
RUC Recommendation: Maintain		Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

95860	Needle electromyography; 1 extremity with or without related paraspinal areas	Global: XXX	Issue: EMG in Conjunction with Nerve Testing	Screen: Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges over \$10 million	Complete? Yes
Most Recent RUC Meeting: April 2012	Tab: 32	Specialty Developing Recommendation: AAN, AAPMR, AANEM, APTA	First Identified: October 2009	2023 Medicare Utilization: 2,899	2025 Work RVU: 0.96 2025 NF PE RVU: 2.30 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.96			Referred to CPT February 2011 & October 2011		
			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: September 2024	Tab: 14	Specialty Developing Recommendation: AAN, AAPMR, AANEM, APTA	First Identified: February 2010	2023 Medicare Utilization: 46,994	2025 Work RVU: 1.54 2025 NF PE RVU: 3.01 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: Remove from screen. 1.54			Referred to CPT February 2011 & October 2011 & February 2012		
			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	2023 Medicare Utilization: 62	2025 Work RVU: 1.87 2025 NF PE RVU: 4.33 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 1.87			Referred to CPT February 2011 & October 2011 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	2023 Medicare Utilization: 1,295	2025 Work RVU: 1.99 2025 NF PE RVU: 4.56 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 1.99			Referred to CPT February 2011 & October 2011 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:	2023 Medicare Utilization: 1,445	2025 Work RVU: 0.79 2025 NF PE RVU: 2.27 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.79			Referred to CPT October 2011 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:	2023 Medicare Utilization: 4,211	2025 Work RVU: 1.18 2025 NF PE RVU: 2.52 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 1.18			Referred to CPT October 2011 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	2023 Medicare Utilization: 405	2025 Work RVU: 0.37 2025 NF PE RVU: 2.32 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.37			Referred to CPT October 2011 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	2023 Medicare Utilization: 53,563	2025 Work RVU: 0.37 2025 NF PE RVU: 2.00 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.37			Referred to CPT October 2011 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

2023 Medicare Utilization: 124,709

2025 Work RVU: 0.35
2025 NF PE RVU: 1.43
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.35

Referred to CPT February 2011 and October 2011

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 lev **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

2023 Medicare Utilization: 869,280

2025 Work RVU: 0.86
2025 NF PE RVU: 1.91
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.92

Referred to CPT February 2011 and October 2011

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

2023 Medicare Utilization: 13,215

2025 Work RVU: 0.71
2025 NF PE RVU: 1.70
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.73

Referred to CPT February 2011 and October 2011

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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT		Referred to CPT October 2011& February 2012			
		Referred to CPT Asst ☐		Published in CPT Asst:	
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT		Referred to CPT October 2011 and February 2012 & February 2012			
		Referred to CPT Asst ☐		Published in CPT Asst:	
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT		Referred to CPT February 2011 & October 2011 & February 2012			
		Referred to CPT Asst ☐		Published in CPT Asst:	

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:	2023 Medicare Utilization: 4,570	2025 Work RVU: 1.00 2025 NF PE RVU: 1.60 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 1.00				Referred to CPT February 2012 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:	2023 Medicare Utilization: 44,293	2025 Work RVU: 1.25 2025 NF PE RVU: 2.00 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 1.37				Referred to CPT February 2012 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:	2023 Medicare Utilization: 106,440	2025 Work RVU: 1.50 2025 NF PE RVU: 2.41 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 1.77				Referred to CPT February 2012 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:	2023 Medicare Utilization: 129,903	2025 Work RVU: 2.00 2025 NF PE RVU: 3.11 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 2.80				Referred to CPT February 2012 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:	2023 Medicare Utilization: 163,219	2025 Work RVU: 2.50 2025 NF PE RVU: 3.62 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 3.34				Referred to CPT February 2012 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:	2023 Medicare Utilization: 72,540	2025 Work RVU: 3.00 2025 NF PE RVU: 4.11 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 4.00				Referred to CPT February 2012 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:

2023 Medicare Utilization: 79,189

2025 Work RVU: 3.56

2025 NF PE RVU: 4.77

2025 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 4.20

Referred to CPT February 2012

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? Yes

Most Recent RUC Meeting: April 2025

Tab: 09

Specialty Developing Recommendation: AAN, AANEM, ACP

First Identified: October 2009

2023 Medicare Utilization: 60,466

2025 Work RVU: 0.90

2025 NF PE RVU: 1.65

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.90

Referred to CPT February 2025

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? Yes

Most Recent RUC Meeting: April 2025

Tab: 09

Specialty Developing Recommendation: AAN, AANEM, ACP

First Identified: February 2008

2023 Medicare Utilization: 2,524

2025 Work RVU: 0.96

2025 NF PE RVU: 1.64

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.96

Referred to CPT February 2025

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? Yes
Most Recent RUC Meeting: April 2025	Tab: 09	Specialty Developing Recommendation: AAN, AANEM, ACP	First Identified: October 2019	2023 Medicare Utilization: 100,495	2025 Work RVU: 0.90 2025 NF PE RVU: 2.58 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.90			Referred to CPT February 2025 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? Yes
Most Recent RUC Meeting: April 2025	Tab: 09	Specialty Developing Recommendation: AAN, AANEM, ACP	First Identified: February 2012	2023 Medicare Utilization: 21,874	2025 Work RVU: 1.73 2025 NF PE RVU: 2.58 2025 Fac PE RVU: NA Result: Decrease
RUC Recommendation: 1.50			Referred to CPT February 2025 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	2023 Medicare Utilization: 6,180	2025 Work RVU: 0.54 2025 NF PE RVU: 4.00 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.54 and New PE Inputs			Referred to CPT October 2010 Referred to CPT Asst ☐ Published in CPT Asst:		

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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	2023 Medicare Utilization: 6,059
RUC Recommendation:	0.54 and New PE Inputs		Referred to CPT Referred to CPT Asst	October 2010 ☐	Published in CPT Asst:
2025 Work RVU:	0.54				
2025 NF PE RVU:	3.62				
2025 Fac PE RVU:	NA				
Result:	Maintain				
95928	Central motor evoked potential study (transcranial motor stimulation); upper limbs	Global: XXX	Issue: Evoked Potentials and Reflex Studies	Screen: Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013	Complete? Yes
Most Recent RUC Meeting:	April 2013	Tab: 36	Specialty Developing Recommendation: AAN, AANEM, AAPMR, ACNS	First Identified: February 2010	2023 Medicare Utilization: 393
RUC Recommendation:	1.50		Referred to CPT Referred to CPT Asst	October 2010 ☐	Published in CPT Asst:
2025 Work RVU:	1.50				
2025 NF PE RVU:	5.50				
2025 Fac PE RVU:	NA				
Result:	Maintain				

Status Report: CMS Requests and Relativity Assessment Issues

95929	Central motor evoked potential study (transcranial motor stimulation); lower limbs	Global: XXX	Issue: Evoked Potentials and Reflex Studies	Screen: Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013	Complete? Yes
Most Recent RUC Meeting: April 2013	Tab: 36	Specialty Developing Recommendation: AAN, AANEM, AAPMR, ACNS	First Identified: February 2010	2023 Medicare Utilization: 1,422	2025 Work RVU: 1.50 2025 NF PE RVU: 5.52 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 1.50			Referred to CPT October 2010 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	2023 Medicare Utilization: 31,859	2025 Work RVU: 0.35 2025 NF PE RVU: 1.61 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.35			Referred to CPT May 2016 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:	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT October 2011 & February 2012 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:	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 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	2023 Medicare Utilization:	29,153	2025 Work RVU: 0.65
RUC Recommendation:	Remove from screen		Referred to CPT			2025 NF PE RVU:	2.35	2025 Fac PE RVU: NA
			Referred to CPT Asst	☐	Published in CPT Asst:	Result:	Remove from Screen	
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:	September 2024	Tab: 14	Specialty Developing Recommendation:	AAN, AANEM, AAPMR, ACNS	First Identified:	January 2013	2023 Medicare Utilization:	96,302
RUC Recommendation:	Remove from screen. 0.86 and new PE inputs		Referred to CPT	October 2010		2025 Work RVU:	0.86	2025 NF PE RVU: 10.23
			Referred to CPT Asst	☐	Published in CPT Asst:	2025 Fac PE RVU:	NA	Result: Decrease

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: September 2024

Tab: 14 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS

First Identified: January 2013

2023 Medicare Utilization: 48,190

2025 Work RVU: 2.25

2025 NF PE RVU: 14.14

2025 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: Remove from screen. 2.25 and new PE inputs

Referred to CPT October 2010

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

2023 Medicare Utilization: 14,136

2025 Work RVU: 0.60

2025 NF PE RVU: NA

2025 Fac PE RVU: 0.32

Result: Decrease

RUC Recommendation: 0.60

Referred to CPT February 2012

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

95941 Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)

Global: XXX

Issue: Intraoperative Neurophysiology Monitoring

Screen: Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: January 2012

Tab: 12 **Specialty Developing Recommendation:**

First Identified: January 2012

2023 Medicare Utilization:

2025 Work RVU: 0.00

2025 NF PE RVU: 0.00

2025 Fac PE RVU: 0.00

Result: Decrease

RUC Recommendation: 2.00

Referred to CPT February 2012

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 he **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

2023 Medicare Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT October 2020
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

2023 Medicare Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

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

95951 Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg, for presurgical localization), each 24 hours **Global:** **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:**

First Identified: October 2016

2023 Medicare Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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									
Most Recent RUC Meeting: October 2018		Tab: 13	Specialty Developing Recommendation: AAN, ACNS	First Identified: February 2009	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU:	Result: Deleted from CPT
RUC Recommendation: Deleted from CPT				Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:			
95954 Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test)									
Most Recent RUC Meeting: February 2008		Tab: S	Specialty Developing Recommendation: AAN, ACNS	First Identified: February 2008	2023 Medicare Utilization: 382	2025 Work RVU: 2.45	2025 NF PE RVU: 8.87	2025 Fac PE RVU: NA	Result: Remove from Screen
RUC Recommendation: Remove from screen				Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:			
95956 Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse									
Most Recent RUC Meeting: October 2018		Tab: 13	Specialty Developing Recommendation: AAN, ACNS	First Identified: October 2008	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU:	Result: Deleted from CPT
RUC Recommendation: Deleted from CPT				Referred to CPT	Referred to CPT Asst ☒	Published in CPT Asst: Dec 2009			

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	2023 Medicare Utilization: 28,671	2025 Work RVU: 1.98 2025 NF PE RVU: 6.62 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 1.98			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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 neurostim	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	2023 Medicare Utilization: 29,020	2025 Work RVU: 0.35 2025 NF PE RVU: 0.18 2025 Fac PE RVU: 0.17 Result: Maintain
RUC Recommendation: 0.45			Referred to CPT June 2017 Referred to CPT Asst ☒	Published in CPT Asst: Jul 2016	
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 neurostim	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	2023 Medicare Utilization: 18,091	2025 Work RVU: 0.78 2025 NF PE RVU: 0.59 2025 Fac PE RVU: 0.31 Result: Maintain
RUC Recommendation: 0.78			Referred to CPT February 2015, June 2017 Referred to CPT Asst ☐	Published in CPT Asst:	

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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 neurostim	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	2023 Medicare Utilization: 37,260	2025 Work RVU: 0.80 2025 NF PE RVU: 0.83 2025 Fac PE RVU: 0.31 Result: Decrease
RUC Recommendation: 0.80			Referred to CPT May 2014 February , June 2017 Referred to CPT Asst ☐ Published in CPT Asst:		
95973	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measureme	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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT February 2015 Referred to CPT Asst ☐ Published in CPT Asst:		
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 measureme	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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT June 2017 Referred to CPT Asst ☒ Published in CPT Asst: Jul 2016		

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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 measureme	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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT June 2017 Referred to CPT Asst ☒ Published in CPT Asst: Jul 2016		
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 neurostim	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	2023 Medicare Utilization: 11,487	2025 Work RVU: 0.73 2025 NF PE RVU: 0.35 2025 Fac PE RVU: 0.33 Result: Maintain
RUC Recommendation: 0.95			Referred to CPT June 2017 Referred to CPT Asst ☒ Published in CPT Asst: February 2019		
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 neurostim	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	2023 Medicare Utilization: 6,942	2025 Work RVU: 0.97 2025 NF PE RVU: 0.46 2025 Fac PE RVU: 0.44 Result: Maintain
RUC Recommendation: 1.19			Referred to CPT June 2017 Referred to CPT Asst ☒ Published in CPT Asst: February 2019		

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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	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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT	
RUC Recommendation: Deleted from CPT		Referred to CPT June 2017 Referred to CPT Asst ☒ Published in CPT Asst: Jul 2016			
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	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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT	
RUC Recommendation: Deleted from CPT		Referred to CPT June 2017 Referred to CPT Asst ☒ Published in CPT Asst: Jul 2016			
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 n	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	2023 Medicare Utilization: 417	2025 Work RVU: 0.80 2025 NF PE RVU: NA 2025 Fac PE RVU: 0.36 Result: Maintain	
RUC Recommendation: Not part of family		Referred to CPT June 2017 Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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 n	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	2023 Medicare Utilization: 560	2025 Work RVU: 0.30 2025 NF PE RVU: 0.84 2025 Fac PE RVU: 0.18 Result: Maintain
RUC Recommendation: Not part of family			Referred to CPT June 2017 Referred to CPT Asst ☐ Published in CPT Asst:		
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 n	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	2023 Medicare Utilization: 802	2025 Work RVU: 0.65 2025 NF PE RVU: 1.02 2025 Fac PE RVU: 0.32 Result: Maintain
RUC Recommendation: Not part of family			Referred to CPT June 2017 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 neurostim	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	2023 Medicare Utilization: 43,262	2025 Work RVU: 0.91 2025 NF PE RVU: 0.49 2025 Fac PE RVU: 0.46 Result: Maintain
RUC Recommendation: 1.25			Referred to CPT June 2017 Referred to CPT Asst ☒ Published in CPT Asst: February 2019		

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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 neurostim	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	2023 Medicare Utilization: 55,744	2025 Work RVU: 0.80 2025 NF PE RVU: 0.42 2025 Fac PE RVU: 0.41 Result: Maintain
RUC Recommendation: 1.00			Referred to CPT June 2017 Referred to CPT Asst ☒ Published in CPT Asst: February 2019		
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	2023 Medicare Utilization: 452	2025 Work RVU: 0.00 2025 NF PE RVU: 2.57 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.00			Referred to CPT October 2010 Referred to CPT Asst ☐ Published in CPT Asst:		
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 p	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	2023 Medicare Utilization: 7,681	2025 Work RVU: 0.77 2025 NF PE RVU: 2.42 2025 Fac PE RVU: 0.32 Result: Maintain
RUC Recommendation: 0.77			Referred to CPT October 2010 Referred to CPT Asst ☐ Published in CPT Asst:		

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95992

Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day

Most Recent RUC Meeting:

April 2018

Tab: 33

Specialty Developing Recommendation:

First Identified:

January 2018

2023 Medicare Utilization:

121,272

2025 Work RVU:

0.75

2025 NF PE RVU:

0.49

2025 Fac PE RVU:

0.28

Result:

Maintain

RUC Recommendation:

Remove from Modifier -51 Exempt list.

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

95X18

Global:

Issue: Unattended Sleep Testing

Screen: High Volume Growth10

Complete? Yes

Most Recent RUC Meeting:

April 2025

Tab: 08

Specialty Developing Recommendation:

AAN, AASM, ATS, CHEST

First Identified:

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result:

PE Only

RUC Recommendation:

PE Only

Referred to CPT

February 2025

Referred to CPT Asst

☐

Published in CPT Asst:

95X19

Global:

Issue: Unattended Sleep Testing

Screen: High Volume Growth10

Complete? Yes

Most Recent RUC Meeting:

April 2025

Tab: 08

Specialty Developing Recommendation:

AAN, AASM, ATS, CHEST

First Identified:

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result:

PE Only

RUC Recommendation:

PE Only

Referred to CPT

February 2025

Referred to CPT Asst

☐

Published in CPT Asst:

95X20

Global:

Issue: Unattended Sleep Testing

Screen: High Volume Growth10

Complete? Yes

Most Recent RUC Meeting:

April 2025

Tab: 08

Specialty Developing Recommendation:

AAN, AASM, ATS, CHEST

First Identified:

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result:

PE Only

RUC Recommendation:

PE Only

Referred to CPT

February 2025

Referred to CPT Asst

☐

Published in CPT Asst:

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95X21				Global:	Issue:	Unattended Sleep Testing	Screen:	High Volume Growth10	Complete?	Yes	
Most Recent RUC Meeting:	April 2025	Tab: 08	Specialty Developing Recommendation:	AAN, AASM, ATS, CHEST	First Identified:	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU:	Result:	Decrease
RUC Recommendation:				0.83	Referred to CPT	February 2025					
				Referred to CPT Asst	☐	Published in CPT Asst:					

95X22				Global:	Issue:	Unattended Sleep Testing	Screen:	High Volume Growth10	Complete?	Yes	
Most Recent RUC Meeting:	April 2025	Tab: 08	Specialty Developing Recommendation:	AAN, AASM, ATS, CHEST	First Identified:	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU:	Result:	Increase
RUC Recommendation:				1.08	Referred to CPT	February 2025					
				Referred to CPT Asst	☐	Published in CPT Asst:					

95X23				Global:	Issue:	Unattended Sleep Testing	Screen:	High Volume Growth10	Complete?	Yes	
Most Recent RUC Meeting:	April 2025	Tab: 08	Specialty Developing Recommendation:	AAN, AASM, ATS, CHEST	First Identified:	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU:	Result:	Increase
RUC Recommendation:				1.60	Referred to CPT	February 2025					
				Referred to CPT Asst	☐	Published in CPT Asst:					

95XX4				Global:	Issue:	Autonomic Function Testing	Screen:	Codes Reported Together 75% or More-Part7	Complete?	Yes			
Most Recent RUC Meeting:		April 2025	Tab: 09	Specialty Developing Recommendation:	AAN, AANEM, ACP	First Identified:	February 2025	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU:	Result:	Increase
RUC Recommendation:				0.35	Referred to CPT	February 2025							
				Referred to CPT Asst	☐	Published in CPT Asst:							

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95XX5			Global:	Issue:	Autonomic Function Testing	Screen:	Codes Reported Together 75% or More-Part7	Complete?	Yes
Most Recent RUC Meeting:	April 2025	Tab: 09	Specialty Developing Recommendation:	AAN, AANEM, ACP	First Identified:	February 2025	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation:			1.00	Referred to CPT	February 2025	Referred to CPT Asst	☐	Published in CPT Asst:	
								2025 NF PE RVU:	
								2025 Fac PE RVU:	
								Result:	Increase
95XX6			Global:	Issue:	Autonomic Function Testing	Screen:	Codes Reported Together 75% or More-Part7	Complete?	Yes
Most Recent RUC Meeting:	April 2025	Tab: 09	Specialty Developing Recommendation:	AAN, AANEM, ACP	First Identified:	February 2025	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation:			0.50	Referred to CPT	February 2025	Referred to CPT Asst	☐	Published in CPT Asst:	
								2025 NF PE RVU:	
								2025 Fac PE RVU:	
								Result:	Decrease
95XX7			Global:	Issue:	Autonomic Function Testing	Screen:	Codes Reported Together 75% or More-Part7	Complete?	Yes
Most Recent RUC Meeting:	April 2025	Tab: 09	Specialty Developing Recommendation:	AAN, AANEM, ACP	First Identified:	February 2025	2023 Medicare Utilization:	2025 Work RVU:	
RUC Recommendation:			1.20	Referred to CPT	February 2025	Referred to CPT Asst	☐	Published in CPT Asst:	
								2025 NF PE RVU:	
								2025 Fac PE RVU:	
								Result:	

Status Report: CMS Requests and Relativity Assessment Issues

95XX8			Global:	Issue:	Autonomic Function Testing	Screen:	Codes Reported Together 75% or More-Part7	Complete?	Yes	
Most Recent RUC Meeting:	April 2025	Tab: 09	Specialty Developing Recommendation:	AAN, AANEM, ACP	First Identified:	February 2025	2023 Medicare Utilization:	2025 Work RVU:		
RUC Recommendation:			1.75	Referred to CPT	February 2025	Referred to CPT Asst	☐	Published in CPT Asst:		
95XX9			Global:	Issue:	Autonomic Function Testing	Screen:	Codes Reported Together 75% or More-Part7	Complete?	Yes	
Most Recent RUC Meeting:	April 2025	Tab: 09	Specialty Developing Recommendation:	AAN, AANEM, ACP	First Identified:	February 2025	2023 Medicare Utilization:	2025 Work RVU:		
RUC Recommendation:			1.91	Referred to CPT	February 2025	Referred to CPT Asst	☐	Published in CPT Asst:		
96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering test			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	2023 Medicare Utilization:	2025 Work RVU:		
RUC Recommendation:			Deleted from CPT	Referred to CPT	June 2017	Referred to CPT Asst	☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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 ho	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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT June 2017 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT June 2017 Referred to CPT Asst ☐ Published in CPT Asst:		
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 repor	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	2023 Medicare Utilization: 1,835	2025 Work RVU: 1.75 2025 NF PE RVU: 1.09 2025 Fac PE RVU: NA Result: Decrease
RUC Recommendation: 1.75			Referred to CPT June 2017 Referred to CPT Asst ☐ Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

96110	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	Global: XXX	Issue: Psychological and Neuro-psychological Testing	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: October 2017	Tab: 08 Specialty Developing Recommendation: APA (psychology), AAP, ASHA, AAN	First Identified: January 2017	2023 Medicare Utilization:	2025 Work RVU: 0.00 2025 NF PE RVU: 0.34 2025 Fac PE RVU: NA Result: PE Only	
RUC Recommendation: New PE Inputs		Referred to CPT June 2017 Referred to CPT Asst ☐ Published in CPT Asst:			
96111	Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report	Global:	Issue: Psychological and Neuro-psychological Testing	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: October 2017	Tab: 08 Specialty Developing Recommendation: APA (psychology), AAP, ASHA, AAN	First Identified: January 2017	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT	
RUC Recommendation: Deleted from CPT		Referred to CPT June 2017 Referred to CPT Asst ☐ Published in CPT Asst:			
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	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: September 2024	Tab: 14 Specialty Developing Recommendation: APA (psychology), AAP, ASHA, AAN	First Identified: June 2017	2023 Medicare Utilization: 14,066	2025 Work RVU: 2.56 2025 NF PE RVU: 1.21 2025 Fac PE RVU: 0.90 Result: Decrease	
RUC Recommendation: Review in 3 years. 2.50		Referred to CPT June 2017 Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

96113	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care	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	2023 Medicare Utilization: 552	2025 Work RVU: 1.16 2025 NF PE RVU: 0.45 2025 Fac PE RVU: 0.29 Result: Decrease
RUC Recommendation: 1.10			Referred to CPT June 2017 Referred to CPT Asst ☐ Published in CPT Asst:		
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 professio	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	2023 Medicare Utilization: 133,582	2025 Work RVU: 1.86 2025 NF PE RVU: 0.81 2025 Fac PE RVU: 0.43 Result: Maintain
RUC Recommendation: 1.86			Referred to CPT June 2017 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 int	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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT June 2017 Referred to CPT Asst ☐ Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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	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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT June 2017 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT June 2017 Referred to CPT Asst ☐ Published in CPT Asst:		
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 professio	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	2023 Medicare Utilization: 30,799	2025 Work RVU: 1.71 2025 NF PE RVU: 0.50 2025 Fac PE RVU: 0.22 Result: Decrease
RUC Recommendation: 1.71			Referred to CPT June 2017 Referred to CPT Asst ☐ Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

96125	Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and prepari	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	2023 Medicare Utilization: 8,287	2025 Work RVU: 1.70 2025 NF PE RVU: 1.33 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 1.70			Referred to CPT June 2017 Referred to CPT Asst ☐ Published in CPT Asst:		
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 / High Volume Growth11	Complete? No
Most Recent RUC Meeting: April 2025	Tab: 14	Specialty Developing Recommendation: APA (psychology), AAP, ASHA, AAN	First Identified: January 2016	2023 Medicare Utilization: 746,103	2025 Work RVU: 0.00 2025 NF PE RVU: 0.13 2025 Fac PE RVU: NA Result: PE Only
RUC Recommendation: Review action plan. New PE Inputs			Referred to CPT June 2017 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 repo	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	2023 Medicare Utilization: 99,190	2025 Work RVU: 2.56 2025 NF PE RVU: 0.94 2025 Fac PE RVU: 0.59 Result: Decrease
RUC Recommendation: 2.50			Referred to CPT June 2017 Referred to CPT Asst ☐ Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

96131 Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and repo **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

2023 Medicare Utilization: 65,642

2025 Work RVU: 1.96

2025 NF PE RVU: 0.56

2025 Fac PE RVU: 0.24

Result: Decrease

RUC Recommendation: 1.90

Referred to CPT June 2017

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

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 **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

2023 Medicare Utilization: 243,228

2025 Work RVU: 2.56

2025 NF PE RVU: 1.21

2025 Fac PE RVU: 0.52

Result: Decrease

RUC Recommendation: 2.50

Referred to CPT June 2017

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

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 **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

2023 Medicare Utilization: 378,535

2025 Work RVU: 1.96

2025 NF PE RVU: 0.89

2025 Fac PE RVU: 0.25

Result: Decrease

RUC Recommendation: 1.90

Referred to CPT June 2017

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 167,880	2025 Work RVU: 0.55 2025 NF PE RVU: 0.68 2025 Fac PE RVU: 0.12 Result: Decrease
RUC Recommendation: 0.55			Referred to CPT June 2017 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization: 338,546	2025 Work RVU: 0.46 2025 NF PE RVU: 0.64 2025 Fac PE RVU: 0.06 Result: Decrease
RUC Recommendation: 0.46			Referred to CPT June 2017 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	2023 Medicare Utilization: 178,634	2025 Work RVU: 0.00 2025 NF PE RVU: 1.03 2025 Fac PE RVU: NA Result: PE Only
RUC Recommendation: New PE Inputs			Referred to CPT June 2017 Referred to CPT Asst ☐ Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 372,550

2025 Work RVU: 0.00

2025 NF PE RVU: 1.03

2025 Fac PE RVU: NA

Result: PE Only

RUC Recommendation: New PE Inputs

Referred to CPT June 2017

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

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

2023 Medicare Utilization: 6,636

2025 Work RVU: 0.00

2025 NF PE RVU: 0.06

2025 Fac PE RVU: NA

Result: PE Only

RUC Recommendation: New PE Inputs

Referred to CPT June 2017

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT	
RUC Recommendation: Deleted from CPT		Referred to CPT September 2018 Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT	
RUC Recommendation: Deleted from CPT		Referred to CPT September 2018 Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT	
RUC Recommendation: Deleted from CPT		Referred to CPT September 2018 Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT September 2018 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT September 2018 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization: 18,359	2025 Work RVU: 2.30 2025 NF PE RVU: 0.70 2025 Fac PE RVU: 0.32 Result: Increase
RUC Recommendation: 2.10			Referred to CPT September 2018 Referred to CPT Asst ☐ Published in CPT Asst:		

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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	2023 Medicare Utilization: 29,623	2025 Work RVU: 1.59 2025 NF PE RVU: 0.47 2025 Fac PE RVU: 0.21 Result: Increase	
RUC Recommendation: 1.45		Referred to CPT September 2018 Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 28,461	2025 Work RVU: 0.55 2025 NF PE RVU: 0.16 2025 Fac PE RVU: 0.07 Result: Increase	
RUC Recommendation: 0.50		Referred to CPT September 2018 Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 12,239	2025 Work RVU: 0.23 2025 NF PE RVU: 0.08 2025 Fac PE RVU: 0.05 Result: Increase	
RUC Recommendation: 0.21		Referred to CPT September 2018 Referred to CPT Asst ☐ Published in CPT Asst:			

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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	2023 Medicare Utilization: 38,639	2025 Work RVU: 0.11 2025 NF PE RVU: 0.04 2025 Fac PE RVU: 0.02 Result: Increase	
RUC Recommendation: 0.10		Referred to CPT September 2018 Referred to CPT Asst ☐ Published in CPT Asst:			
96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes	Global: XXX	Issue: Health and Behavior Assessment and Intervention	Screen: Negative IWPUT	Complete? Yes
Most Recent RUC Meeting: January 2019	Tab: 41 Specialty Developing Recommendation:	First Identified: September 2018	2023 Medicare Utilization: 1,622	2025 Work RVU: 1.70 2025 NF PE RVU: 0.49 2025 Fac PE RVU: 0.21 Result: Increase	
RUC Recommendation: 1.55		Referred to CPT September 2018 Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 1,344	2025 Work RVU: 0.60 2025 NF PE RVU: 0.18 2025 Fac PE RVU: 0.08 Result: Increase	
RUC Recommendation: 0.55		Referred to CPT September 2018 Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization:	2025 Work RVU: 1.50 2025 NF PE RVU: 0.74 2025 Fac PE RVU: 0.59 Result: Increase
RUC Recommendation: 1.50			Referred to CPT September 2018 Referred to CPT Asst ☐ Published in CPT Asst:		
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	2023 Medicare Utilization:	2025 Work RVU: 0.54 2025 NF PE RVU: 0.27 2025 Fac PE RVU: 0.21 Result: Increase
RUC Recommendation: 0.54			Referred to CPT September 2018 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 prese	Global: XXX	Issue: Caregiver Behavior Management Training	Screen: RUC Flag for Review	Complete? Yes
Most Recent RUC Meeting: April 2021	Tab: 11	Specialty Developing Recommendation: AACAP, AND, APA (psychology)	First Identified: April 2021	2023 Medicare Utilization:	2025 Work RVU: 0.43 2025 NF PE RVU: 0.28 2025 Fac PE RVU: 0.20 Result: Not part of RAW
RUC Recommendation: Review action plan			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:		

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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 prese	Global: ZZZ	Issue: Caregiver Behavior Management Training	Screen: RUC Flag for Review	Complete? Yes
Most Recent RUC Meeting: April 2021	Tab: 11	Specialty Developing Recommendation:	First Identified: April 2021	2023 Medicare Utilization:	2025 Work RVU: 0.12 2025 NF PE RVU: 0.06 2025 Fac PE RVU: 0.06 Result: Not part of RAW
RUC Recommendation: Review action plan			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization: 220,850	2025 Work RVU: 0.17 2025 NF PE RVU: 0.75 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.17			Referred to CPT N/A Referred to CPT Asst ☐	Published in CPT Asst:	
96361	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: IV Hydration	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: January 2017	Tab: 25	Specialty Developing Recommendation: ASCO, ASH	First Identified: July 2015	2023 Medicare Utilization: 344,257	2025 Work RVU: 0.09 2025 NF PE RVU: 0.26 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.09			Referred to CPT N/A Referred to CPT Asst ☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	Global: XXX	Issue: Intravenous Infusion Therapy	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent RUC Meeting:	Tab: 28	Specialty Developing Recommendation:	ACRh, ASCO, ASH, ISDA	First Identified: September 2011	2023 Medicare Utilization: 1,405,436
RUC Recommendation:	0.21		Referred to CPT	Referred to CPT Asst	☐ Published in CPT Asst:
				2025 Work RVU:	0.21
				2025 NF PE RVU:	1.54
				2025 Fac PE RVU:	NA
				Result:	Maintain
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:	Tab: 28	Specialty Developing Recommendation:	ACRh, ASCO, ASH, ISDA	First Identified: April 2013	2023 Medicare Utilization: 628,076
RUC Recommendation:	0.18		Referred to CPT	Referred to CPT Asst	☐ Published in CPT Asst:
				2025 Work RVU:	0.18
				2025 NF PE RVU:	0.41
				2025 Fac PE RVU:	NA
				Result:	Maintain
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:	Tab: 28	Specialty Developing Recommendation:	ACRh, ASCO, ASH, ISDA	First Identified: September 2011	2023 Medicare Utilization: 957,741
RUC Recommendation:	0.19		Referred to CPT	Referred to CPT Asst	☐ Published in CPT Asst:
				2025 Work RVU:	0.19
				2025 NF PE RVU:	0.62
				2025 Fac PE RVU:	NA
				Result:	Maintain

Status Report: CMS Requests and Relativity Assessment Issues

96368 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure) **Global:** ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013

Tab: 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA

First Identified: April 2013

2023 Medicare Utilization: 129,890

2025 Work RVU: 0.17
2025 NF PE RVU: 0.39
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.17

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

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

2023 Medicare Utilization: 7,215,163

2025 Work RVU: 0.17
2025 NF PE RVU: 0.25
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.17

Referred to CPT N/A
Referred to CPT Asst ☐ **Published in CPT Asst:**

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

2023 Medicare Utilization: 221,944

2025 Work RVU: 0.18
2025 NF PE RVU: 0.85
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.18

Referred to CPT N/A
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 1,369,498

2025 Work RVU: 0.10

2025 NF PE RVU: 0.33

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 0.10

Referred to CPT N/A

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

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

2023 Medicare Utilization: 35,228

2025 Work RVU: 0.17

2025 NF PE RVU: 0.36

2025 Fac PE RVU: NA

Result: Not Part of RAW

RUC Recommendation: 0.17

Referred to CPT N/A

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

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

2023 Medicare Utilization: 199

2025 Work RVU: 0.24

2025 NF PE RVU: 0.44

2025 Fac PE RVU: NA

Result: Not Part of RAW

RUC Recommendation: 0.28

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 284	2025 Work RVU: 0.17	2025 NF PE RVU: 0.41	2025 Fac PE RVU: NA	Result: Not Part of RAW
RUC Recommendation:	0.17			Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:			

96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	Global: XXX	Issue: Chemotherapy Administration	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes				
Most Recent RUC Meeting:	January 2017	Tab: 27	Specialty Developing Recommendation: ASBMT, ASCO, ASH, ACRh	First Identified: July 2015	2023 Medicare Utilization: 831,060	2025 Work RVU: 0.21	2025 NF PE RVU: 1.80	2025 Fac PE RVU: NA	Result: Maintain
RUC Recommendation:	0.21			Referred to CPT N/A	Referred to CPT Asst ☐	Published in CPT Asst:			

96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	Global: XXX	Issue: Chemotherapy Administration	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes				
Most Recent RUC Meeting:	January 2017	Tab: 27	Specialty Developing Recommendation: ASBMT, ASCO, ASH, AUA	First Identified: July 2015	2023 Medicare Utilization: 349,176	2025 Work RVU: 0.19	2025 NF PE RVU: 0.87	2025 Fac PE RVU: NA	Result: Maintain
RUC Recommendation:	0.19			Referred to CPT N/A	Referred to CPT Asst ☐	Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

96405	Chemotherapy administration; intralesional, up to and including 7 lesions	Global: 000	Issue: Chemotherapy Administration	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting: April 2008	Tab: 55	Specialty Developing Recommendation: ASCO	First Identified: NA	2023 Medicare Utilization: 25,861	2025 Work RVU: 0.52 2025 NF PE RVU: 1.91 2025 Fac PE RVU: 0.31 Result: PE Only
RUC Recommendation: New PE inputs			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	

96406	Chemotherapy administration; intralesional, more than 7 lesions	Global: 000	Issue: Chemotherapy Administration	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting: April 2008	Tab: 55	Specialty Developing Recommendation: ASCO	First Identified: NA	2023 Medicare Utilization: 714	2025 Work RVU: 0.80 2025 NF PE RVU: 2.93 2025 Fac PE RVU: 0.48 Result: PE Only
RUC Recommendation: New PE inputs			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	

96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug	Global: XXX	Issue: Chemotherapy Administration	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: January 2017	Tab: 27	Specialty Developing Recommendation: ASBMT, ASCO, ASH	First Identified: July 2015	2023 Medicare Utilization: 43,186	2025 Work RVU: 0.24 2025 NF PE RVU: 2.57 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.24			Referred to CPT N/A Referred to CPT Asst ☐	Published in CPT Asst:	

96411	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Chemotherapy Administration	Screen: CMS High Expenditure Procedural Codes2	Complete? Yes
Most Recent RUC Meeting: January 2017	Tab: 27	Specialty Developing Recommendation: ASBMT, ASCO, ASH	First Identified: July 2015	2023 Medicare Utilization: 116,178	2025 Work RVU: 0.20 2025 NF PE RVU: 1.34 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.20			Referred to CPT N/A Referred to CPT Asst ☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	Global: XXX	Issue: Chemotherapy Administration	Screen: Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1	Complete? Yes				
Most Recent RUC Meeting:	January 2013	Tab: 29	Specialty Developing Recommendation: ACRh, ASCO, ASH, ASBMT	First Identified: February 2010	2023 Medicare Utilization: 1,660,366	2025 Work RVU: 0.28	2025 NF PE RVU: 3.35	2025 Fac PE RVU: NA	Result: Maintain
RUC Recommendation: 0.28 and new PE inputs				Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:			
96415	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)	Global: ZZZ	Issue: Chemotherapy Administration	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes				
Most Recent RUC Meeting:	January 2013	Tab: 29	Specialty Developing Recommendation: ACRh, ASCO, ASH, ASBMT	First Identified: January 2012	2023 Medicare Utilization: 668,343	2025 Work RVU: 0.19	2025 NF PE RVU: 0.59	2025 Fac PE RVU: NA	Result: Maintain
RUC Recommendation: 0.19 and new PE inputs				Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:			
96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	Global: XXX	Issue: Chemotherapy Administration	Screen: Codes Reported Together 75% or More-Part1	Complete? Yes				
Most Recent RUC Meeting:	October 2010	Tab: 20	Specialty Developing Recommendation: ACRh, ASCO, ASH	First Identified: February 2010	2023 Medicare Utilization: 23,252	2025 Work RVU: 0.21	2025 NF PE RVU: 3.37	2025 Fac PE RVU: NA	Result: PE Only
RUC Recommendation: New PE inputs				Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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:	Tab: 29 January 2013	Specialty Developing Recommendation: ACRh, ASCO, ASH, ASBMT	First Identified: January 2012	2023 Medicare Utilization: 330,340	2025 Work RVU: 0.21 2025 NF PE RVU: 1.58 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: 0.21 and new PE inputs		Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
96440	Chemotherapy administration into pleural cavity, requiring and including thoracentesis	Global: 000	Issue: Chemotherapy Administration	Screen: CMS Request - Practice Expense Review	Complete? Yes
Most Recent RUC Meeting:	Tab: R February 2008	Specialty Developing Recommendation:	First Identified: NA	2023 Medicare Utilization: 19	2025 Work RVU: 2.12 2025 NF PE RVU: 19.15 2025 Fac PE RVU: 1.78 Result: PE Only
RUC Recommendation: New PE inputs		Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
96521	Refilling and maintenance of portable pump	Global: XXX	Issue: RAW	Screen: Different Performing Specialty from Survey7	Complete? No
Most Recent RUC Meeting:	Tab: 14 April 2025	Specialty Developing Recommendation:	First Identified: April 2025	2023 Medicare Utilization: 65,364	2025 Work RVU: 0.21 2025 NF PE RVU: 3.26 2025 Fac PE RVU: NA Result:
RUC Recommendation: Review action plan.		Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 45,678	2025 Work RVU: 0.00 2025 NF PE RVU: 3.94 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.00 PE Only		Referred to CPT September 2016 Referred to CPT Asst ☐ Published in CPT Asst:			
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 professio	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	2023 Medicare Utilization: 31,676	2025 Work RVU: 0.48 2025 NF PE RVU: 6.08 2025 Fac PE RVU: NA Result: Increase	
RUC Recommendation: 0.48		Referred to CPT September 2016 Referred to CPT Asst ☐ Published in CPT Asst:			
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/a	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	2023 Medicare Utilization: 60,830	2025 Work RVU: 1.01 2025 NF PE RVU: 7.04 2025 Fac PE RVU: NA Result: Increase	
RUC Recommendation: 1.01		Referred to CPT September 2016 Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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 **Tab:** 44 **Specialty Developing** AAD
RUC Meeting: April 2016 **Recommendation:**

First
Identified: July 2015

2023
Medicare
Utilization: 280,102

2025 Work RVU: 0.00
2025 NF PE RVU: 3.49
2025 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: PE Only

Referred to CPT
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 **Tab:** 08 **Specialty Developing** AADA
RUC Meeting: April 2023 **Recommendation:**

First
Identified: October 2008

2023
Medicare
Utilization: 63,808

2025 Work RVU: 0.83
2025 NF PE RVU: 3.36
2025 Fac PE RVU: 0.65
Result: Decrease

RUC Recommendation: 1.00

Referred to CPT February 2023
Referred to CPT Asst ☒ **Published in CPT Asst:** Sep 2016

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 **Tab:** 08 **Specialty Developing** AADA
RUC Meeting: April 2023 **Recommendation:**

First
Identified: February 2008

2023
Medicare
Utilization: 21,718

2025 Work RVU: 0.90
2025 NF PE RVU: 3.58
2025 Fac PE RVU: 0.79
Result: Decrease

RUC Recommendation: 1.07

Referred to CPT February 2023
Referred to CPT Asst ☒ **Published in CPT Asst:** Sep 2016

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 13,536	2025 Work RVU: 1.15 2025 NF PE RVU: 4.46 2025 Fac PE RVU: 1.59 Result: Decrease	
RUC Recommendation: 1.32			Referred to CPT February 2023 Referred to CPT Asst ☒ Published in CPT Asst: Sep 2016			

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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT	
RUC Recommendation: Deleted from CPT			Referred to CPT February 2015 Referred to CPT Asst ☐ Published in CPT Asst:			

97002 Physical therapy re-evaluation			Global:	Issue: Physical Medicine and Rehabilitation Workgroup	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent RUC Meeting: October 2015	Tab: 17	Specialty Developing Recommendation:	First Identified: February 2015	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT	
RUC Recommendation: Deleted from CPT			Referred to CPT February 2015 Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 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:					
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	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 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:					
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	2023 Medicare Utilization:	2025 Work RVU:	0.06	
RUC Recommendation:			No specialty society interest			Referred to CPT		2025 NF PE RVU:	0.13	
			Referred to CPT Asst	☐	Published in CPT Asst:					
								2025 Fac PE RVU:	NA	
								Result:	Maintain	

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 440,485	2025 Work RVU: 0.25 2025 NF PE RVU: 0.18 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: New PE Inputs. 0.25				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization:	2025 Work RVU: 0.18 2025 NF PE RVU: 0.19 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: New PE Inputs. 0.18				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 972,486	2025 Work RVU: 0.18 2025 NF PE RVU: 0.17 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: New PE Inputs. 0.18				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 154,054

2025 Work RVU: 0.06

2025 NF PE RVU: 0.12

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: New PE Inputs. 0.06

Referred to CPT

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

97022 Application of a modality to 1 or more areas; whirlpool

Global: XXX

Issue: Physical Medicine and Rehabilitation Services - Modalities

Screen: Physical Medicine and Rehabilitation Services / CMS Request - Final Rule for 2024

Complete? Yes

Most Recent RUC Meeting: January 2024

Tab: 18 **Specialty Developing Recommendation:** APTA

First Identified: April 2016

2023 Medicare Utilization: 129,225

2025 Work RVU: 0.17

2025 NF PE RVU: 0.30

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: New PE Inputs.0.17

Referred to CPT

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

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

2023 Medicare Utilization: 573,974

2025 Work RVU: 0.25

2025 NF PE RVU: 0.18

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: New PE Inputs. 0.25

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization:

34,646

2025 Work RVU:

0.26

2025 NF PE RVU:

0.31

2025 Fac PE RVU:

NA

Result:

Maintain

RUC Recommendation:

New PE Inputs. 0.26

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

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

2023 Medicare Utilization:

7,540

2025 Work RVU:

0.21

2025 NF PE RVU:

0.20

2025 Fac PE RVU:

NA

Result:

Maintain

RUC Recommendation:

New PE Inputs. 0.21

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

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

2023 Medicare Utilization:

1,221,775

2025 Work RVU:

0.21

2025 NF PE RVU:

0.21

2025 Fac PE RVU:

NA

Result:

Maintain

RUC Recommendation:

New PE Inputs. 0.21

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Global: XXX	Issue: Physical Medicine and Rehabilitation 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	2023 Medicare Utilization: 64,840,836	2025 Work RVU: 0.45 2025 NF PE RVU: 0.43 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: New PE Inputs. 0.45		Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:	
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	2023 Medicare Utilization: 30,041,805	2025 Work RVU: 0.50 2025 NF PE RVU: 0.48 2025 Fac PE RVU: NA Result: Increase
RUC Recommendation: New PE Inputs. 0.50		Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:	
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	2023 Medicare Utilization: 1,611,402	2025 Work RVU: 0.48 2025 NF PE RVU: 0.64 2025 Fac PE RVU: NA Result: Increase
RUC Recommendation: New PE Inputs. 0.48		Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 4,609,082	2025 Work RVU: 0.45	2025 NF PE RVU: 0.43	2025 Fac PE RVU: NA	Result: Increase
RUC Recommendation:		New PE Inputs. 0.45		Referred to CPT		Referred to CPT Asst	☐	Published in CPT Asst:		

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 sch	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	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 Fac PE RVU:	Result: Deleted from CPT	
RUC Recommendation:		1.50		Referred to CPT		September 2016	Referred to CPT Asst	☐	Published in CPT Asst:	

97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	Global: XXX	Issue: 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	2023 Medicare Utilization: 29,535,664	2025 Work RVU: 0.43	2025 NF PE RVU: 0.40	2025 Fac PE RVU: NA	Result: Maintain
RUC Recommendation:		New PE Inputs. 0.43		Referred to CPT		Referred to CPT Asst	☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 2,288,395	2025 Work RVU: 0.29 2025 NF PE RVU: 0.24 2025 Fac PE RVU: NA Result: Increase	
RUC Recommendation: 0.29		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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 f	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	2023 Medicare Utilization: 1,665,113	2025 Work RVU: 1.54 2025 NF PE RVU: 1.45 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 0.75		Referred to CPT February 2015 Referred to CPT Asst ☐	Published in CPT Asst:		
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	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	2023 Medicare Utilization: 1,462,691	2025 Work RVU: 1.54 2025 NF PE RVU: 1.45 2025 Fac PE RVU: NA Result: Decrease	
RUC Recommendation: 1.18		Referred to CPT February 2015 Referred to CPT Asst ☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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 **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

2023 Medicare Utilization: 284,110

2025 Work RVU: 1.54

2025 NF PE RVU: 1.45

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 1.50

Referred to CPT February 2015

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

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 i **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

2023 Medicare Utilization: 540,956

2025 Work RVU: 0.96

2025 NF PE RVU: 1.11

2025 Fac PE RVU: NA

Result: Increase

RUC Recommendation: 0.75

Referred to CPT February 2015

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

97165 Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An **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

2023 Medicare Utilization: 175,240

2025 Work RVU: 1.54

2025 NF PE RVU: 1.53

2025 Fac PE RVU: NA

Result: Decrease

RUC Recommendation: 0.88

Referred to CPT February 2015

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

2023 Medicare Utilization: 155,362

2025 Work RVU: 1.54

2025 NF PE RVU: 1.53

2025 Fac PE RVU: NA

Result: Maintain

RUC Recommendation: 1.20

Referred to CPT February 2015

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 psych

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

2023 Medicare Utilization: 26,831

2025 Work RVU: 1.54

2025 NF PE RVU: 1.53

2025 Fac PE RVU: NA

Result: Increase

RUC Recommendation: 1.70

Referred to CPT February 2015

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

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 con

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

2023 Medicare Utilization: 38,416

2025 Work RVU: 0.96

2025 NF PE RVU: 1.16

2025 Fac PE RVU: NA

Result: Increase

RUC Recommendation: 0.80

Referred to CPT February 2015

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 37,058,204	2025 Work RVU: 0.44 2025 NF PE RVU: 0.62 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: New PE Inputs. 0.44			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:	
97532	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes		Global:	Issue: Cognitive Function Intervention	Screen: High Volume Growth2 / High Volume Growth3	Complete? Yes
Most Recent RUC Meeting:	January 2017	Tab: 29	Specialty Developing Recommendation: APTA, AOTA, ASHA, APA (psychology)	First Identified: April 2013	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT September 2016 Referred to CPT Asst ☐		Published in CPT Asst:	
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	2023 Medicare Utilization: 58,176	2025 Work RVU: 0.48 2025 NF PE RVU: 1.38 2025 Fac PE RVU: NA Result: Increase
RUC Recommendation: New PE Inputs. 0.48			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	Global: XXX	Issue: 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	2023 Medicare Utilization: 3,619,830	2025 Work RVU: 0.45 2025 NF PE RVU: 0.53 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: New PE Inputs. 0.45		Referred to CPT Referred to CPT Asst ☒	Published in CPT Asst: Article no longer necessary		
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 cont	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	2023 Medicare Utilization: 11,348	2025 Work RVU: 0.48 2025 NF PE RVU: 0.49 2025 Fac PE RVU: NA Result: Increase	
RUC Recommendation: New PE Inputs. 0.48		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 116,758	2025 Work RVU: 0.48 2025 NF PE RVU: 0.46 2025 Fac PE RVU: NA Result: Increase	
RUC Recommendation: New PE Inputs. 0.48		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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 **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

2023 Medicare Utilization: 681,783

2025 Work RVU: 0.77

2025 NF PE RVU: 2.17

2025 Fac PE RVU: 0.23

Result: Increase

RUC Recommendation: 0.88

Referred to CPT

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

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 **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

2023 Medicare Utilization: 149,122

2025 Work RVU: 0.50

2025 NF PE RVU: 0.79

2025 Fac PE RVU: 0.17

Result: Increase

RUC Recommendation: 0.50

Referred to CPT

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

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 sess **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

2023 Medicare Utilization:

2025 Work RVU: 0.00

2025 NF PE RVU: 0.00

2025 Fac PE RVU: 0.00

Result: Maintain

RUC Recommendation: Maintain

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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 th	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	2023 Medicare Utilization: 39,217	2025 Work RVU: 0.55 2025 NF PE RVU: 0.74 2025 Fac PE RVU: 0.17 Result: Maintain
RUC Recommendation: 0.55			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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	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	2023 Medicare Utilization: 14,328	2025 Work RVU: 0.60 2025 NF PE RVU: 0.94 2025 Fac PE RVU: 0.18 Result: Maintain
RUC Recommendation: 0.60			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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 ong	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	2023 Medicare Utilization: 10,695	2025 Work RVU: 0.41 2025 NF PE RVU: 9.53 2025 Fac PE RVU: 0.17 Result: Decrease
RUC Recommendation: 0.11			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

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 ong **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

2023 Medicare Utilization: 1,813

2025 Work RVU: 0.46

2025 NF PE RVU: 9.88

2025 Fac PE RVU: 0.19

Result: Decrease

RUC Recommendation: 0.46

Referred to CPT

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

97610 Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Active Wound Care Management

Screen: Physical Medicine and Rehabilitation Services

Complete? Yes

Most Recent RUC Meeting: April 2016

Tab: 47 **Specialty Developing Recommendation:**

First Identified: April 2016

2023 Medicare Utilization: 109,756

2025 Work RVU: 0.40

2025 NF PE RVU: 11.87

2025 Fac PE RVU: 0.12

Result: Maintain

RUC Recommendation: Maintain

Referred to CPT

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

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

2023 Medicare Utilization: 2,664

2025 Work RVU: 0.62

2025 NF PE RVU: 0.52

2025 Fac PE RVU: NA

Result: Remove from Screen

RUC Recommendation: Remove from screen

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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

2023 Medicare Utilization: 58,920

2025 Work RVU: 0.50
2025 NF PE RVU: 0.91
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.50

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

97761 Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes **Global:** XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017

Tab: 29 **Specialty Developing Recommendation:** APTA

First Identified: April 2016

2023 Medicare Utilization: 3,561

2025 Work RVU: 0.50
2025 NF PE RVU: 0.74
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.50

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

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

2023 Medicare Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 47,419	2025 Work RVU: 0.48	2025 NF PE RVU: 1.06	2025 Fac PE RVU: NA	Result: Increase
RUC Recommendation:	0.48		Referred to CPT	Referred to CPT Asst	☐	Published in CPT Asst:			
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	Global: XXX	Issue: Medical Nutrition Therapy	Screen: CMS Request - Medical Nutrition Therapy	Complete? Yes				
Most Recent RUC Meeting:	April 2008	Tab: 53	Specialty Developing Recommendation: ADA, AGA, AACE	First Identified: NA	2023 Medicare Utilization: 193,951	2025 Work RVU: 0.53	2025 NF PE RVU: 0.56	2025 Fac PE RVU: 0.43	Result: Increase
RUC Recommendation:	0.53		Referred to CPT	Referred to CPT Asst	☐	Published in CPT Asst:			
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	Global: XXX	Issue: Medical Nutrition Therapy	Screen: CMS Request - Medical Nutrition Therapy	Complete? Yes				
Most Recent RUC Meeting:	April 2008	Tab: 53	Specialty Developing Recommendation: ADA, AGA, AACE	First Identified: NA	2023 Medicare Utilization: 177,565	2025 Work RVU: 0.45	2025 NF PE RVU: 0.50	2025 Fac PE RVU: 0.36	Result: Increase
RUC Recommendation:	0.45		Referred to CPT	Referred to CPT Asst	☐	Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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 / Low Survey Response **Complete?** No

Most Recent RUC Meeting: April 2023

Tab: 09 **Specialty Developing Recommendation:** AAFP, AAPM&R, ACA

First Identified: September 2022

2023 Medicare Utilization: 80,126

2025 Work RVU: 0.61
2025 NF PE RVU: 0.73
2025 Fac PE RVU: 0.28
Result:

RUC Recommendation: Flag for re-review. 0.61

Referred to CPT

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

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 / Low Survey Response **Complete?** No

Most Recent RUC Meeting: April 2023

Tab: 09 **Specialty Developing Recommendation:** AAFP, AAPM&R, ACA

First Identified: September 2022

2023 Medicare Utilization: 91,991

2025 Work RVU: 0.46
2025 NF PE RVU: 0.30
2025 Fac PE RVU: 0.22
Result:

RUC Recommendation: Flag for re-review. 0.46

Referred to CPT

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

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 / Low Survey Response **Complete?** No

Most Recent RUC Meeting: April 2023

Tab: 09 **Specialty Developing Recommendation:** AAFP, AAPM&R, ACA

First Identified: September 2022

2023 Medicare Utilization: 71,678

2025 Work RVU: 0.74
2025 NF PE RVU: 0.81
2025 Fac PE RVU: 0.34
Result:

RUC Recommendation: Flag for re-review. 0.74

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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 / Low Survey Response **Complete?** No

Most Recent RUC Meeting: April 2023

Tab: 09 **Specialty Developing Recommendation:** AAFP, AAPM&R, ACA

First Identified: September 2022

2023 Medicare Utilization: 91,224

2025 Work RVU: 0.47

2025 NF PE RVU: 0.39

2025 Fac PE RVU: 0.22

Result:

RUC Recommendation: Flag for re-review. 0.47

Referred to CPT

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

98000 Synchronous audio-video 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 total time on the date of the encounter for code s **Global:** XXX **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

2023 Medicare Utilization:

2025 Work RVU: 0.93

2025 NF PE RVU: 0.56

2025 Fac PE RVU: 0.37

Result: Maintain

RUC Recommendation: 0.93

Referred to CPT

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

98001 Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 30 **Global:** XXX **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

2023 Medicare Utilization:

2025 Work RVU: 1.60

2025 NF PE RVU: 0.84

2025 Fac PE RVU: 0.63

Result: Maintain

RUC Recommendation: 1.60

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

98002	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection	Global: XXX	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	2023 Medicare Utilization:
RUC Recommendation:	2.60			Referred to CPT	2025 Work RVU: 2.60
				Referred to CPT Asst ☐	2025 NF PE RVU: 1.29
				Published in CPT Asst:	2025 Fac PE RVU: 1.02
					Result: Maintain
98003	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 6	Global: XXX	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	2023 Medicare Utilization:
RUC Recommendation:	3.50			Referred to CPT	2025 Work RVU: 3.50
				Referred to CPT Asst ☐	2025 NF PE RVU: 1.66
				Published in CPT Asst:	2025 Fac PE RVU: 1.37
					Result: Maintain
98004	Synchronous audio-video 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 f	Global: XXX	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	2023 Medicare Utilization:
RUC Recommendation:	0.70			Referred to CPT	2025 Work RVU: 0.70
				Referred to CPT Asst ☐	2025 NF PE RVU: 0.45
				Published in CPT Asst:	2025 Fac PE RVU: 0.27
					Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

98005	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low medical decision making.When using total time on the date of the encounter for code sele	Global: XXX	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	2023 Medicare Utilization:	2025 Work RVU: 1.30 2025 NF PE RVU: 0.71 2025 Fac PE RVU: 0.51 Result: Maintain	
RUC Recommendation: 1.30		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
98006	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate medical decision making.When using total time on the date of the encounter for code	Global: XXX	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	2023 Medicare Utilization:	2025 Work RVU: 1.92 2025 NF PE RVU: 1.02 2025 Fac PE RVU: 0.75 Result: Maintain	
RUC Recommendation: 1.92		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
98007	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high medical decision making.When using total time on the date of the encounter for code sel	Global: XXX	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	2023 Medicare Utilization:	2025 Work RVU: 2.60 2025 NF PE RVU: 1.31 2025 Fac PE RVU: 1.02 Result: Decrease	
RUC Recommendation: 2.60		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

98008	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion.When using total	Global: XXX	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	2023 Medicare Utilization:	2025 Work RVU: 0.90
RUC Recommendation: 0.90			Referred to CPT		2025 NF PE RVU: 0.52
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: 0.35
					Result: Decrease
98009	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion.When using total time on the	Global: XXX	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	2023 Medicare Utilization:	2025 Work RVU: 1.55
RUC Recommendation: 1.55			Referred to CPT		2025 NF PE RVU: 0.79
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: 0.61
					Result: Decrease
98010	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion.When using total time on	Global: XXX	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	2023 Medicare Utilization:	2025 Work RVU: 2.42
RUC Recommendation: 2.42			Referred to CPT		2025 NF PE RVU: 1.19
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU: 0.95
					Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

98011	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion.When using total time on the	Global: XXX	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	2023 Medicare Utilization:	2025 Work RVU: 3.20 2025 NF PE RVU: 1.52 2025 Fac PE RVU: 1.26 Result: Decrease	
RUC Recommendation: 3.20		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
98012	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion.When usi	Global: XXX	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	2023 Medicare Utilization:	2025 Work RVU: 0.65 2025 NF PE RVU: 0.40 2025 Fac PE RVU: 0.26 Result: Decrease	
RUC Recommendation: 0.65		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
98013	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion.When using total tim	Global: XXX	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	2023 Medicare Utilization:	2025 Work RVU: 1.20 2025 NF PE RVU: 0.64 2025 Fac PE RVU: 0.47 Result: Decrease	
RUC Recommendation: 1.20		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

98014	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion.When using tota	Global: XXX	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	2023 Medicare Utilization:	2025 Work RVU: 1.75 2025 NF PE RVU: 0.91 2025 Fac PE RVU: 0.69 Result: Decrease	
RUC Recommendation: 1.75		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
98015	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion.When using total ti	Global: XXX	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	2023 Medicare Utilization:	2025 Work RVU: 2.60 2025 NF PE RVU: 1.28 2025 Fac PE RVU: 1.02 Result: Decrease	
RUC Recommendation: 2.60		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
98016	Brief communication technology-based service (eg, 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 evaluation	Global: XXX	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	2023 Medicare Utilization:	2025 Work RVU: 0.30 2025 NF PE RVU: 0.17 2025 Fac PE RVU: 0.13 Result: Increase	
RUC Recommendation: 0.30		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 45,598	2025 Work RVU: 0.46	2025 NF PE RVU: 0.45	2025 Fac PE RVU: 0.19
RUC Recommendation: 0.50			Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:	Result: Increase	
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	2023 Medicare Utilization: 85,544	2025 Work RVU: 0.71	2025 NF PE RVU: 0.61	2025 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	2023 Medicare Utilization: 79,670	2025 Work RVU: 0.96	2025 NF PE RVU: 0.76	2025 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	2023 Medicare Utilization: 86,075	2025 Work RVU: 1.21	2025 NF PE RVU: 0.88	2025 Fac PE RVU: 0.46
RUC Recommendation: 1.25			Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:	Result: Increase	

Status Report: CMS Requests and Relativity Assessment Issues

98929 Osteopathic manipulative treatment (OMT); 9-10 body regions involved

Global: 000

Issue: Osteopathic Manipulative Treatment

Screen: Harvard Valued - Utilization over 100,000

Complete? Yes

Most Recent RUC Meeting: February 2011

Tab: 34

Specialty Developing Recommendation: AOA

First Identified: February 2010

2023 Medicare Utilization: 85,644

2025 Work RVU: 1.46

2025 NF PE RVU: 1.00

2025 Fac PE RVU: 0.53

Result: Increase

RUC Recommendation: 1.50

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

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

2023 Medicare Utilization: 4,054,617

2025 Work RVU: 0.46

2025 NF PE RVU: 0.35

2025 Fac PE RVU: 0.19

Result: Increase

RUC Recommendation: 0.46

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

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

2023 Medicare Utilization: 13,040,018

2025 Work RVU: 0.71

2025 NF PE RVU: 0.47

2025 Fac PE RVU: 0.29

Result: Increase

RUC Recommendation: 0.71

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

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

2023 Medicare Utilization: 919,003

2025 Work RVU: 0.96

2025 NF PE RVU: 0.57

2025 Fac PE RVU: 0.39

Result: Increase

RUC Recommendation: 0.96

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

98943 Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions			Global: XXX	Issue: Chiropractic Manipulative Treatment	Screen: CMS High Expenditure Procedural Codes1	Complete? Yes
Most Recent RUC Meeting: October 2012	Tab: 25	Specialty Developing Recommendation: ACA	First Identified: September 2011	2023 Medicare Utilization:	2025 Work RVU: 0.46 2025 NF PE RVU: 0.28 2025 Fac PE RVU: 0.18 Result: Increase	
RUC Recommendation: 0.46			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
98970 Nonphysician qualified 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			Global: XXX	Issue: Online Digital Evaluation Service (e-Visit) - QHP	Screen: New Technology/New Services	Complete? No
Most Recent RUC Meeting: April 2025	Tab: 14	Specialty Developing Recommendation:	First Identified: April 2025	2023 Medicare Utilization: 1,164	2025 Work RVU: 0.25 2025 NF PE RVU: 0.09 2025 Fac PE RVU: 0.09 Result:	
RUC Recommendation: Refer to CPT Assistant then review action plan to see if CPT Assistant article was effective.			Referred to CPT Referred to CPT Asst ☒ Published in CPT Asst:			
98971 Nonphysician qualified 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			Global: XXX	Issue: Online Digital Evaluation Service (e-Visit) - QHP	Screen: New Technology/New Services	Complete? No
Most Recent RUC Meeting: April 2025	Tab: 14	Specialty Developing Recommendation:	First Identified: April 2025	2023 Medicare Utilization: 769	2025 Work RVU: 0.44 2025 NF PE RVU: 0.19 2025 Fac PE RVU: 0.19 Result:	
RUC Recommendation: Refer to CPT Assistant then review action plan to see if CPT Assistant article was effective.			Referred to CPT Referred to CPT Asst ☒ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

98972	Nonphysician qualified 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	Global: XXX	Issue: Online Digital Evaluation Service (e-Visit) - QHP	Screen: New Technology/New Services	Complete? No				
Most Recent RUC Meeting:	April 2025	Tab: 14	Specialty Developing Recommendation:	First Identified: April 2025	2023 Medicare Utilization: 973	2025 Work RVU: 0.69	2025 NF PE RVU: 0.28	2025 Fac PE RVU: 0.27	Result:
RUC Recommendation:		Refer to CPT Assistant then review action plan to see if CPT Assistant article was effective.		Referred to CPT					
				Referred to CPT Asst ☒		Published in CPT Asst:			
98975	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); initial set-up and patient education on use of equipment	Global: XXX	Issue: Remote Monitoring	Screen: Different Performing Specialty from Survey4 / New Technology-New Services List	Complete? Yes				
Most Recent RUC Meeting:	January 2025	Tab: 20	Specialty Developing Recommendation: AAPM&R, APTA	First Identified: September 2024	2023 Medicare Utilization: 31,765	2025 Work RVU: 0.00	2025 NF PE RVU: 0.59	2025 Fac PE RVU: NA	Result: PE Only
RUC Recommendation:		PE Only		Referred to CPT					
				Referred to CPT Asst ☐		Published in CPT Asst:			
98976	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of respiratory system, each 30 days	Global: XXX	Issue: Remote Monitoring	Screen: Different Performing Specialty from Survey4 / New Technology-New Services List	Complete? Yes				
Most Recent RUC Meeting:	January 2025	Tab: 20	Specialty Developing Recommendation: ATS, CHEST	First Identified: September 2024	2023 Medicare Utilization: 19,286	2025 Work RVU: 0.00	2025 NF PE RVU: 1.32	2025 Fac PE RVU: NA	Result: Contractor Price
RUC Recommendation:		Contractor Price		Referred to CPT					
				Referred to CPT Asst ☐		Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

98977	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, each 30 days	Global: XXX	Issue: Remote Monitoring	Screen: Different Performing Specialty from Survey4 / New Technology-New Services List	Complete? Yes										
Most Recent RUC Meeting:	January 2025	Tab: 20	Specialty Developing Recommendation:	AAPM&R, APTA	First Identified: September 2024	2023 Medicare Utilization:	92,434	2025 Work RVU:	0.00	2025 NF PE RVU:	1.32	2025 Fac PE RVU:	NA	Result:	PE Only
RUC Recommendation:		PE Only		Referred to CPT		Referred to CPT Asst ☐		Published in CPT Asst:							

98978	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, each 30 days	Global: XXX	Issue: Remote Monitoring	Screen: Different Performing Specialty from Survey4 / New Technology-New Services List	Complete? Yes										
Most Recent RUC Meeting:	January 2025	Tab: 20	Specialty Developing Recommendation:	APA (psychology)	First Identified: September 2024	2023 Medicare Utilization:	23	2025 Work RVU:	0.00	2025 NF PE RVU:	0.00	2025 Fac PE RVU:	0.00	Result:	PE Only
RUC Recommendation:		PE Only		Referred to CPT		Referred to CPT Asst ☐		Published in CPT Asst:							

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	Global: XXX	Issue: Remote Monitoring	Screen: Different Performing Specialty from Survey4 / New Technology-New Services List	Complete? Yes										
Most Recent RUC Meeting:	January 2025	Tab: 20	Specialty Developing Recommendation:	AAPM&R, APTA	First Identified: September 2024	2023 Medicare Utilization:	97,630	2025 Work RVU:	0.62	2025 NF PE RVU:	0.89	2025 Fac PE RVU:	0.25	Result:	Increase
RUC Recommendation:		0.78		Referred to CPT		Referred to CPT Asst ☐		Published in CPT Asst:							

Status Report: CMS Requests and Relativity Assessment Issues

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 addi			Global: ZZZ	Issue: Remote Monitoring	Screen: Different Performing Specialty from Survey4 / New Technology-New Services List	Complete? Yes
Most Recent RUC Meeting:	January 2025	Tab: 20	Specialty Developing Recommendation: AAPM&R, APTA	First Identified: September 2024	2023 Medicare Utilization: 41,730	2025 Work RVU: 0.61 2025 NF PE RVU: 0.56 2025 Fac PE RVU: 0.24 Result: Increase	
RUC Recommendation: 0.70				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
98XX4				Global:	Issue: Remote Monitoring	Screen: Different Performing Specialty from Survey4 / New Technology-New Services List	Complete? Yes
Most Recent RUC Meeting:	January 2025	Tab: 20	Specialty Developing Recommendation: ATS, CHEST	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Contractor Price	
RUC Recommendation: Contractor Price				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
98XX5				Global:	Issue: Remote Monitoring	Screen: Different Performing Specialty from Survey4 / New Technology-New Services List	Complete? Yes
Most Recent RUC Meeting:	January 2025	Tab: 20	Specialty Developing Recommendation: AAPM&R, APTA	First Identified: September 2024	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: PE Only	
RUC Recommendation: PE Only				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

98XX6				Global:	Issue:	Remote Monitoring	Screen:	Different Performing Specialty from Survey4 / New Technology-New Services List	Complete?	Yes	
Most Recent RUC Meeting:	January 2025	Tab: 20	Specialty Developing Recommendation:	APA (psychology)	First Identified:	September 2024	2023 Medicare Utilization:		2025 Work RVU:		
RUC Recommendation:				PE Only	Referred to CPT				2025 NF PE RVU:		
				Referred to CPT Asst	☐	Published in CPT Asst:			2025 Fac PE RVU:		
									Result:	PE Only	
98XX7				Global:	Issue:	Remote Monitoring	Screen:	Different Performing Specialty from Survey4 / New Technology-New Services List	Complete?	Yes	
Most Recent RUC Meeting:	January 2025	Tab: 20	Specialty Developing Recommendation:	AAPM&R, APTA	First Identified:	September 2024	2023 Medicare Utilization:		2025 Work RVU:		
RUC Recommendation:				0.66	Referred to CPT				2025 NF PE RVU:		
				Referred to CPT Asst	☐	Published in CPT Asst:			2025 Fac PE RVU:		
									Result:	Increase	
99091	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, train			Global:	XXX	Issue:	Remote Monitoring	Screen:	Different Performing Specialty from Survey4 / New Technology-New Services List	Complete?	Yes
Most Recent RUC Meeting:	January 2025	Tab: 20	Specialty Developing Recommendation:	ACC, ACP, ANA	First Identified:	September 2024	2023 Medicare Utilization:	70,432	2025 Work RVU:	1.10	
RUC Recommendation:				0.70	Referred to CPT				2025 NF PE RVU:	0.43	
				Referred to CPT Asst	☐	Published in CPT Asst:			2025 Fac PE RVU:	0.43	
									Result:	Decrease	

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	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 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	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 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	2023 Medicare Utilization:	2025 Work RVU:	2025 NF PE RVU:	2025 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	2023 Medicare Utilization:	2025 Work RVU:		
								2025 NF PE RVU:		
								2025 Fac PE RVU:		
RUC Recommendation:			Deleted from CPT		Referred to CPT			Result:	Deleted from CPT	
			Referred to CPT Asst	☐	Published in CPT Asst:					
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	2023 Medicare Utilization:	2025 Work RVU:		
								2025 NF PE RVU:		
								2025 Fac PE RVU:		
RUC Recommendation:			Deleted from CPT		Referred to CPT			Result:	Deleted from CPT	
			Referred to CPT Asst	☐	Published in CPT Asst:					
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 m			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	2023 Medicare Utilization:	2025 Work RVU:	0.50	
								2025 NF PE RVU:	1.26	
								2025 Fac PE RVU:	0.18	
RUC Recommendation:			0.50		Referred to CPT			Result:	Maintain	
			Referred to CPT Asst	☐	Published in CPT Asst:					

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 m

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

2023 Medicare Utilization:

1,469,831

2025 Work RVU:

0.25

2025 NF PE RVU:

1.22

2025 Fac PE RVU:

0.08

RUC Recommendation:

0.25

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

Result:

Maintain

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 min

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

2023 Medicare Utilization:

8

2025 Work RVU:

1.90

2025 NF PE RVU:

NA

2025 Fac PE RVU:

0.35

RUC Recommendation:

1.90

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

Result:

Maintain

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 min	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	2023 Medicare Utilization: 8,051	2025 Work RVU: 1.65 2025 NF PE RVU: NA 2025 Fac PE RVU: 0.39
RUC Recommendation: 1.84		Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:	Result: Maintain
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	2023 Medicare Utilization:	2025 Work RVU: 0.00 2025 NF PE RVU: 0.18 2025 Fac PE RVU: NA
RUC Recommendation: PE Only		Referred to CPT May 2014	Referred to CPT Asst ☐	Published in CPT Asst:	Result: PE Only
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	2023 Medicare Utilization:	2025 Work RVU: 0.00 2025 NF PE RVU: 0.14 2025 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 2025

Tab: 27 **Specialty Developing Recommendation:** AAFP, UHMS

First Identified: April 2013

2023 Medicare Utilization: 298,205

2025 Work RVU: 2.11
2025 NF PE RVU: 0.78
2025 Fac PE RVU: 0.78
Result: Decrease

RUC Recommendation: 2.11

Referred to CPT September 2024
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

2023 Medicare Utilization: 9,104

2025 Work RVU: 0.25
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.06
Result: Increase

RUC Recommendation: 0.48

Referred to CPT
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

2023 Medicare Utilization: 182,871

2025 Work RVU: 0.93
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.22
Result: Increase

RUC Recommendation: 0.93

Referred to CPT
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	2023 Medicare Utilization: 1,146,356	2025 Work RVU: 1.60 2025 NF PE RVU: NA 2025 Fac PE RVU: 0.35 Result: Increase	
RUC Recommendation: 1.42		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 4,908,076	2025 Work RVU: 2.74 2025 NF PE RVU: NA 2025 Fac PE RVU: 0.57 Result: Increase	
RUC Recommendation: 2.60		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 8,590,069	2025 Work RVU: 4.00 2025 NF PE RVU: NA 2025 Fac PE RVU: 0.79 Result: Maintain	
RUC Recommendation: 3.80		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

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

2023 Medicare Utilization:

2025 Work RVU: 1.80
2025 NF PE RVU: 0.75
2025 Fac PE RVU: 0.71

RUC Recommendation: 1.80

Referred to CPT February 2021

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

Result: Decrease

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

2023 Medicare Utilization:

2025 Work RVU: 0.75
2025 NF PE RVU: 0.34
2025 Fac PE RVU: 0.29

RUC Recommendation: 0.75

Referred to CPT February 2021

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

Result: Decrease

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 ther **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

2023 Medicare Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016

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

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 **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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016

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

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 **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

2023 Medicare Utilization:

2025 Work RVU: 1.73

2025 NF PE RVU: 1.22

2025 Fac PE RVU: 0.68

Result: Remove from Screen

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

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

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 relate **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

2023 Medicare Utilization:

2025 Work RVU: 1.73

2025 NF PE RVU: 1.22

2025 Fac PE RVU: 0.68

Result: Remove from Screen

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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 **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:

2023 Medicare Utilization: 7,815

2025 Work RVU: 0.00
2025 NF PE RVU: 0.61
2025 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

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 addit **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:

2023 Medicare Utilization: 2,002

2025 Work RVU: 0.00
2025 NF PE RVU: 0.28
2025 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

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 se **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

2023 Medicare Utilization:

2025 Work RVU: 0.61
2025 NF PE RVU: 0.27
2025 Fac PE RVU: 0.24

RUC Recommendation: 0.61

Referred to CPT February 2021

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

Result: Maintain

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	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	2023 Medicare Utilization:	2025 Work RVU: 0.81 2025 NF PE RVU: NA 2025 Fac PE RVU: 0.32
RUC Recommendation: 0.81			Referred to CPT February 2021 Referred to CPT Asst ☐ Published in CPT Asst:	Result: Increase	
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	Global: XXX	Issue: Online Digital Evaluation Service (e-Visit) - Physician	Screen: New Technology/New Services	Complete? No
Most Recent RUC Meeting: April 2025	Tab: 14	Specialty Developing Recommendation:	First Identified: April 2025	2023 Medicare Utilization: 79,539	2025 Work RVU: 0.25 2025 NF PE RVU: 0.18 2025 Fac PE RVU: 0.11 Result:
RUC Recommendation: Refer to CPT Assistant then review action plan to see if CPT Assistant article was effective.			Referred to CPT Referred to CPT Asst ☒ Published in CPT Asst:		
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	Global: XXX	Issue: Online Digital Evaluation Service (e-Visit) - Physician	Screen: New Technology/New Services	Complete? No
Most Recent RUC Meeting: April 2025	Tab: 14	Specialty Developing Recommendation:	First Identified: April 2025	2023 Medicare Utilization: 43,816	2025 Work RVU: 0.50 2025 NF PE RVU: 0.34 2025 Fac PE RVU: 0.22 Result:
RUC Recommendation: Refer to CPT Assistant then review action plan to see if CPT Assistant article was effective.			Referred to CPT Referred to CPT Asst ☒ Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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			Global: XXX	Issue: Online Digital Evaluation Service (e-Visit) - Physician	Screen: New Technology/New Services	Complete? No
Most Recent RUC Meeting:	April 2025	Tab: 14	Specialty Developing Recommendation:	First Identified: April 2025	2023 Medicare Utilization: 44,113	2025 Work RVU: 0.80 2025 NF PE RVU: 0.55 2025 Fac PE RVU: 0.34 Result:	
RUC Recommendation:			Refer to CPT Assistant then review action plan to see if CPT Assistant article was effective.		Referred to CPT		
			Referred to CPT Asst		☒	Published in CPT Asst:	
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			Global: XXX	Issue: Remote Monitoring	Screen: Different Performing Specialty from Survey4 / New Technology-New Services List	Complete? Yes
Most Recent RUC Meeting:	January 2025	Tab: 20	Specialty Developing Recommendation: AAFP, ACC, ACP	First Identified: September 2024	2023 Medicare Utilization: 177,654	2025 Work RVU: 0.00 2025 NF PE RVU: 0.59 2025 Fac PE RVU: NA Result: PE Only	
RUC Recommendation:			PE Only		Referred to CPT		
			Referred to CPT Asst		☐	Published in CPT Asst:	
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			Global: XXX	Issue: Remote Monitoring	Screen: Different Performing Specialty from Survey4 / New Technology-New Services List	Complete? Yes
Most Recent RUC Meeting:	January 2025	Tab: 20	Specialty Developing Recommendation: AAFP, ACC, ACP	First Identified: September 2024	2023 Medicare Utilization: 1,757,512	2025 Work RVU: 0.00 2025 NF PE RVU: 1.32 2025 Fac PE RVU: NA Result: PE Only	
RUC Recommendation:			PE Only		Referred to CPT		
			Referred to CPT Asst		☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

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: Remote Monitoring

Screen: Different Performing Specialty from Survey4 / New Technology-New Services List

Complete? Yes

Most Recent RUC Meeting:

January 2025

Tab: 20

Specialty Developing Recommendation:

AAFP, ACC, ACP

First Identified:

April 2022

2023 Medicare Utilization:

2,030,157

2025 Work RVU:

0.61

2025 NF PE RVU:

0.83

2025 Fac PE RVU:

0.24

Result:

Decrease

RUC Recommendation:

0.45

Referred to CPT

September 2024

Referred to CPT Asst

☐

Published in CPT Asst:

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 min

Global: ZZZ

Issue: Remote Monitoring

Screen: Different Performing Specialty from Survey4 / New Technology-New Services List

Complete? Yes

Most Recent RUC Meeting:

January 2025

Tab: 20

Specialty Developing Recommendation:

AAFP, ACC, ACP

First Identified:

September 2024

2023 Medicare Utilization:

1,491,579

2025 Work RVU:

0.61

2025 NF PE RVU:

0.54

2025 Fac PE RVU:

0.24

Result:

Maintain

RUC Recommendation:

0.61

Referred to CPT

Referred to CPT Asst

☐

Published in CPT Asst:

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

2023 Medicare Utilization:

2025 Work RVU:

0.00

2025 NF PE RVU:

0.64

2025 Fac PE RVU:

NA

Result:

PE Only

RUC Recommendation:

PE Inputs

Referred to CPT

September 2022

Referred to CPT Asst

☐

Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	Global: XXX	Issue: Remote Monitoring	Screen: Different Performing Specialty from Survey4 / New Technology-New Services List	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 20	Specialty Developing Recommendation: AAPA, ACC, ANA	First Identified: September 2024	2023 Medicare Utilization: 25,982	2025 Work RVU: 0.00 2025 NF PE RVU: 0.42 2025 Fac PE RVU: NA Result: PE Only
RUC Recommendation: PE Only			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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	Global: XXX	Issue: Remote Monitoring	Screen: Different Performing Specialty from Survey4 / New Technology-New Services List	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 20	Specialty Developing Recommendation: ACC, ACP, ANA	First Identified: September 2024	2023 Medicare Utilization: 4,048	2025 Work RVU: 0.18 2025 NF PE RVU: 0.32 2025 Fac PE RVU: 0.07 Result: Maintain
RUC Recommendation: 0.18			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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	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	2023 Medicare Utilization: 228,087	2025 Work RVU: 1.50 2025 NF PE RVU: 0.94 2025 Fac PE RVU: 0.64 Result: Not Part of RAW
RUC Recommendation: 1.45. Refer to CPT Assistant			Referred to CPT Referred to CPT Asst ☒	Published in CPT Asst: Oct 2018	

Status Report: CMS Requests and Relativity Assessment Issues

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 c **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

2023 Medicare Utilization: 22,577

2025 Work RVU: 1.88
2025 NF PE RVU: 2.48
2025 Fac PE RVU: 0.80
Result: Maintain

RUC Recommendation: Maintain, remove from screen.

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

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 **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

2023 Medicare Utilization: 76,944

2025 Work RVU: 2.05
2025 NF PE RVU: 1.93
2025 Fac PE RVU: 0.86
Result: Maintain

RUC Recommendation: Maintain, remove from screen.

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

99494 Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qu **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

2023 Medicare Utilization: 41,222

2025 Work RVU: 0.82
2025 NF PE RVU: 0.87
2025 Fac PE RVU: 0.34
Result: Maintain

RUC Recommendation: Maintain, remove from screen.

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

Status Report: CMS Requests and Relativity Assessment Issues

99495 Transitional care management services with the following required elements: **Global:** XXX **Issue:** Transitional Care Management Services **Screen:** Codes Increased by CMS Independent of RUC Review **Complete?** Yes
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 duri

Most Recent **Tab:** 09 **Specialty Developing** AGS, ANA
RUC Meeting: September 2022 **Recommendation:**

First
Identified: October 2021

2023
Medicare
Utilization: 676,659

2025 Work RVU: 2.78
2025 NF PE RVU: 3.27
2025 Fac PE RVU: 1.20
Result: Increase

RUC Recommendation: Withdrawn

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

99496 Transitional care management services with the following required elements: **Global:** XXX **Issue:** Transitional Care Management Services **Screen:** Codes Increased by CMS Independent of RUC Review **Complete?** Yes
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 servic

Most Recent **Tab:** 09 **Specialty Developing** AGS, ANA
RUC Meeting: September 2022 **Recommendation:**

First
Identified: October 2021

2023
Medicare
Utilization: 663,948

2025 Work RVU: 3.79
2025 NF PE RVU: 4.40
2025 Fac PE RVU: 1.61
Result: Increase

RUC Recommendation: Withdrawn

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

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 **Global:** XXX **Issue:** Advance Care Planning **Screen:** CPT Assistant Analysis **Complete?** Yes

Most Recent **Tab:** 10 **Specialty Developing** AAHPM, CHEST,
RUC Meeting: April 2022 **Recommendation:** AGS, ANA, ATS

First
Identified: January 2014

2023
Medicare
Utilization: 2,409,015

2025 Work RVU: 1.50
2025 NF PE RVU: 0.86
2025 Fac PE RVU: 0.64
Result: Maintain

RUC Recommendation: 1.50

Referred to CPT
Referred to CPT Asst ☒ **Published in CPT Asst:** Dec 2014

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 sep				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	2023 Medicare Utilization: 83,439		2025 Work RVU: 1.40 2025 NF PE RVU: 0.63 2025 Fac PE RVU: 0.62 Result: Maintain	
RUC Recommendation: 1.40			Referred to CPT Referred to CPT Asst ☒		Published in CPT Asst: Dec 2014		
99XX4				Global:	Issue: Remote Monitoring	Screen: Different Performing Specialty from Survey4 / New Technology-New Services List	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 20	Specialty Developing Recommendation: AAFP, ACC, ACP	First Identified: September 2024	2023 Medicare Utilization:		2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: PE Only	
RUC Recommendation: PE Only			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		
99XX5				Global:	Issue: Remote Monitoring	Screen: Different Performing Specialty from Survey4 / New Technology-New Services List	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 20	Specialty Developing Recommendation: AAFP, ACC, ACP	First Identified: September 2024	2023 Medicare Utilization:		2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Maintain	
RUC Recommendation: 0.39			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization:	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result: Maintain	
RUC Recommendation: 0.17				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

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	2023 Medicare Utilization:	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result: Maintain	
RUC Recommendation: 0.17				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

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	2023 Medicare Utilization:	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result: Maintain	
RUC Recommendation: 0.17				Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization:	760,482	2025 Work RVU:	0.45	2025 NF PE RVU:	0.66	2025 Fac PE RVU:	0.30	Result:	Remove from Screen	
RUC Recommendation:				Remove from screen				Referred to CPT				Referred to CPT Asst ☐ Published in CPT Asst:					
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	2023 Medicare Utilization:	10,521	2025 Work RVU:	0.18	2025 NF PE RVU:	0.51	2025 Fac PE RVU:	0.07	Result:	Remove from Screen	
RUC Recommendation:				Remove from screen				Referred to CPT				Referred to CPT Asst ☐ Published in CPT Asst:					
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	2023 Medicare Utilization:	2,763	2025 Work RVU:	0.84	2025 NF PE RVU:	4.60	2025 Fac PE RVU:	0.74	Result:	Decrease	
RUC Recommendation:				0.84				Referred to CPT				October 2013				Referred to CPT Asst ☐ Published in CPT Asst:	
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	2023 Medicare Utilization:	266,258	2025 Work RVU:	3.26	2025 NF PE RVU:	6.44	2025 Fac PE RVU:	1.79	Result:	Decrease	
RUC Recommendation:				3.36				Referred to CPT				Referred to CPT Asst ☐ Published in CPT Asst:					

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 137,277	2025 Work RVU: 0.90 2025 NF PE RVU: 0.70 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.90		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 44,319	2025 Work RVU: 0.25 2025 NF PE RVU: 0.21 2025 Fac PE RVU: NA Result: Maintain	
RUC Recommendation: 0.25		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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	2023 Medicare Utilization: 192,725	2025 Work RVU: 3.26 2025 NF PE RVU: 6.44 2025 Fac PE RVU: 1.79 Result: Decrease	
RUC Recommendation: 3.36		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 35,413	2025 Work RVU: 0.26	2025 NF PE RVU: 0.48	2025 Fac PE RVU: 0.48	Result: Maintain
RUC Recommendation:	0.42			Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:			

G0127	Trimming of dystrophic nails, any number	Global: 000	Issue:	Screen: CMS-Other - Utilization over 500,000	Complete? Yes				
Most Recent RUC Meeting:	September 2011	Tab: 51	Specialty Developing Recommendation: APMA	First Identified: April 2011	2023 Medicare Utilization: 1,182,316	2025 Work RVU: 0.17	2025 NF PE RVU: 0.54	2025 Fac PE RVU: 0.04	Result: Remove from Screen
RUC Recommendation:	Remove from screen			Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:			

G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician	Global: XXX	Issue: Cytopathology Cervical/Vaginal	Screen: CMS-Other - Utilization over 30,000	Complete? Yes				
Most Recent RUC Meeting:	April 2018	Tab: 26	Specialty Developing Recommendation: CAP	First Identified: October 2017	2023 Medicare Utilization: 1,779	2025 Work RVU: 0.26	2025 NF PE RVU: 0.48	2025 Fac PE RVU: 0.48	Result: Maintain
RUC Recommendation:	0.42			Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 45,389	2025 Work RVU: 0.00 2025 NF PE RVU: 2.96 2025 Fac PE RVU: NA Result: PE Only	
RUC Recommendation: 0.00 (PE Only)			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
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	2023 Medicare Utilization: 32,978	2025 Work RVU: 0.31 2025 NF PE RVU: 2.60 2025 Fac PE RVU: 0.07 Result: Maintain	
RUC Recommendation: New PE inputs. 0.45			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
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			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	2023 Medicare Utilization: 593,505	2025 Work RVU: 0.45 2025 NF PE RVU: 0.79 2025 Fac PE RVU: NA Result: Remove from Screen	
RUC Recommendation: RUC recommended to survey but no specialty society interest followed.			Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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	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	2023 Medicare Utilization: 926,862	2025 Work RVU: 0.67 2025 NF PE RVU: 0.90 2025 Fac PE RVU: NA Result: Remove from Screen	
RUC Recommendation: RUC recommended to survey but no specialty society interest followed.	Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:				
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 allo	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	2023 Medicare Utilization: 417,017	2025 Work RVU: 1.73 2025 NF PE RVU: 1.30 2025 Fac PE RVU: NA Result: Remove from Screen	
RUC Recommendation: Recommend deletion after review of 99375 and 99378. No specialty society interest followed.	Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:				
G0182	Physician supervision of a patient under a medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patie	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	2023 Medicare Utilization: 32,952	2025 Work RVU: 1.73 2025 NF PE RVU: 1.27 2025 Fac PE RVU: NA Result: Remove from Screen	
RUC Recommendation: Recommend deletion after review of 99375 and 99378. No specialty society interest followed.	Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:				

Status Report: CMS Requests and Relativity Assessment Issues

G0202 Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (cad) when performed

Global:

Issue: Mammography

Screen: CMS Fastest Growing / CMS-Other - Utilization over 250,000

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab: 20 **Specialty Developing Recommendation:** ACR

First Identified: February 2008

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: CMS Deleted for 2018

Referred to CPT October 2015

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

G0204 Diagnostic mammography, including computer-aided detection (cad) when performed; bilateral

Global:

Issue: Mammography

Screen: CMS Fastest Growing / CMS-Other - Utilization over 250,000

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab: 20 **Specialty Developing Recommendation:** ACR

First Identified: February 2008

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: CMS Deleted for 2018

Referred to CPT October 2015

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

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

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

Result: Deleted from CPT

RUC Recommendation: CMS Deleted for 2018

Referred to CPT October 2015

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

Status Report: CMS Requests and Relativity Assessment Issues

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:	Tab: 38 Specialty Developing Recommendation: ACCP/ATS February 2009	First Identified: February 2008	2023 Medicare Utilization: 23,505	2025 Work RVU: 0.00 2025 NF PE RVU: 0.34 2025 Fac PE RVU: NA Result: Remove from Screen	
RUC Recommendation:	Remove from screen - RUC articulated concerns regarding claims reporting to CMS	Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:	
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:	Tab: 38 Specialty Developing Recommendation: ACCP/ATS February 2009	First Identified: February 2008	2023 Medicare Utilization: 58,730	2025 Work RVU: 0.00 2025 NF PE RVU: 0.30 2025 Fac PE RVU: NA Result: Remove from Screen	
RUC Recommendation:	Remove from screen - RUC articulated concerns regarding claims reporting to CMS	Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:	
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-t	Global: XXX	Issue: Home INR Monitoring	Screen: High Volume Growth3	Complete? Yes
Most Recent RUC Meeting:	Tab: 19 Specialty Developing Recommendation: ACC January 2017	First Identified: January 2016	2023 Medicare Utilization: 13,867	2025 Work RVU: 0.00 2025 NF PE RVU: 2.95 2025 Fac PE RVU: NA Result: Request CMS Delete	
RUC Recommendation:	Created Category I code, recommend CMS delete G code	Referred to CPT September 2016	Referred to CPT Asst ☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

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 th **Global:** XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

Most Recent **Tab:** 19 **Specialty Developing** ACC
RUC Meeting: January 2017 **Recommendation:**

First **2023**
Identified: February 2008 **Medicare**
Utilization: 891,988

2025 Work RVU: 0.00
2025 NF PE RVU: 1.87
2025 Fac PE RVU: NA
Result: Request CMS Delete

RUC Recommendation: Created Category I code, recommend CMS delete G code

Referred to CPT September 2016

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 frequen **Global:** XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

Most Recent **Tab:** 19 **Specialty Developing** ACC
RUC Meeting: January 2017 **Recommendation:**

First **2023**
Identified: February 2008 **Medicare**
Utilization: 102,272

2025 Work RVU: 0.18
2025 NF PE RVU: 0.07
2025 Fac PE RVU: NA
Result: Request CMS Delete

RUC Recommendation: Created Category I code, recommend CMS delete G code

Referred to CPT September 2016

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

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 **Tab:** 35 **Specialty Developing** AAO-HNS
RUC Meeting: April 2017 **Recommendation:**

First **2023**
Identified: October 2008 **Medicare**
Utilization: 160,387

2025 Work RVU: 0.61
2025 NF PE RVU: 0.87
2025 Fac PE RVU: 0.29
Result: Maintain

RUC Recommendation: 0.61

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face w	Global: XXX	Issue: Medical Nutrition Therapy	Screen: CMS Fastest Growing / CMS-Other Utilization over 20,000 Part4	Complete? No
Most Recent RUC Meeting:	April 2025	Tab: 14	Specialty Developing Recommendation: ADA	First Identified: February 2008	2023 Medicare Utilization: 59,157
RUC Recommendation:	Review action plan. Maintain/Remove from screen	Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:	2025 Work RVU: 0.45 2025 NF PE RVU: 0.50 2025 Fac PE RVU: 0.36 Result: Maintain
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? Yes
Most Recent RUC Meeting:	January 2025	Tab: 27	Specialty Developing Recommendation: AAFP, UHMS	First Identified: April 2022	2023 Medicare Utilization: 150,377
RUC Recommendation:	PE Inputs	Referred to CPT	September 2024	Referred to CPT Asst ☐	Published in CPT Asst:
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 77066)	Global: ZZZ	Issue: RAW	Screen: CMS-Other - Utilization over 30,000	Complete? Yes
Most Recent RUC Meeting:	January 2018	Tab: 31	Specialty Developing Recommendation:	First Identified: October 2017	2023 Medicare Utilization: 959,916
RUC Recommendation:	Recommend CMS delete	Referred to CPT		Referred to CPT Asst ☐	Published in CPT Asst:
					2025 Work RVU: 0.60 2025 NF PE RVU: 0.69 2025 Fac PE RVU: NA Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 5,721,037	2025 Work RVU: 0.18 2025 NF PE RVU: 0.19 2025 Fac PE RVU: NA Result: Maintain
RUC Recommendation: New PE Inputs. 0.18			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization: 62,298	2025 Work RVU: 0.52 2025 NF PE RVU: 0.28 2025 Fac PE RVU: 0.20 Result: Maintain
RUC Recommendation: Maintain			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
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:	

Status Report: CMS Requests and Relativity Assessment Issues

G0340	Image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatm	Global: XXX	Issue: RAW	Screen: Contractor Priced High Volume4	Complete? No
Most Recent RUC Meeting: April 2025	Tab: 14	Specialty Developing Recommendation:	First Identified: April 2025	2023 Medicare Utilization: 11,924	2025 Work RVU: 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result:
RUC Recommendation: Review action plan.			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT			Referred to CPT September 2018 Referred to CPT Asst ☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization:
RUC Recommendation:	CPT Assistant article published		Referred to CPT May 2015	Referred to CPT Asst ☒	Published in CPT Asst: Jan 2017
				2025 Work RVU:	
				2025 NF PE RVU:	
				2025 Fac PE RVU:	
				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	First Identified: October 2017	2023 Medicare Utilization: 50,385
RUC Recommendation:	Refer to CPT		Referred to CPT Time Uncertain	Referred to CPT Asst ☐	Published in CPT Asst:
				2025 Work RVU:	0.65
				2025 NF PE RVU:	0.34
				2025 Fac PE RVU:	0.25
				Result:	
G0398	Home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate, airflow, respiratory effort and oxygen saturation	Global: XXX	Issue: Unattended Sleep Testing	Screen: High Volume Growth10	Complete? Yes
Most Recent RUC Meeting:	April 2025	Tab: 08	Specialty Developing Recommendation: AAN, AASM, ATS, CHEST	First Identified: April 2025	2023 Medicare Utilization: 5,591
RUC Recommendation:	Request CMS Delete		Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:
				2025 Work RVU:	
				2025 NF PE RVU:	0.00
				2025 Fac PE RVU:	NA
				Result:	Request CMS Delete

Status Report: CMS Requests and Relativity Assessment Issues

G0399	Home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation			Global: XXX	Issue: Unattended Sleep Testing	Screen: High Volume Growth5 / Contractor Priced High Volume2	Complete? Yes
Most Recent RUC Meeting:	April 2025	Tab: 08	Specialty Developing Recommendation: AAN, AASM, ATS, CHEST	First Identified: October 2018	2023 Medicare Utilization: 68,326	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: NA Result: Request CMS Delete	
RUC Recommendation: Request CMS Delete			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		
G0400	Home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels			Global: XXX	Issue: Unattended Sleep Testing	Screen: High Volume Growth10	Complete? Yes
Most Recent RUC Meeting:	April 2025	Tab: 08	Specialty Developing Recommendation: AAN, AASM, ATS, CHEST	First Identified: April 2025	2023 Medicare Utilization: 12,949	2025 Work RVU: 2025 NF PE RVU: 0.00 2025 Fac PE RVU: NA Result: Request CMS Delete	
RUC Recommendation: Request CMS Delete			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		
G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of medicare enrollment			Global: XXX	Issue: Initial Preventive Exam	Screen: CMS-Other - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting:	October 2016	Tab: 35	Specialty Developing Recommendation: No Specialty Society Interest	First Identified: April 2016	2023 Medicare Utilization: 505,038	2025 Work RVU: 2.60 2025 NF PE RVU: 2.21 2025 Fac PE RVU: 1.13 Result: Maintain	
RUC Recommendation: RUC recommended to survey but no specialty society interest followed.			Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 108,795
RUC Recommendation:	RUC recommended to survey but no specialty society interest followed.			Referred to CPT	2025 Work RVU: 0.17
				Referred to CPT Asst ☐	2025 NF PE RVU: 0.24
				Published in CPT Asst:	2025 Fac PE RVU: NA
					Result: Maintain
G0407	Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth	Global: XXX	Issue: Inpatient Consult Follow-Up	Screen: CMS-Other - Utilization over 20,000 Part2	Complete? No
Most Recent RUC Meeting:	April 2025	Tab: 14	Specialty Developing Recommendation: AAN, ANA, APA (psychiatry)	First Identified: October 2020	2023 Medicare Utilization: 26,094
RUC Recommendation:	Review April 2028			Referred to CPT	2025 Work RVU: 1.39
				Referred to CPT Asst ☐	2025 NF PE RVU: NA
				Published in CPT Asst:	2025 Fac PE RVU: 0.64
					Result:
G0408	Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth	Global: XXX	Issue: Inpatient Consult Follow-Up	Screen: CMS-Other - Utilization over 20,000 Part2	Complete? No
Most Recent RUC Meeting:	April 2025	Tab: 14	Specialty Developing Recommendation: AAN, ANA, APA (psychiatry)	First Identified: October 2020	2023 Medicare Utilization: 21,451
RUC Recommendation:	Review April 2028			Referred to CPT	2025 Work RVU: 2.00
				Referred to CPT Asst ☐	2025 NF PE RVU: NA
				Published in CPT Asst:	2025 Fac PE RVU: 0.95
					Result:

Status Report: CMS Requests and Relativity Assessment Issues

G0416	Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method	Global: XXX	Issue: Prostate Biopsy - Pathology	Screen: Final Rule for 2015	Complete? Yes
Most Recent RUC Meeting: October 2015	Tab: 16	Specialty Developing Recommendation: ASC, CAP	First Identified: July 2014	2023 Medicare Utilization: 132,950	2025 Work RVU: 3.60 2025 NF PE RVU: 7.27 2025 Fac PE RVU: NA Result: Increase
RUC Recommendation: 4.00			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization: 70,834	2025 Work RVU: 1.99 2025 NF PE RVU: 1.79 2025 Fac PE RVU: 1.79 Result: Remove from Screen
RUC Recommendation: Maintain			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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	2023 Medicare Utilization: 53,693	2025 Work RVU: 1.99 2025 NF PE RVU: 1.79 2025 Fac PE RVU: 1.79 Result: Remove from Screen
RUC Recommendation: Maintain			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	
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: April 2025	Tab: 14	Specialty Developing Recommendation:	First Identified: April 2022	2023 Medicare Utilization: 32,138	2025 Work RVU: 1.92 2025 NF PE RVU: NA 2025 Fac PE RVU: 0.66 Result:
RUC Recommendation: Review April 2028. No recommendation			Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

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: April 2025	Tab: 14	Specialty Developing Recommendation:	First Identified: September 2022	2023 Medicare Utilization: 37,693	2025 Work RVU: 2.61 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.06 Result:
RUC Recommendation: Review April 2028. No recommendation	Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		
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: April 2025	Tab: 14	Specialty Developing Recommendation:	First Identified: September 2022	2023 Medicare Utilization: 26,613	2025 Work RVU: 3.86 2025 NF PE RVU: NA 2025 Fac PE RVU: 1.39 Result:
RUC Recommendation: Review April 2028. No recommendation	Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		
G0436	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes	Global:	Issue: RAW	Screen: CMS-Other - Utilization over 100,000	Complete? Yes
Most Recent RUC Meeting: October 2016	Tab: 35	Specialty Developing Recommendation:	First Identified: April 2016	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT
RUC Recommendation: Deleted from CPT	Referred to CPT Referred to CPT Asst ☐		Published in CPT Asst:		

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization: 698,250	2025 Work RVU: 2.60 2025 NF PE RVU: 2.20 2025 Fac PE RVU: NA Result: Remove from Screen	
RUC Recommendation: RUC recommended to survey but no specialty society interest followed.				Referred to CPT			
				Referred to CPT Asst ☐		Published in CPT Asst:	

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	2023 Medicare Utilization: 9,929,057	2025 Work RVU: 1.92 2025 NF PE RVU: 1.86 2025 Fac PE RVU: NA Result: Remove from Screen	
RUC Recommendation: RUC recommended to survey but no specialty society interest followed.				Referred to CPT			
				Referred to CPT Asst ☐		Published in CPT Asst:	

G0442 Annual alcohol misuse screening, 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	2023 Medicare Utilization: 897,345	2025 Work RVU: 0.18 2025 NF PE RVU: 0.34 2025 Fac PE RVU: 0.08 Result: Maintain	
RUC Recommendation: 0.18				Referred to CPT			
				Referred to CPT Asst ☐		Published in CPT Asst:	

Status Report: CMS Requests and Relativity Assessment Issues

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	2023 Medicare Utilization:	2,250	2025 Work RVU:	0.60	
									2025 NF PE RVU:	0.34	
									2025 Fac PE RVU:	0.26	
RUC Recommendation:				0.63	Referred to CPT		2025 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 Growth8	Complete? Yes			
Most Recent RUC Meeting:	September 2023	Tab: 16	Specialty Developing Recommendation:	AAFP, ACP, ANA	First Identified:	April 2016	2023 Medicare Utilization:	2,426,489	2025 Work RVU:	0.18	
									2025 NF PE RVU:	0.34	
									2025 Fac PE RVU:	0.08	
RUC Recommendation:				0.18	Referred to CPT		2025 Result:				Maintain
					Referred to CPT Asst		☐	Published in CPT Asst:			
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 / Low Survey Response	Complete? No			
Most Recent RUC Meeting:	September 2023	Tab: 17	Specialty Developing Recommendation:	AAFP, ACP	First Identified:	September 2022	2023 Medicare Utilization:	687	2025 Work RVU:	0.60	
									2025 NF PE RVU:	0.33	
									2025 Fac PE RVU:	0.25	
RUC Recommendation:				0.45	Referred to CPT		2025 Result:				Maintain
					Referred to CPT Asst		☐	Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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 / Low Survey Response **Complete?** No

Most Recent RUC Meeting: September 2023

Tab: 17 **Specialty Developing Recommendation:** AAFP, ACP

First Identified: October 2017

2023 Medicare Utilization: 327,292

2025 Work RVU: 0.60

2025 NF PE RVU: 0.34

2025 Fac PE RVU: 0.26

Result: Maintain

RUC Recommendation: 0.45

Referred to CPT

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

G0447 Face-to-face behavioral counseling for obesity, 15 minutes

Global: XXX **Issue:** Behavioral Counseling/Therapy

Screen: CMS-Other - Utilization over 100,000 / Low Survey Response

Complete? No

Most Recent RUC Meeting: September 2023

Tab: 17 **Specialty Developing Recommendation:** AAFP, ACP

First Identified: April 2016

2023 Medicare Utilization: 277,239

2025 Work RVU: 0.60

2025 NF PE RVU: 0.34

2025 Fac PE RVU: 0.26

Result: Maintain

RUC Recommendation: 0.45

Referred to CPT

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

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

2023 Medicare Utilization: 155,823

2025 Work RVU: 0.93

2025 NF PE RVU: 0.51

2025 Fac PE RVU: NA

Result: Increase

RUC Recommendation: 0.93

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

G0453	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)	Global: XXX	Issue: RAW	Screen: CMS-Other - Utilization over 100,000 / CMS-Other Utilization over 20,000 Part4	Complete? No
Most Recent RUC Meeting: April 2025	Tab: 14 Specialty Developing Recommendation:	First Identified: April 2016	2023 Medicare Utilization: 353,333	2025 Work RVU: 0.60 2025 NF PE RVU: NA 2025 Fac PE RVU: 0.30 Result: Remove from Screen	
RUC Recommendation: Review action plan. Remove from screen		Referred to CPT Referred to CPT Asst ☐	Published in CPT Asst:		
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 fo	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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT	
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:		
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 fo	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	2023 Medicare Utilization:	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Deleted from CPT	
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:		

Status Report: CMS Requests and Relativity Assessment Issues

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	Global: YYY	Issue: RAW	Screen: Contractor Priced High Volume3	Complete? Yes
Most Recent RUC Meeting:	September 2024	Tab: 14	Specialty Developing Recommendation: ASCO, ASH	First Identified: April 2024	2023 Medicare Utilization: 88,383
RUC Recommendation:	Remove from Screen	Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result: Remove from Screen

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 monit	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	2023 Medicare Utilization: 250,980
RUC Recommendation:	Maintain	Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:	2025 Work RVU: 0.10 2025 NF PE RVU: 1.57 2025 Fac PE RVU: 0.04 Result: Remove from Screen

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	2023 Medicare Utilization: 148,073
RUC Recommendation:	Requested CMS Delete	Referred to CPT	Referred to CPT Asst ☐	Published in CPT Asst:	2025 Work RVU: 0.87 2025 NF PE RVU: 0.96 2025 Fac PE RVU: 0.37 Result: Request CMS Delete

Status Report: CMS Requests and Relativity Assessment Issues

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:	Tab: 07 Specialty Developing Recommendation: No Interest	First Identified: January 2023	2023 Medicare Utilization: 5	2025 Work RVU: 1.82 2025 NF PE RVU: 3.23 2025 Fac PE RVU: 0.94 Result: PE Only	
RUC Recommendation: New PE Inputs		Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
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:	Tab: 07 Specialty Developing Recommendation: No Interest	First Identified: January 2023	2023 Medicare Utilization: 2	2025 Work RVU: 2.10 2025 NF PE RVU: 3.60 2025 Fac PE RVU: 1.05 Result: PE Only	
RUC Recommendation: New PE Inputs		Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			
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:	Tab: 07 Specialty Developing Recommendation: No Interest	First Identified: January 2023	2023 Medicare Utilization: 1	2025 Work RVU: 3.55 2025 NF PE RVU: 5.50 2025 Fac PE RVU: 1.61 Result: PE Only	
RUC Recommendation: New PE Inputs		Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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	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	2023 Medicare Utilization: 4,805
RUC Recommendation:	Requested CMS delete. Addressed by CPT/RUC Telemedicine Office Visits Workgroup.		Referred to CPT	February 2023	2025 Work RVU: 0.18 2025 NF PE RVU: 0.18 2025 Fac PE RVU: 0.08 Result: Request CMS Delete
			Referred to CPT Asst	☐	Published in CPT Asst:
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 servi	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	2023 Medicare Utilization: 76,147
RUC Recommendation:	Requested CMS delete		Referred to CPT	February 2023	2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: Request CMS Delete
			Referred to CPT Asst	☐	Published in CPT Asst:
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 te	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	2023 Medicare Utilization: 1,385,431
RUC Recommendation:	PE Inputs		Referred to CPT		2025 Work RVU: 2025 NF PE RVU: 2025 Fac PE RVU: Result: PE Only
			Referred to CPT Asst	☐	Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

G2083 Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self-administration, **Global:** XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 30,000-Part4 **Complete?** No

Most Recent RUC Meeting: April 2025

Tab: 14 **Specialty Developing Recommendation:**

First Identified: April 2025

2023 Medicare Utilization: 22,139

2025 Work RVU: 0.70

2025 NF PE RVU: 35.44

2025 Fac PE RVU: 0.27

Result:

RUC Recommendation: Review action plan.

Referred to CPT

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

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 servi **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

2023 Medicare Utilization: 4,320

2025 Work RVU: 0.50

2025 NF PE RVU: 0.26

2025 Fac PE RVU: 0.22

Result: Request CMS Delete

RUC Recommendation: Requested CMS Delete

Referred to CPT

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

G3002 Chronic pain management and treatment, monthly bundle including, diagnosis; assessment and monitoring; administration of a validated pain rating scale or tool; the development, implementation, revision, and/or maintenance of a person-centered care plan th **Global:** XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 30,000-Part4 **Complete?** No

Most Recent RUC Meeting: April 2025

Tab: 14 **Specialty Developing Recommendation:**

First Identified: April 2025

2023 Medicare Utilization: 67,675

2025 Work RVU: 1.45

2025 NF PE RVU: 0.90

2025 Fac PE RVU: 0.65

Result:

RUC Recommendation: Review action plan.

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

G6001 Ultrasonic guidance for placement of radiation therapy fields

Global: XXX

Issue: Suerficial Radiation Therapy

Screen: CMS-Other - Utilization over 20,000 Part2

Complete? Yes

Most Recent
RUC Meeting: January 2025

Tab: 17

Specialty Developing
Recommendation: AADA, ASTRO

First
Identified: October 2020

2023
Medicare
Utilization: 255,869

2025 Work RVU: 0.58

2025 NF PE RVU: 4.70

2025 Fac PE RVU: NA

Result: Request CMS Delete

RUC Recommendation: Request CMS Delete

Referred to CPT September 2024

Referred to CPT Asst ☐ Published in CPT Asst:

G6002 Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy

Global: XXX

Issue: Radiation Oncology Treatment Delivery

Screen: CMS-Other - Utilization over 20,000 Part2

Complete? Yes

Most Recent
RUC Meeting: January 2025

Tab: 16

Specialty Developing
Recommendation: ACRO, ASTRO

First
Identified: October 2017

2023
Medicare
Utilization: 757,516

2025 Work RVU: 0.39

2025 NF PE RVU: 1.85

2025 Fac PE RVU: NA

Result: Request CMS Delete

RUC Recommendation: Request CMS Delete

Referred to CPT September 2024

Referred to CPT Asst ☐ Published in CPT Asst:

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 Oncology Treatment Delivery

Screen: CMS-Other - Utilization over 20,000 Part2

Complete? Yes

Most Recent
RUC Meeting: January 2025

Tab: 16

Specialty Developing
Recommendation: ACRO, ASTRO

First
Identified: October 2020

2023
Medicare
Utilization: 58

2025 Work RVU: 0.00

2025 NF PE RVU: 4.53

2025 Fac PE RVU: NA

Result: Request CMS Delete

RUC Recommendation: Request CMS Delete

Referred to CPT September 2024

Referred to CPT Asst ☐ Published in CPT Asst:

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 Oncology Treatment Delivery

Screen: CMS-Other - Utilization over 20,000 Part2

Complete? Yes

Most Recent
RUC Meeting: January 2025

Tab: 16

Specialty Developing
Recommendation: ACRO, ASTRO

First
Identified: October 2020

2023
Medicare
Utilization: 1,494

2025 Work RVU: 0.00

2025 NF PE RVU: 3.67

2025 Fac PE RVU: NA

Result: Request CMS Delete

RUC Recommendation: Request CMS Delete

Referred to CPT September 2024

Referred to CPT Asst ☐ Published in CPT Asst:

Status Report: CMS Requests and Relativity Assessment Issues

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 Oncology Treatment Delivery	Screen: CMS-Other - Utilization over 20,000 Part2	Complete? Yes
Most Recent RUC Meeting:	January 2025	Tab: 16	Specialty Developing Recommendation: ACRO, ASTRO	First Identified: October 2020	2023 Medicare Utilization: 486
RUC Recommendation:	Request CMS Delete	Referred to CPT	September 2024	2025 Work RVU:	0.00
		Referred to CPT Asst	☐	2025 NF PE RVU:	3.67
		Published in CPT Asst:		2025 Fac PE RVU:	NA
				Result:	Request CMS Delete

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 Oncology Treatment Delivery	Screen: CMS-Other - Utilization over 20,000 Part2	Complete? Yes
Most Recent RUC Meeting:	January 2025	Tab: 16	Specialty Developing Recommendation: ACRO, ASTRO	First Identified: October 2020	2023 Medicare Utilization: 26
RUC Recommendation:	Request CMS Delete	Referred to CPT	September 2024	2025 Work RVU:	0.00
		Referred to CPT Asst	☐	2025 NF PE RVU:	3.65
		Published in CPT Asst:		2025 Fac PE RVU:	NA
				Result:	Request CMS Delete

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 Oncology Treatment Delivery	Screen: CMS-Other - Utilization over 20,000 Part2	Complete? Yes
Most Recent RUC Meeting:	January 2025	Tab: 16	Specialty Developing Recommendation: ACRO, ASTRO	First Identified: September 2023	2023 Medicare Utilization: 53
RUC Recommendation:	Request CMS Delete	Referred to CPT	September 2024	2025 Work RVU:	0.00
		Referred to CPT Asst	☐	2025 NF PE RVU:	6.52
		Published in CPT Asst:		2025 Fac PE RVU:	NA
				Result:	Request CMS Delete

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 Oncology Treatment Delivery	Screen: CMS-Other - Utilization over 20,000 Part2	Complete? Yes
Most Recent RUC Meeting:	January 2025	Tab: 16	Specialty Developing Recommendation: ACRO, ASTRO	First Identified: September 2023	2023 Medicare Utilization: 157
RUC Recommendation:	Request CMS Delete	Referred to CPT	September 2024	2025 Work RVU:	0.00
		Referred to CPT Asst	☐	2025 NF PE RVU:	5.05
		Published in CPT Asst:		2025 Fac PE RVU:	NA
				Result:	Request CMS Delete

Status Report: CMS Requests and Relativity Assessment Issues

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 Oncology Treatment Delivery	Screen: CMS-Other - Utilization over 20,000 Part2	Complete? Yes
Most Recent RUC Meeting:	January 2025	Tab: 16	Specialty Developing Recommendation: ACRO, ASTRO	First Identified: September 2023	2023 Medicare Utilization: 58
RUC Recommendation:	Request CMS Delete	Referred to CPT	September 2024	2025 Work RVU:	0.00
		Referred to CPT Asst	☐	2025 NF PE RVU:	5.09
		Published in CPT Asst:		2025 Fac PE RVU:	NA
				Result:	Request CMS Delete

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 Oncology Treatment Delivery	Screen: CMS-Other - Utilization over 20,000 Part2	Complete? Yes
Most Recent RUC Meeting:	January 2025	Tab: 16	Specialty Developing Recommendation: ACRO, ASTRO	First Identified: September 2023	2023 Medicare Utilization: 1
RUC Recommendation:	Request CMS Delete	Referred to CPT	September 2024	2025 Work RVU:	0.00
		Referred to CPT Asst	☐	2025 NF PE RVU:	5.01
		Published in CPT Asst:		2025 Fac PE RVU:	NA
				Result:	Request CMS Delete

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 Oncology Treatment Delivery	Screen: CMS-Other - Utilization over 20,000 Part2	Complete? Yes
Most Recent RUC Meeting:	January 2025	Tab: 16	Specialty Developing Recommendation: ACRO, ASTRO	First Identified: September 2023	2023 Medicare Utilization: 3,955
RUC Recommendation:	Request CMS Delete	Referred to CPT	September 2024	2025 Work RVU:	0.00
		Referred to CPT Asst	☐	2025 NF PE RVU:	6.66
		Published in CPT Asst:		2025 Fac PE RVU:	NA
				Result:	Request CMS Delete

Status Report: CMS Requests and Relativity Assessment Issues

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 Oncology Treatment Delivery	Screen: CMS-Other - Utilization over 20,000 Part2	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 16 Specialty Developing Recommendation: ACRO, ASTRO	First Identified: October 2020	2023 Medicare Utilization: 265,505	2025 Work RVU: 0.00 2025 NF PE RVU: 6.67 2025 Fac PE RVU: NA Result: Request CMS Delete	
RUC Recommendation: Request CMS Delete		Referred to CPT September 2024 Referred to CPT Asst ☐ Published in CPT Asst:			

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 Oncology Treatment Delivery	Screen: CMS-Other - Utilization over 20,000 Part2	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 16 Specialty Developing Recommendation: ACRO, ASTRO	First Identified: October 2020	2023 Medicare Utilization: 114,006	2025 Work RVU: 0.00 2025 NF PE RVU: 6.70 2025 Fac PE RVU: NA Result: Request CMS Delete	
RUC Recommendation: Request CMS Delete		Referred to CPT September 2024 Referred to CPT Asst ☐ Published in CPT Asst:			

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 Oncology Treatment Delivery	Screen: CMS-Other - Utilization over 20,000 Part1	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 16 Specialty Developing Recommendation: ACRO, ASTRO	First Identified: January 2019	2023 Medicare Utilization: 7,498	2025 Work RVU: 0.00 2025 NF PE RVU: 6.66 2025 Fac PE RVU: NA Result: Request CMS Delete	
RUC Recommendation: Request CMS DeleteRemove from screen		Referred to CPT September 2024 Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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 Oncology Treatment Delivery	Screen: CMS-Other - Utilization over 20,000 Part2	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 16 Specialty Developing Recommendation: ACRO, ASTRO	First Identified: October 2020	2023 Medicare Utilization: 1,099,494	2025 Work RVU: 0.00 2025 NF PE RVU: 10.38 2025 Fac PE RVU: NA Result: Request CMS Delete	
RUC Recommendation: Request CMS Delete		Referred to CPT September 2024 Referred to CPT Asst ☐ Published in CPT Asst:			
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 Oncology Treatment Delivery	Screen: CMS-Other - Utilization over 20,000 Part2	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 16 Specialty Developing Recommendation: ACRO, ASTRO	First Identified: September 2023	2023 Medicare Utilization: 3,044	2025 Work RVU: 0.00 2025 NF PE RVU: 10.38 2025 Fac PE RVU: NA Result: Request CMS Delete	
RUC Recommendation: Request CMS Delete		Referred to CPT September 2024 Referred to CPT Asst ☐ Published in CPT Asst:			
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: Radiation Oncology Treatment Delivery	Screen: Contractor Priced High Volume2	Complete? Yes
Most Recent RUC Meeting: January 2025	Tab: 16 Specialty Developing Recommendation: ASTRO	First Identified: April 2022	2023 Medicare Utilization: 106,265	2025 Work RVU: 0.00 2025 NF PE RVU: 0.00 2025 Fac PE RVU: 0.00 Result: Request CMS Delete	
RUC Recommendation: Request CMS Delete		Referred to CPT Referred to CPT Asst ☐ Published in CPT Asst:			

Status Report: CMS Requests and Relativity Assessment Issues

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'			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	2023 Medicare Utilization:	2025 Work 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		2025 NF PE RVU:	
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	
					Result: Not Part of RAW	
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	2023 Medicare Utilization: 746	2025 Work RVU:	0.26
RUC Recommendation: 0.42			Referred to CPT		2025 NF PE RVU:	0.48
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	0.48
					Result: Maintain	
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	2023 Medicare Utilization: 394,464	2025 Work RVU:	0.37
RUC Recommendation: RUC recommended to survey but no specialty society interest followed.			Referred to CPT		2025 NF PE RVU:	0.95
			Referred to CPT Asst ☐	Published in CPT Asst:	2025 Fac PE RVU:	0.15
					Result: Maintain	

												2025 Work				2023									CPT Ed Panel		
CPT	2025 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	RVUs/Base Unit	2025 NF PE RVUs	2025 Fac PE RVUs	2025 PLI RVUs	Medicare Util	Referred to CPT Asst	CPT Asst Status	CPT Asst Complete	Referred to CPT	Refer to CPT Background	CPT Meeting CPT Tab	Status	Complete	Complete	Result	
0042T	Cerebral perfusion analysis usi	Cerebral Perfusion & C	September 2024	09			ACR, ASNR	Deleted from CPT	High Volume Category III Codes 2/April 2022	XXX			0.00	0.00	0	42599	FALSE			TRUE	In April 2022, the Relati	May 2024	17	Deleted	TRUE	Deleted from CPT	
00534	Anesthesia for transvenous ins	RAW	January 2019	37			ASA	Remove from screen	High Volume	October 2018	XXX		7 0.00	0.00	0	26367	FALSE			FALSE				TRUE	Remove from Screen		
00537	Anesthesia for cardiac electrop	Anesthesia for Cardiac	October 2020	13			ASA	12	High Volume Growth4	October 2016	XXX		10 0.00	0.00	0	113270	FALSE			FALSE				TRUE	Increase		
0054T	Computer-assisted musculosk	RAW	April 2024	12	April 2027	RAW	AAOS, NASS	Review action plan	High Volume Category III Codes 2/April 2022	XXX			0.00	0.00	0	7102	FALSE			FALSE				FALSE	TRUE	Remove from Screen	
0055T	Computer-assisted musculosk	RAW	April 2024	12	April 2027	RAW	AAOS, NASS	Review action plan	High Volume Category III Codes 2/April 2022	XXX			0.00	0.00	0	22991	FALSE			FALSE				FALSE	TRUE	Remove from Screen	
00560	Anesthesia for procedures on I	RAW	January 2019	37			ASA	Remove from screen	High Volume Growth5	October 2018	XXX		15 0.00	0.00	0	60403	FALSE			FALSE				TRUE	Remove from Screen		
00731	Anesthesia for upper gastroint	Anesthesia for Intestin	January 2017	04			ASA	5 base units	CMS Request - Final Rule for 2016 September 2016	XXX			5 0.00	0.00	0	1026775	FALSE			FALSE		September 21 2012		complete	TRUE	Maintain	
00732	Anesthesia for upper gastroint	Anesthesia for Intestin	January 2017	04			ASA	6 base units	CMS Request - Final Rule for 2016 September 2016	XXX			6 0.00	0.00	0	90204	FALSE			FALSE		September 21 2012		complete	TRUE	Increase	
00740	Anesthesia for upper gastroint	Anesthesia for Intestin	January 2017	04			ASA	Deleted from CPT	CMS Request - Final Rule for 2016 July 2015								FALSE			TRUE	In April 2016, an Ad Hoc	September 21 2012		complete	TRUE	Deleted from CPT	
00810	Anesthesia for lower intestinal	Anesthesia for Intestin	January 2017	04			ASA	Deleted from CPT	CMS Request - Final Rule for 2016 July 2015								FALSE			TRUE	In April 2016, an Ad Hoc	September 21 2012		complete	TRUE	Deleted from CPT	
00811	Anesthesia for lower intestinal	Anesthesia for Intestin	April 2017	04			ASA	4 base units	CMS Request - Final Rule for 2016 September 2016	XXX		4 0.00	0.00	0	1089300	FALSE			FALSE		September 21 2012		complete	TRUE	Decrease		
00812	Anesthesia for lower intestinal	Anesthesia for Intestin	April 2017	04			ASA	3 base units	CMS Request - Final Rule for 2016 September 2016	XXX		3 0.00	0.00	0	566678	FALSE			FALSE		September 21 2012		complete	TRUE	Decrease		
00813	Anesthesia for combined uppe	Anesthesia for Intestin	January 2017	04			ASA	5 base units	CMS Request - Final Rule for 2016 September 2016	XXX			5 0.00	0.00	0	481233	FALSE			FALSE		September 21 2012		complete	TRUE	Maintain	
00918	Anesthesia for transurethral pr	Anesthesia for transure	January 2021	29				Maintain	High Volume Growth7	October 2020	XXX		5 0.00	0.00	0	103904	FALSE			FALSE				TRUE	Remove from Screen		
0101T	Extracorporeal shock wave inv	RAW	September 2023	22				Maintain	High Volume Category III Codes 2/April 2023	XXX			0.00	0.00	0	9915	FALSE			FALSE				TRUE	Maintain		
01916	Anesthesia for diagnostic arter	RAW	September 2023	22				Maintain	High Volume Growth6	October 2019	XXX		5 0.00	0.00	0	34619	FALSE			FALSE				TRUE	Maintain		
0191T	Insertion of anterior segment	Cataract Removal with	January 2021	16			AAO	Deleted from CPT	High Volume Category III Codes 2/October 2019	XXX							FALSE			TRUE	At the April 2019 RUC r	October 2020	37	complete	TRUE	Deleted from CPT	
01930	Anesthesia for therapeutic inte	Anesthesia for Intervet	February 2008	5			ASA	Remove from screen	High Volume Growth1	February 2008	XXX		5 0.00	0.00	0	12602	FALSE			FALSE				TRUE	Remove from Screen		
01935	Anesthesia for percutaneous ir	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 CPT	
01936	Anesthesia for percutaneous ir	Anesthesia Services for	January 2021	04			ASA	Deleted from CPT	High Volume Growth4	October 2016	XXX						FALSE			TRUE	This service was identifi	October 2020	15	complete	TRUE	Deleted from CPT	
01937	Anesthesia for percutaneous ir	Anesthesia Services for	January 2021	04			ASA	4	High Volume Growth4	January 2021	XXX		4 0.00	0.00	0	24366	FALSE			FALSE		October 2020	15	complete	TRUE	Decrease	
01938	Anesthesia for percutaneous ir	Anesthesia Services for	January 2021	04			ASA	4	High Volume Growth4	January 2021	XXX		4 0.00	0.00	0	91030	FALSE			FALSE		October 2020	15	complete	TRUE	Decrease	
01939	Anesthesia for percutaneous ir	Anesthesia Services for	January 2021	04			ASA	4	High Volume Growth4	January 2021	XXX		4 0.00	0.00	0	17459	FALSE			FALSE		October 2020	15	complete	TRUE	Decrease	
01940	Anesthesia for percutaneous ir	Anesthesia Services for	January 2021	04			ASA	4	High Volume Growth4	January 2021	XXX		4 0.00	0.00	0	53408	FALSE			FALSE		October 2020	15	complete	TRUE	Decrease	
01941	Anesthesia for percutaneous ir	Anesthesia Services for	January 2021	04			ASA	6	High Volume Growth4	January 2021	XXX		5 0.00	0.00	0	20385	FALSE			FALSE		October 2020	15	complete	TRUE	Increase	
01942	Anesthesia for percutaneous ir	Anesthesia Services for	January 2021	04			ASA	6	High Volume Growth4	January 2021	XXX		5 0.00	0.00	0	39102	FALSE			FALSE		October 2020	15	complete	TRUE	Increase	
0207T	Evacuation of meibomian glan	RAW	April 2025	14	September 21 2027	RAW		Review action plan.	High Volume Category III Codes 2/April 2025	XXX			0.00	0.00	0	1654	FALSE			FALSE				FALSE	TRUE	Remove from screen	
0232T	Injection(s), platelet rich plas	RAW	April 2024	12			AAPM&R, AAOS, ASA, AAO, AOA (eye)	Remove from screen	High Volume Category III Codes 2/April 2022	XXX			0.00	0.00	0	947	FALSE			FALSE				TRUE	Maintain		
0275T	Percutaneous laminotomy/lami	nectomy (interlaminar	January 2020	37				Maintain	High Volume Category III Codes 2/October 2019	YYY			0.00	0.00	0	12787	FALSE			FALSE				TRUE	Maintain		
0330T	Tear film imaging, unilateral	or RAW	September 2023	22	September 21 2027	RAW		Review in 3 years (Sept 2026)	High Volume Category III Codes 2/April 2023	YYY			0.00	0.00	0	1315	FALSE			FALSE				FALSE	TRUE	Remove from screen	
0358T	Bioelectrical impedance analys	RAW	April 2024	12			AAFP, ACP	Remove from screen	High Volume Category III Codes 2/April 2023	YYY			0.00	0.00	0	2811	FALSE			FALSE				TRUE	Remove from screen		
0376T	Insertion of anterior segment	Cataract Removal with	January 2021	16			AAO	Deleted from CPT	High Volume Category III Codes 2/October 2019	XXX							FALSE			TRUE	At the April 2019 RUC r	October 2020	37	complete	TRUE	Deleted from CPT	
0379T	Visual field assessment, with	or RAW	September 2023	22	September 21 2027	RAW	AAO, AOA	Review in 3 years (Sept 2026)	High Volume Category III Codes 2/October 2019	XXX			0.00	0.00	0	53208	FALSE			FALSE				FALSE	TRUE	Remove from screen	
0394T	High dose rate electronic brad	Superficial Radiation Th	January 2025	17			AAOA, ACRO, ASTRO	Deleted from CPT	High Volume Category III Codes 2/October 2019	XXX			0.00	0.00	0	42236	FALSE			TRUE	In October 2019, this se	September 21 2024	41	Deleted	TRUE	Deleted from CPT	
0421T	Transurethral waterjet ablatio	Transurethral Robotic-s	September 2024	07			AUA	Deleted from CPT	High Volume Category III Codes 2/April 2023	XXX			0.00	0.00	0	5521	FALSE			TRUE	In April 2023, this servic	May 2024	08	Deleted	TRUE	Deleted from CPT	
0446T	Creation of subcutaneous pod	Insertion/ Removal of I	January 2020	33			AACE, ES	Contractor Price	CMS Request - Final Rule for 2020 November 2019	000		1.14	90.47	0.47	0.08	192	FALSE			FALSE		In the CY 2020 Final Rul	February 202	46	Renewed 5 year	TRUE	Contractor Price
0447T	Removal of implantable interst	Insertion/ Removal of I	January 2020	33			AACE, ES	Contractor Price	CMS Request - Final Rule for 2020 November 2019	000		1.34	1.54	0.55	0.07	56	FALSE			TRUE	In the CY 2020 Final Rul	February 202	46	Renewed 5 year	TRUE	Contractor Price	
0448T	Removal of implantable interst	Insertion/ Removal of I	January 2020	33			AACE, ES	Contractor Price	CMS Request - Final Rule for 2020 November 2019	000		1.91	84.86	0.78	0.12	111	FALSE			TRUE	In the CY 2020 Final Rul	February 202	46	Renewed 5 year	TRUE	Contractor Price	
0449T	Insertion of aqueous drainage	device, without extraoc	January 2020	37				Maintain	High Volume Category III Codes 2/October 2019	YYY			0.00	0.00	0	2105	FALSE			FALSE				TRUE	Maintain		
0474T	Insertion of anterior segment	aqueous drainage devic	January 2020	37				Maintain	High Volume Category III Codes 2/October 2019	XXX			0.00	0.00	0		FALSE			FALSE							

Injection, intraleisional; more t	Skin Injection Services	April 2010	31	AAD	HNS	ASPS	0.80	Harvard Valued - Utilization over:	February 2010	000	0.8	1.23	0.48	0.07	64313	FALSE									TRUE	Maintain
Subcutaneous hormone pellet	Drug Delivery Implant F	October 2018	05	AAOS, ACOG, AUA	1.10	High Volume Growth2 / Different	April 2013	000	1.1	1.58	0.40	0.15	26233	FALSE	TRUE	In January 2018, this se	May 2018	10	complete	TRUE	Decrease					
Insertion, drug-delivery implan	Drug Delivery Implant F	October 2018	05	AAOS, ACOG, AUA	1.30	High Volume Growth1 / Different	June 2008	000	1.14	1.68	0.54	0.21	7979	FALSE	TRUE	In January 2018, this se	May 2018	10	complete	TRUE	Decrease					
Removal, non-biodegradable d	Drug Delivery Implant F	October 2018	05	AAOS, ACOG, AUA	1.70	High Volume Growth1 / Different	February 2008	000	1.34	1.74	0.61	0.23	1823	FALSE	TRUE	In January 2018, this se	May 2018	10	complete	TRUE	Decrease					
Removal with reinsertion, non-	Drug Delivery Implant F	October 2018	05	AAOS, ACOG, AUA	2.10	High Volume Growth1	June 2008	000	1.91	2.00	0.85	0.34	970	FALSE	FALSE				complete	TRUE	Decrease					
Simple repair of superficial wo	Repair of Superficial Wt	April 2010	32	ACEP, AAFF	0.84	Harvard Valued - Utilization over:	October 2009	000	0.84	1.82	0.34	0.16	148478	FALSE	FALSE					TRUE	Decrease					
Simple repair of superficial wo	Repair of Superficial Wt	April 2010	32	ACEP, AAFF	1.14	Harvard Valued - Utilization over:	October 2009	000	1.14	2.07	0.40	0.22	123416	FALSE	FALSE					TRUE	Decrease					
Simple repair of superficial wo	Repair of Superficial Wt	April 2010	32	ACEP, AAFF	1.44	Harvard Valued - Utilization over:	April 2010	000	1.44	2.27	0.47	0.28	19335	FALSE	FALSE					TRUE	Decrease					
Simple repair of superficial wo	Repair of Superficial Wt	April 2010	32	ACEP, AAFF	1.97	Harvard Valued - Utilization over:	April 2010	000	1.97	2.95	0.46	0.39	5269	FALSE	FALSE					TRUE	Decrease					
Simple repair of superficial wo	Repair of Superficial Wt	April 2010	32	ACEP, AAFF	2.39	Harvard Valued - Utilization over:	April 2010	000	2.39	3.28	0.60	0.5	924	FALSE	FALSE					TRUE	Decrease					
Simple repair of superficial wo	Repair of Superficial Wt	April 2010	32	ACEP, AAFF	2.90	Harvard Valued - Utilization over:	April 2010	000	2.9	3.39	0.84	0.59	345	FALSE	FALSE					TRUE	Decrease					
Simple repair of superficial wo	Repair of Superficial Wt	April 2010	32	ACEP, AAFF	1.07	Harvard Valued - Utilization over:	April 2010	000	1.07	2.09	0.39	0.21	79735	FALSE	FALSE					TRUE	Decrease					
Simple repair of superficial wo	Repair of Superficial Wt	April 2010	32	ACEP, AAFF	1.22	Harvard Valued - Utilization over:	April 2010	000	1.22	2.05	0.27	0.24	47327	FALSE	FALSE					TRUE	Decrease					
Simple repair of superficial wo	Repair of Superficial Wt	April 2010	32	ACEP, AAFF	1.57	Harvard Valued - Utilization over:	April 2010	000	1.57	2.39	0.35	0.3	6449	FALSE	FALSE					TRUE	Decrease					
Simple repair of superficial wo	Repair of Superficial Wt	April 2010	32	ACEP, AAFF	1.98	Harvard Valued - Utilization over:	April 2010	000	1.98	2.81	0.43	0.4	3092	FALSE	FALSE					TRUE	Decrease					
Simple repair of superficial wo	Repair of Superficial Wt	April 2010	32	ACEP, AAFF	2.68	Harvard Valued - Utilization over:	April 2010	000	2.68	3.40	0.58	0.55	472	FALSE	FALSE					TRUE	Decrease					
Simple repair of superficial wo	Repair of Superficial Wt	April 2010	32	ACEP, AAFF	3.18	Harvard Valued - Utilization over:	April 2010	000	3.18	NA	0.75	0.67	49	FALSE	FALSE					TRUE	Decrease					
Simple repair of superficial wo	Repair of Superficial Wt	April 2010	32	ACEP, AAFF	3.61	Harvard Valued - Utilization over:	April 2010	000	3.61	NA	0.83	0.77	21	FALSE	FALSE					TRUE	Decrease					
Repair, intermediate, wounds	Repair of Intermediate	October 2010	22	AAO-HNS, AAD, AAP, A2.00		Harvard Valued - Utilization over:	February 2010	010	2	5.58	2.33	0.24	62162	FALSE	FALSE					TRUE	Decrease					
Repair, intermediate, wounds	Repair of Intermediate	October 2010	22	AAO-HNS, AAD, AAP, A2.52		Harvard Valued - Utilization over:	October 2009	010	2.52	6.28	2.94	0.29	341859	FALSE	FALSE					TRUE	Maintain					
Repair, intermediate, wounds	Repair of Intermediate	October 2010	22	AAO-HNS, AAD, AAP, A2.97		Harvard Valued - Utilization over:	February 2010	010	2.97	6.63	2.83	0.39	34157	FALSE	FALSE					TRUE	Maintain					
Repair, intermediate, wounds	Repair of Intermediate	October 2010	22	AAO-HNS, AAD, AAP, A3.60		Harvard Valued - Utilization over:	February 2010	010	3.5	7.55	3.17	0.63	5583	FALSE	FALSE					TRUE	Increase					
Repair, intermediate, wounds	Repair of Intermediate	October 2010	22	AAO-HNS, AAD, AAP, A4.50		Harvard Valued - Utilization over:	February 2010	010	4.23	7.98	3.45	0.86	1086	FALSE	FALSE					TRUE	Increase					
Repair, intermediate, wounds	Repair of Intermediate	October 2010	22	AAO-HNS, AAD, AAP, A5.25		Harvard Valued - Utilization over:	February 2010	010	5	8.62	3.85	1.04	489	FALSE	FALSE					TRUE	Increase					
Repair, intermediate, wounds	Repair of Intermediate	October 2010	22	AAO-HNS, AAD, AAP, A2.10		Harvard Valued - Utilization over:	February 2010	010	2.1	5.49	2.03	0.27	20316	FALSE	FALSE					TRUE	Decrease					
Repair, intermediate, wounds	Repair of Intermediate	October 2010	22	AAO-HNS, AAD, AAP, A2.79		Harvard Valued - Utilization over:	February 2010	010	2.79	6.14	2.79	0.33	65352	FALSE	FALSE					TRUE	Maintain					
Repair, intermediate, wounds	Repair of Intermediate	October 2010	22	AAO-HNS, AAD, AAP, A3.19		Harvard Valued - Utilization over:	February 2010	010	3.19	7.78	2.82	0.48	3182	FALSE	FALSE					TRUE	Maintain					
Repair, intermediate, wounds	Repair of Intermediate	October 2010	22	AAO-HNS, AAD, AAP, A3.90		Harvard Valued - Utilization over:	February 2010	010	3.75	7.97	3.82	0.66	345	FALSE	FALSE					TRUE	Increase					
Repair, intermediate, wounds	Repair of Intermediate	October 2010	22	AAO-HNS, AAD, AAP, A4.60		Harvard Valued - Utilization over:	February 2010	010	4.3	9.63	4.24	1.1	79	FALSE	FALSE					TRUE	Increase					
Repair, intermediate, wounds	Repair of Intermediate	October 2010	22	AAO-HNS, AAD, AAP, A5.50		Harvard Valued - Utilization over:	February 2010	010	4.95	10.27	4.47	1.26	46	FALSE	FALSE					TRUE	Increase					
Repair, intermediate, wounds	Repair of Intermediate	October 2010	22	AAO-HNS, AAD, AAP, A2.33		Harvard Valued - Utilization over:	February 2010	010	2.33	5.81	2.48	0.29	50441	FALSE	FALSE					TRUE	Decrease					
Repair, intermediate, wounds	Repair of Intermediate	April 2010	45	AAO-HNS, AAD, AAP, A Remove from screen		Harvard Valued - Utilization over:	February 2010	010	2.87	6.20	2.80	0.35	98459	FALSE	FALSE					TRUE	Remove from Screen					
Repair, intermediate, wounds	Repair of Intermediate	October 2010	22	AAO-HNS, AAD, AAP, A3.17		Harvard Valued - Utilization over:	February 2010	010	3.17	7.27	2.93	0.39	15870	FALSE	FALSE					TRUE	Maintain					
Repair, intermediate, wounds	Repair of Intermediate	October 2010	22	AAO-HNS, AAD, AAP, A3.50		Harvard Valued - Utilization over:	February 2010	010	3.5	7.39	2.62	0.51	3816	FALSE	FALSE					TRUE	Maintain					
Repair, intermediate, wounds	Repair of Intermediate	October 2010	22	AAO-HNS, AAD, AAP, A4.65		Harvard Valued - Utilization over:	February 2010	010	4.5	9.69	3.77	0.82	287	FALSE	FALSE					TRUE	Increase					
Repair, intermediate, wounds	Repair of Intermediate	October 2010	22	AAO-HNS, AAD, AAP, A5.50		Harvard Valued - Utilization over:	February 2010	010	5.3	11.10	5.36	0.98	31	FALSE	FALSE					TRUE	Increase					
Repair, intermediate, wounds	Repair of Intermediate	October 2010	22	AAO-HNS, AAD, AAP, A6.28		Harvard Valued - Utilization over:	February 2010	010	6	11.02	5.59	1.11	29	FALSE	FALSE					TRUE	Increase					
Repair, complex, trunk; 1.1 cm	Complex Wound Repai	April 2012	37	AAD, AAO-HNS, ASPS	3.00	CMS Request	July 2011	010	3	6.76	2.65	0.39	4904	FALSE	FALSE					TRUE	Decrease					
Repair, complex, trunk; 2.6 cm	Complex Wound Repai	April 2012	37	AAD, AAO-HNS, ASPS	3.50	CMS Request	July 2011	010	3.5	7.86	3.47	0.43	90990	FALSE	FALSE					TRUE	Decrease					
Repair, complex, trunk; each a	Complex Wound Repai	April 2012	37	AAD, AAO-HNS, ASPS	1.24	CMS Request	July 2011	ZZZ	1.24	2.03	0.70	0.2	21515	FALSE	FALSE					TRUE	Maintain					
Repair, complex, scalp, arms, a	Complex Wound Repai	October 2017	19	AAD, AAO-HNS, ASPS	3.23	CMS Fastest Growing / CPT Assist	October 2008	010	3.23	6.94	3.30	0.4	11362	TRUE	1st article: I Yes		September 21	Complete	TRUE	Decrease						
Repair, complex, scalp, arms, a	Complex Wound Repai	October 2017	19	AAD, AAO-HNS, ASPS	4.00	CMS Fastest Growing / CPT Assist	October 2008	010	4	8.17	3.26	0.49	201068	TRUE	1st article: I Yes		September 21	Complete	TRUE	Decrease						
Repair, complex, scalp, arms, a	Complex Wound Repai	October 2017	19	AAD, AAO-HNS, ASPS	1.44	CMS Fastest Growing / CPT Assist	October 2008	ZZZ	1.44	2.12	0.80	0.21	27096	TRUE	1st article: I Yes		September 21	Complete	TRUE	Maintain						
Repair, complex, forehead, ch	Complex Wound Repai	April 2012	37	AAD, AAO-HNS, ASPS	3.73	Harvard Valued - Utilization over:	April 2011	010	3.73	7.37	3.07	0.48	34352	FALSE	FALSE					TRUE	Decrease					
Repair, complex, forehead, ch	Complex Wound Repai	April 2012	37	AAD, AAO-HNS, ASPS	4.78	CMS Request	September 2011	010	4.78	8.69	3.73	0.55	268017	FALSE	FALSE					TRUE	Decrease					
Repair, complex, forehead, ch	Complex Wound Repai	April 2012	37	AAD, AAO-HNS, ASPS	2.19	CMS Request	September 2011	ZZZ	2.19	2.56	1.26	0.28	13530	FALSE	FALSE					TRUE	Maintain					
Repair, complex, eyelids, nose,	Complex Wound Repai	April 2012	37	AAD, AAO-HNS, ASPS	Deleted from CPT	CMS Request	September 2011							FALSE	TRUE	Specialties are requesti	October 2012	05	Deleted from Cf	TRUE	Deleted from CPT					
Repair, complex, eyelids, nose,	Complex Wound Repai	April 2012	37	AAD, AAO-HNS, ASPS	4.34	CMS Request	September 2011	010	4.34	7.73	3.46	0.55	28639	FALSE	FALSE					TRUE	Decrease					
Repair, complex, eyelids, nose,	Complex Wound Repai	September 2024	14	AAD, AAO-HNS, ASPS	Reviewin 1 year. 5.34	Harvard Valued - Utilization over:	April 2011	010	5.34	8.81	4.05	0.64	49576	FALSE	FALSE					FALSE	Decrease					
Repair, complex, eyelids, nose,	Complex Wound Repai	April 2012	37	AAD, AAO-HNS, ASPS	2.38	CMS Request	July 2011	ZZZ	2.38	2.80	1.34	0.38	692	FALSE	FALSE					TRUE	Maintain					
Adjacent tissue transfer or rea	Skin Tissue Rearrang	October 2008	9	ACS, AAD, ASPS	6.19	Site of Service Anomaly	April 2008	090	6.37	11.78	7.84	1.15	5485	FALSE	FALSE					TRUE	Decrease					
Adjacent tissue transfer or rea	Skin Tissue Rearrang	October 2008	9	ACS, AAD, ASPS	8.58	Site of Service Anomaly	September 2007	090	8.78	14.14	9.39	1.65	7985	FALSE	FALSE					TRUE	Decrease					
Adjacent tissue transfer or rea	Skin Tissue Rearrang	October 2008	9	AAD, ASPS	7.02	Site of Service Anomaly	April 2008	090	7.22	12.05	8.96	1.03	15513	FALSE	FALSE					TRUE	Decrease					
Adjacent tissue transfer or rea	Skin Tissue Rearrang	October 2008	9	AAD, ASPS	9.52	Site of Service Anomaly / CMS Fa	September 2007	090	9.72	15.22	10.39	1.37	18582	FALSE	FALSE					TRUE	Decrease					
Adjacent tissue transfer or rea	Skin Tissue Rearrang	October 2008	9	AAD, ASPS, AAO-HNS	8.44	Site of Service Anomaly	April 2008	090	8.6	13.31	9.19	1.11	56749	FALSE	FALSE					TRUE	Maintain					
Adjacent tissue transfer or rea	Skin Tissue Rearrang	October 2008	9	AAD, ASPS, AAO-HNS	10.63	Site of Service Anomaly	September 2007	090	10.83	15.80	10.88	1.35	44021	FALSE	FALSE					TRUE	Decrease					
Adjacent tissue transfer or rea	Skin Tissue Rearrang	October 2008	9	AAD, ASPS, AAO-HNS	Maintain	Site of Service Anomaly	April 2008	090	9.23	12.89	9.77	1.12	78850	FALSE	FALSE					TRUE	Maintain					
Adjacent tissue transfer or rea	Skin Tissue Rearrang	October 2008	9	AAD, ASPS, AAO-HNS	11.25	Site of Service Anomaly	September 2007	090	11.48	17.27	11.82	1.42	30201	FALSE	FALSE					TRUE	Decrease					
Deleted from CPT	Adjacent Tissue Transf	April 2009	04	ACS, AAD, ASPS, AAO-HNS	Deleted from CPT	Site of Service Anomaly / CMS Fa	September 2007							FALSE	TRUE	The specialty society co	February 200	09	Code Deleted	TRUE	Deleted from CPT					
Adjacent tissue transfer or rea	Adjacent Tissue Transf	April 2009	04	ACS, AAO-HNS, ASPS	12.47	Site of Service Anomaly / CMS Fa	September 2007	090	12.65	17.94	11.54	2.06	42545	FALSE	FALSE					TRUE	Decrease					
Adjacent tissue transfer or rea	Adjacent Tissue Transf	April 2009	04	ACS, AAO-HNS, ASPS	3.73	Site of Service Anomaly / CMS Fa	September 2007	ZZZ	3.73	2.04	2.04	0.66	55376	FALSE	FALSE					TRUE	Decrease					
Surgical preparation or creatio	RAW	September 2014	21	ASPS	Maintain work RVU and adjust th	Pre-Time Analysis	January 2014	000	3.65	5.94	2.30	0.65	26604	FALSE	FALSE					TRUE	Maintain					
Surgical preparation or creatio	RAW	September 2014	21	ASPS, APMA	Maintain work RVU and adjust th	Pre-Time Analysis	January 2014	000	4.58	6.54	2.60	0.63	35593	FALSE	FALSE					TRUE	Maintain					
Split-thickness autograft, trunk	RAW	September 2014	21	ASPS	Maintain work RVU and adjust th	Pre-Time Analysis	January 2014	090	1.92	9.709	9.86	1.92	9709	FALSE	FALSE					TRUE	Maintain					
Split-thickness autograft, face,	Autograft	September 2007	16	AAO-HNS, ASPS	Remove from screen	Site of Service Anomaly	September 2007	090	10.15	13.69	9.09	1.64	6734	FALSE	FALSE					TRUE	Remove from Screen					
Acellular dermal replacement,	Acellular Dermal Replai	February 2010	31	APMA, ASPS	Deleted from CPT	Different Performing Specialty frc	February 2010	010						FALSE	FALSE					TRUE	Deleted from CPT					
Acellular dermal replacement,	Acellular Dermal Replai	February 2010	31	APMA, ASPS	Deleted from CPT	Different Performing Specialty frc	February 2010	010						FALSE	FALSE					TRUE	Deleted from CPT					
Acellular dermal replacement,	Acellular Dermal Replai	February 2010	31	APMA, ASPS	Deleted from CPT	Different Performing Specialty frc	October 2009	010						FALSE	FALSE	The specialty recomme	October 2010	07	Complete	TRUE	Deleted from CPT					
Acellular dermal replacement,	Acellular Dermal Replai	February 2010	31	APMA, ASPS																						

16025	Dressings and/or debridement Dressings/ Debridement	October 2010	08	ASPS, AAFP, AAPMR, A.1.85	Different Performing Specialty frc	October 2009	000	1.74	2.67	1.31	0.29	1601	FALSE				FALSE	TRUE	Maintain						
16030	Dressings and/or debridement Dressings/ Debridement	April 2010	45	ACEP, ASPS, AAFP, AAF CPT Assistant article published.	Different Performing Specialty frc	February 2010	000	2.08	3.44	1.45	0.47	891	TRUE	Oct 2012	Yes		FALSE	TRUE	Maintain						
17000	Destruction (eg, laser surgery, Destruction of Premalignant	April 2013	17	AAD	MPC List	October 2010	010	0.61	1.39	1.00	0.05	6114060	FALSE				FALSE	TRUE	Decrease						
17003	Destruction (eg, laser surgery, Destruction of Premalignant	April 2013	17	AAD	Low Value-Billed in Multiple Units	October 2010	010	0.04	0.16	0.02	0	19436161	FALSE				FALSE	TRUE	Decrease						
17004	Destruction (eg, laser surgery, Destruction of Premalignant	April 2013	17	AAD	Remove from Modifier -51 Exempt	CMS High Expenditure Procedure	September 2011	010	1.37	3.47	1.45	0.16	845558	FALSE				FALSE	TRUE	Decrease					
17106	Destruction of cutaneous vessels	Destruction of Skin Lesions	October 2008	11	AAD	High IWPUT	February 2008	090	3.61	6.31	4.26	0.44	3535	FALSE				FALSE	TRUE	Decrease					
17107	Destruction of cutaneous vessels	Destruction of Skin Lesions	October 2008	11	AAD	High IWPUT	February 2008	090	4.68	8.25	5.62	0.53	2125	FALSE				FALSE	TRUE	Decrease					
17108	Destruction of cutaneous vessels	Destruction of Skin Lesions	October 2008	11	AAD	High IWPUT	February 2008	090	6.37	10.76	7.50	1	6107	FALSE				FALSE	TRUE	Decrease					
17110	Destruction (eg, laser surgery, RAW	October 2013	18		Remove from screen	High Volume Growth2	April 2013	010		0.7	2.64	1.33	0.06	3037430	FALSE			FALSE	TRUE	Remove from Screen					
17111	Destruction (eg, laser surgery, RAW	October 2013	18		Remove from screen	High Volume Growth2	April 2013	010		0.97	2.92	1.48	0.1	147647	FALSE			FALSE	TRUE	Remove from Screen					
17250	Chemical cauterization of granulation tissue	Chemical Cauterization	January 2025	27	January 2027 RAW	AAFP, ACS, APMA	Review in 2 years (Jan 2027).	High Volume Growth3	October 2015	000	0.5	1.97	0.56	0.07	227314	TRUE	Sep 2016	Yes	TRUE	In January 2016, the Re	September 21	complete	FALSE	TRUE	Maintain
17261	Destruction, malignant lesion (Destruction of Malignant	October 2010	26	AAD, AAFP	1.22	Harvard Valued - Utilization over	October 2009	010	1.22	3.11	1.31	0.13	129978	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	3.56	1.55	0.16	301342	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	3.31	1.49	0.16	43715	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	3.66	1.66	0.18	75364	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	3.46	1.63	0.18	60552	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	3.88	1.82	0.21	63118	FALSE				FALSE	TRUE	Maintain					
17311	Mohs micrographic technique, Mohs Surgery	September 2024	14	September 21 RAW	AAD	Review in 1 year. 6.20	CMS High Expenditure Procedure	September 2011	000	6.2	13.60	3.76	0.64	893458	FALSE				FALSE	TRUE	Maintain				
17312	Mohs micrographic technique, Mohs Surgery	April 2013	18	AAD	3.30	CMS High Expenditure Procedure	September 2011	000	3.3	8.70	2.00	0.35	497539	FALSE				FALSE	TRUE	Maintain					
17313	Mohs micrographic technique, Mohs Surgery	April 2013	18	AAD	5.56	CMS High Expenditure Procedure	January 2012	000	5.56	13.06	3.37	0.59	187048	FALSE				FALSE	TRUE	Maintain					
17314	Mohs micrographic technique, Mohs Surgery	April 2013	18	AAD	3.06	CMS High Expenditure Procedure	January 2012	000	3.06	8.46	1.85	0.3	66589	FALSE				FALSE	TRUE	Maintain					
17315	Mohs micrographic technique, Mohs Surgery	April 2013	18	AAD	0.87	CMS High Expenditure Procedure	January 2012	000	0.87	1.47	0.53	0.08	19566	FALSE				FALSE	TRUE	Maintain					
19020	Mastectomy with exploration of	Mastectomy	September 2007	16	ACS	Reduce 99238 to 0.5, remove hos	Site of Service Anomaly	September 2007	090	3.83	9.11	4.83	0.89	935	FALSE				FALSE	TRUE	PE Only				
19081	Biopsy, breast, with placement of	Biopsy	April 2013	04	ACR, ACS, ASBS	3.29	Codes Reported Together 75% or	January 2012	000	3.29	10.94	1.20	0.33	56278	FALSE				FALSE	TRUE	Decrease				
19082	Biopsy, breast, with placement of	Biopsy	April 2013	04	ACR, ACS, ASBS	1.65	Codes Reported Together 75% or	January 2012	000	1.65	9.27	0.60	0.16	4273	FALSE				FALSE	TRUE	Decrease				
19083	Biopsy, breast, with placement of	Biopsy	April 2013	04	ACR, ACS, ASBS	3.10	Codes Reported Together 75% or	January 2012	000	3.1	11.00	1.13	0.3	108894	FALSE				FALSE	TRUE	Decrease				
19084	Biopsy, breast, with placement of	Biopsy	April 2013	04	ACR, ACS, ASBS	1.55	Codes Reported Together 75% or	January 2012	000	1.55	9.16	0.57	0.16	14173	FALSE				FALSE	TRUE	Decrease				
19085	Biopsy, breast, with placement of	Biopsy	April 2013	04	ACR, ACS, ASBS	3.64	Codes Reported Together 75% or	January 2012	000	3.64	18.04	1.33	0.33	7373	FALSE				FALSE	TRUE	Decrease				
19086	Biopsy, breast, with placement of	Biopsy	April 2013	04	ACR, ACS, ASBS	1.82	Codes Reported Together 75% or	January 2012	000	1.82	14.95	0.66	0.16	1562	FALSE				FALSE	TRUE	Decrease				
19102	Biopsy of breast; percutaneous	Biopsy	April 2013	04	ACR, ACS, ASBS	Deleted from CPT	Codes Reported Together 75% or	January 2012	000						FALSE				FALSE	TRUE	Deleted from CPT				
19103	Biopsy of breast; percutaneous	Biopsy	April 2013	04	ACR, ACS, ASBS	Deleted from CPT	Codes Reported Together 75% or	January 2012	000						FALSE				FALSE	TRUE	Deleted from CPT				
19281	Placement of breast localization	Biopsy	April 2013	04	ACR, ACS, ASBS	2.00	Codes Reported Together 75% or	January 2012	000	2	5.00	0.73	0.17	22738	FALSE				FALSE	TRUE	Decrease				
19282	Placement of breast localization	Biopsy	April 2013	04	ACR, ACS, ASBS	1.00	Codes Reported Together 75% or	January 2012	000	1	3.95	0.37	0.08	3362	FALSE				FALSE	TRUE	Decrease				
19283	Placement of breast localization	Biopsy	April 2013	04	ACR, ACS, ASBS	2.00	Codes Reported Together 75% or	January 2012	000	2	5.44	0.73	0.2	3603	FALSE				FALSE	TRUE	Decrease				
19284	Placement of breast localization	Biopsy	April 2013	04	ACR, ACS, ASBS	1.00	Codes Reported Together 75% or	January 2012	000	1	4.40	0.36	0.1	465	FALSE				FALSE	TRUE	Decrease				
19285	Placement of breast localization	Biopsy	April 2013	04	ACR, ACS, ASBS	1.70	Codes Reported Together 75% or	January 2012	000	1.7	8.74	0.62	0.16	28449	FALSE				FALSE	TRUE	Decrease				
19286	Placement of breast localization	Biopsy	April 2013	04	ACR, ACS, ASBS	0.85	Codes Reported Together 75% or	January 2012	000	0.85	7.67	0.31	0.08	2422	FALSE				FALSE	TRUE	Decrease				
19287	Placement of breast localization	Biopsy	April 2013	04	ACR, ACS, ASBS	3.02	Codes Reported Together 75% or	January 2012	000	2.55	15.48	0.93	0.22	289	FALSE				FALSE	TRUE	Decrease				
19288	Placement of breast localization	Biopsy	April 2013	04	ACR, ACS, ASBS	1.51	Codes Reported Together 75% or	January 2012	000	1.28	12.59	0.47	0.12	96	FALSE				FALSE	TRUE	Decrease				
19290	Preoperative placement of	Biopsy	April 2013	04	ACR, ACS, ASBS	Deleted from CPT	Codes Reported Together 75% or	January 2012	000						FALSE				FALSE	TRUE	Deleted from CPT				
19291	Preoperative placement of	Biopsy	April 2013	04	ACR, ACS, ASBS	Deleted from CPT	Codes Reported Together 75% or	January 2012	000						FALSE				FALSE	TRUE	Deleted from CPT				
19295	Image guided placement, meta	Biopsy	April 2013	04	ACR, ACS, ASBS	Deleted from CPT	CMS Fastest Growing / Codes Re	October 2008	000						FALSE				FALSE	TRUE	Deleted from CPT				
19303	Mastectomy, simple, complete	Mastectomy	April 2016	15	ACS, ASBS	15.00	Site of Service Anomaly - 2015 / 1	October 2015	090	15	NA	10.33	3.74	22981	FALSE				FALSE	TRUE	Decrease				
19307	Mastectomy, modified radical, Modified Radical Mastectomy	January 2020	22		17.99	Site of Service Anomaly - 2019	October 2019	090	17.99	NA	13.22	4.5	3391	FALSE					FALSE	TRUE	Decrease				
19318	Breast reduction	Mammoplasty	September 2007	16	ASPS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-O	September 2007	090	16.03	NA	14.13	2.99	7306	FALSE				FALSE	TRUE	PE Only				
19340	Insertion of breast implant on	Biopsy	January 2020	05	ASPS	11.00	CMS Request / Site of Service An	October 2009	090	10.48	NA	10.56	2.05	2243	FALSE				FALSE	TRUE	Decrease				
19357	Tissue expander placement in	Biopsy	January 2020	05	ASPS	15.36	Site of Service Anomaly / 090-Day	September 2007	090	14.84	NA	17.67	2.75	5304	FALSE				TRUE	Originally referred to C	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-O	September 2007	000						FALSE				TRUE	This service was identifi	June 2009	15	Code Deleted	TRUE	Deleted from CPT
20005	Incision and drainage of soft tissue	Incision of Deep Abscess	October 2017	19	ACS, AAOS, AAOS	Deleted from CPT	Site of Service Anomaly / Negative	September 2007	000						FALSE				TRUE	A RUC member request	February 2010	06	complete	TRUE	Deleted from CPT
20220	Biopsy, bone, trocar, or needle	Bone Biopsy	January 2019	22	ACR, SIR	1.93	Different Performing Specialty frc	January 2018	000	1.65	4.99	0.78	0.16	11180	FALSE				FALSE	TRUE	Increase				
20225	Biopsy, bone, trocar, or needle	Bone Biopsy	January 2019	22	ACR, SIR	3.00	Different Performing Specialty frc	October 2017	000	2.45	8.38	1.15	0.25	11992	FALSE				FALSE	TRUE	Increase				
20240	Biopsy, bone, open; superficial	Bone Biopsy	January 2016	04	AAOS, APMA	3.73	010-Day Global Post-Operative Vi	April 2014	000	2.61	NA	1.30	0.29	6447	FALSE				FALSE	TRUE	Increase				
20245	Biopsy, bone, open; deep (eg,	Bone Biopsy	January 2016	04	AAOS	6.50	010-Day Global Post-Operative Vi	January 2014	000	6	NA	3.28	1	4220	FALSE				TRUE	In April 2015, in prepar	October 2015		revised	TRUE	Decrease
20525	Removal of foreign body in mu	Removal of Foreign Body	September 2007	16	ACS, AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-O	September 2007	010	3.54	9.79	3.37	0.65	1221	FALSE				FALSE	TRUE	PE Only				
20526	Injection, therapeutic (eg, local	RAW	January 2017	30		Remove from screen	CMS 000-Day Global Typically Re	July 2016	000	0.94	1.40	0.61	0.16	99085	FALSE				FALSE	TRUE	Remove from Screen				
20550	Injection(s); single tendon sheath	Injection of Tendon	January 2016	27	RUC	AAOS, AAPMR, ACRh 0.75	CMS Fastest Growing / CMS High	October 2008	000	0.75	0.90	0.32	0.1	807717	FALSE				FALSE	TRUE	Maintain				
20551	Injection(s); single tendon orig	Therapeutic Injection	April 2017	10		AAPMR, AAOS, ACRh, 0.75	CMS Fastest Growing / CMS 000-	October 2008	000	0.75	0.90	0.32	0.08	121736	FALSE				FALSE	TRUE	Maintain				
20552	Injection(s); single or multiple	trigger point(s), 1 or 2 m	January 2016	28	RUC	AAPMR, ACRh, ASA 0.66	CMS High Expenditure Procedure	July 2015	000	0.66	0.84	0.36	0.07	271998	FALSE				FALSE	TRUE	Maintain				
20553	Injection(s); single or multiple	trigger point(s), 3 or more	January 2016	28	RUC	AAPMR, ACRh, ASA 0.75	CMS High Expenditure Procedure	July 2015	000	0.75	0.98	0.41	0.08	354841	FALSE				FALSE	TRUE	Maintain				
20600	Arthrocentesis, aspiration and	Arthrocentesis	January 2014	04	AAFP, AAOS, ACR, ACR 0.66 and new	PE inputs	Harvard Valued - Utilization over	February 2010	000	0.66	0.88	0.33	0.08	465696	FALSE				TRUE	Ultrasound as an imagin	October 2013	06	Complete	TRUE	Maintain
20604	Arthrocentesis, aspiration and	Arthrocentesis	January 2014	04	AAFP, AAOS, ACR, ACR 0.89		CMS Request - Final Rule for	2014 July 2013	000	0.89	1.49	0.38	0.12	60484	FALSE				TRUE	October 2013		complete	TRUE	Decrease	
20605	Arthrocentesis, aspiration and	Arthrocentesis	January 2014	04	AAFP, AAOS, ACR, ACR 0.68 and new	PE inputs	Harvard Valued - Utilization over	October 2009	000	0.68	0.89	0.34	0.08	389364	FALSE				TRUE	Ultrasound as an imagin	October 2013	06	Complete	TRUE	Maintain
20606	Arthrocentesis, aspiration and	Arthrocentesis	January 2014	04	AAFP, AAOS, ACR, ACR 1.00		CMS Request - Final Rule for	2014 July 2013	000	1	1.57	0.43	0.13	61560	FALSE				FALSE	October 2013		complete	TRUE	Decrease	
20610	Arthrocentesis, aspiration and	Arthrocentesis	January 2014	04	AAFP, AAOS, ACR, ACR 0.79 and new	PE inputs	Harvard Valued - Utilization over	February 2010	000	0.79	1.04	0.44	0.13	5969253	FALSE				TRUE	Ultrasound as an imagin	October 2013	06	Complete	TRUE	Maintain
20611	Arthrocentesis, aspiration and	Arthrocentesis	January 2014	04	AAFP, AAOS, ACR, ACR 1.10		CMS Request - Final Rule for	2014 July 2013	000	1.1	1.72	0.51	0.16	1200510	FALSE				FALSE	October 2013		complete	TRUE	Decrease	
20612	Aspiration and/or injection of	RAW	January 2017	30		Remove from screen	CMS 000-Day Global Typically Re	July 2016	000	0.7	1.17	0.44	0.1	25738	FALSE				FALSE	TRUE	Remove from Screen				
20680	Removal of implant; deep (eg,	RAW	September 2014	21	AAOS, APMA																				

22554	Arthrodesis, anterior interbod	Arthrodesis	September 2022	13			AANS, AAOS, CNS, ISA	CPT Assistant article published. 17	Codes Reported Together 95% or February 2008	090	17.69	NA	15.12	5.75	3039	TRUE	Aug 2023	Yes		TRUE	Referred to the CPT Edi	October 2009 21		complete	TRUE	Maintain	
22558	Arthrodesis, anterior interbod	Vertebral Corpectomy	September 2022	13			AANS/CNS, AAOS, NAS	Maintain	High Volume Growth2 / Codes Re	April 2013	090	23.53	NA	16.33	6.44	20385	FALSE			TRUE	In January 2015 the Joir	September 21	20	complete	TRUE	Maintain	
22585	Arthrodesis, anterior interbod	Arthrodesis	February 2010	05			NASS, AANS/CNS	Remove from screen	Codes Reported Together 95% or February 2010		ZZZ	5.52	NA	2.60	1.6	15250	FALSE			FALSE		October 2009 21		complete	TRUE	Maintain	
22600	Arthrodesis, posterior or poste	RAW	April 2025	14		September 21	RAW	Review action plan.	Codes Reported Together 75% or April 2025		090	17.4	NA	16.52	6.05	15208	FALSE			FALSE				complete	FALSE		
22612	Arthrodesis, posterior or poste	Lumbar Arthrodesis	October 2015	21			AANS/CNS, AAOS, NAS	Review utilization data	October 21	Codes Reported Together 75% or February 2010		090	23.53	NA	17.86	6.64	41532	FALSE			TRUE	The Workgroup accept	October 2010 16		Complete	TRUE	Maintain
22614	Arthrodesis, posterior or poste	Lumbar Arthrodesis	February 2011	04			AANS/CNS, AAOS, NAS	6.43	Codes Reported Together 75% or February 2010		ZZZ	6.43	NA	3.26	2.07	14492	FALSE			TRUE				Complete	TRUE	Decrease	
22630	Arthrodesis, posterior interbod	Lumbar Arthrodesis	February 2011	04			AANS/CNS, AAOS, NAS	22.09	Codes Reported Together 75% or February 2010		090	22.09	NA	17.80	7.85	4225	FALSE			TRUE	The Workgroup accept	October 2010 16		Complete	TRUE	Maintain	
22632	Arthrodesis, posterior interbod	Lumbar Arthrodesis	February 2011	04			AANS/CNS, AAOS, NAS	5.22	Codes Reported Together 75% or February 2010		ZZZ	5.22	NA	2.62	1.8	1448	FALSE			TRUE				Complete	TRUE	Decrease	
22633	Arthrodesis, combined posteri	Lumbar Arthrodesis	February 2011	04			AANS/CNS, AAOS, NAS	27.75	Codes Reported Together 75% or February 2010		090	26.8	NA	19.88	8.38	34325	FALSE			TRUE		October 2010 16		Complete	TRUE	Decrease	
22634	Arthrodesis, combined posteri	Lumbar Arthrodesis	February 2011	04			AANS/CNS, AAOS, NAS	8.16	Codes Reported Together 75% or February 2010		ZZZ	7.96	NA	4.04	2.56	13538	FALSE			TRUE		October 2010 16		Complete	TRUE	Decrease	
22838	Revision (eg, augmentation, di	Vertebral Body Tetherin	January 2023	05		April 2028	RAW	Review action plan (April 2028)	Low Survey Response	January 2025	090	36	NA	17.83	3.65		FALSE			FALSE					FALSE		
22843	Posterior segmental instrumen	Spine Fixation Device	February 2009	38			AAOS, NASS, AANS	Remove from screen	CMS Fastest Growing	October 2008	ZZZ	13.44	NA	6.83	4.29	9396	FALSE			FALSE					FALSE	TRUE	Remove from Screen
22849	Reinsertion of spinal fixation	d-RAW	September 2014	21			AAOS, NASS, AANS/CN	Maintain	CMS Fastest Growing	October 2008	090	19.17	NA	14.88	5.73	3032	FALSE			TRUE	The Workgroup recomr	June 2010	10		Complete Intro	TRUE	Maintain
22851	Application of intervertebral bi	Biomechanical Device	January 2016	06			AANS/CNS, NASS	Deleted from CPT	CMS Fastest Growing / High Volu	October 2008							FALSE		TRUE	While preparing to surv	October 2015 14			Code Deleted	TRUE	Deleted from CPT	
22859	Insertion of intervertebral bio	Biomechanical Device	January 2016	06			AAOS, AANS, CNS, ISA	6.00	CMS High Expenditure Procedura	October 2015	ZZZ	5.5	NA	2.77	1.8	765	FALSE			FALSE					FALSE	TRUE	Decrease
22867	Insertion of interlaminar/inter	Insertion of Interlamin	January 2021	26			AAOS, AANS, CNS, ISA	15.00	CMS High Expenditure Procedura	October 2015	090	15	NA	12.93	4.39	869	FALSE			FALSE					FALSE	TRUE	Increase
22868	Insertion of interlaminar/inter	Biomechanical Device	January 2016	06			AAOS, AANS, CNS, ISA	5.50	CMS High Expenditure Procedura	October 2015	ZZZ	4	NA	2.00	1.26	130	FALSE			FALSE					FALSE	TRUE	Decrease
22900	Excision, tumor, soft tissue of	Subfascial Excision of S	February 2009	5			ACS, AAOS	8.21	Site of Service Anomaly	September 2007	090	8.32	NA	7.07	1.91	395	FALSE			TRUE	CPT developed new coc	June 2008	06		New code struc	TRUE	Increase
23076	Excision, tumor, soft tissue of	Subfascial Excision of S	February 2009	5			ACS, AAOS	7.28	Site of Service Anomaly	September 2007	090	7.41	NA	7.70	1.61	563	FALSE			TRUE	CPT developed new coc	June 2008	06		New code struc	TRUE	Decrease
23120	Claviculectomy; partial		April 2008	30			ACS, AAOS	7.23	Site of Service Anomaly	September 2007	090	7.39	NA	9.26	1.47	3555	FALSE			TRUE					TRUE	Maintain	
23130	Acromioplasty or acromionect	Removal of Bone	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-O	September 2007	090	7.77	NA	9.72	1.57	754	FALSE			FALSE					TRUE	PE Only	
23350	Injection procedure for should	Injection for Shoulder	September 2011	13			ACR, AAOS	1.00	Harvard Valued - Utilization over	April 2011	000	1	3.62	0.38	0.1	23565	FALSE			FALSE					TRUE	Maintain	
23405	Tenotomy, shoulder area; sing	Tenotomy	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-O	September 2007	090	8.54	NA	8.74	1.53	2119	FALSE			FALSE					TRUE	PE Only	
23410	Repair of ruptured musculoter	Rotator Cuff	February 2008	12			AAOS	11.23	Site of Service Anomaly	September 2007	090	11.39	NA	11.43	2.25	2064	FALSE			FALSE					TRUE	Decrease	
23412	Repair of ruptured musculoter	Rotator Cuff	September 2014	21			AAOS	Maintain work RVU and adjust th	Site of Service Anomaly / Pre-Tim	September 2007	090	11.93	NA	11.74	2.38	6144	FALSE			FALSE					TRUE	Decrease	
23415	Coracoacromial ligament relea	Shoulder Ligament Rel	October 2010	62			AAOS	9.23	Site of Service Anomaly	September 2007	090	9.23	NA	10.41	1.89	209	FALSE			FALSE					TRUE	Decrease	
23420	Reconstruction of complete sh	Rotator Cuff	February 2008	12			AAOS	13.35	Site of Service Anomaly	September 2007	090	13.54	NA	13.52	2.75	853	FALSE			FALSE					TRUE	Decrease	
23430	Tenodesis of long tendon of bi	Tenodesis	October 2009	12			AAOS	10.17	CMS Fastest Growing / Site of Ser	September 2007	090	10.17	NA	10.64	1.98	20753	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-O	September 2007	090	10.64	NA	10.37	2.14	948	FALSE			FALSE					TRUE	PE Only	
23470	Arthroplasty, glenohumeral jo	Arthroplasty - Shoulder	April 2025	14		September 21	RUC	Survey	Site of Service Anomaly - 2025	April 2025	090	17.89	NA	14.96	3.5	898	FALSE			FALSE					FALSE	TRUE	
23472	Arthroplasty, glenohumeral jo	Arthroplasty - Shoulder	April 2025	14		September 21	RUC	Survey. Remove from screen	CMS Fastest Growing / High Volu	October 2008	090	22.13	NA	17.27	4.34	76910	FALSE			FALSE					FALSE	TRUE	
23540	Closed treatment of acromiocl	PE Subcommittee	April 2016	46			AAOS, ACEP, and ortho	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	2.36	4.69	4.64	0.49	236	TRUE	Jan 2018	Yes	FALSE					FALSE	TRUE	PE Only
23600	Closed treatment of proximal h	PE Subcommittee	September 2011	14			AAOS	3.00	Harvard Valued - Utilization over	April 2011	090	3	6.99	6.44	0.6	25306	FALSE			FALSE					FALSE	TRUE	Decrease
23625	Closed treatment of greater h	PE Subcommittee	April 2016	46			AAOS, ACEP, and ortho	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	4.1	7.10	6.07	0.81	117	TRUE	Jan 2018	Yes	FALSE					FALSE	TRUE	PE Only
23650	Closed treatment of shoulder	PE Subcommittee	April 2016	46			AAOS, ACEP, and ortho	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	3.53	6.30	5.26	0.72	11926	TRUE	Jan 2018	Yes	FALSE					FALSE	TRUE	PE Only
23655	Closed treatment of shoulder	PE Subcommittee	April 2016	46			AAOS, ACEP, and ortho	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	4.76	NA	5.96	0.97	2355	TRUE	Jan 2018	Yes	FALSE					FALSE	TRUE	PE Only
23665	Closed treatment of shoulder	PE Subcommittee	April 2016	46			AAOS, ACEP, and ortho	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	4.66	8.08	6.95	0.95	301	TRUE	Jan 2018	Yes	FALSE					FALSE	TRUE	PE Only
24505	Closed treatment of humeral s	PE Subcommittee	April 2016	46			AAOS, ACEP, and ortho	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	5.39	3.90	7.63	1.1	603	TRUE	Jan 2018	Yes	FALSE					FALSE	TRUE	PE Only
24600	Treatment of closed elbow disl	PE Subcommittee	April 2016	46			AAOS, ACEP, and ortho	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	4.37	6.64	5.52	0.89	1010	TRUE	Jan 2018	Yes	FALSE					FALSE	TRUE	PE Only
24605	Treatment of closed elbow disl	PE Subcommittee	April 2016	46			AAOS, ACEP, and ortho	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	5.64	NA	8.02	1.15	289	TRUE	Jan 2018	Yes	FALSE					FALSE	TRUE	PE Only
25116	Radical excision of bursa, syno	Forearm Excision	October 2010	63			ASSH, AAOS, ASPS	7.56	Site of Service Anomaly	September 2007	090	7.56	NA	9.74	1.41	913	FALSE			FALSE					FALSE	TRUE	Maintain
25210	Carpectomy; 1 bone	Carpectomy	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-O	September 2007	090	6.12	NA	8.02	1.15	3475	FALSE			FALSE					FALSE	TRUE	PE Only
25260	Repair, tendon or muscle, flex	Tendon Repair	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-O	September 2007	090	8.04	NA	10.05	1.54	788	FALSE			FALSE					FALSE	TRUE	PE Only
25380	Lengthening or shortening of	Tendon Repair	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-O	September 2007	090	7.39	NA	8.71	1.39	1727	FALSE			FALSE					FALSE	TRUE	PE Only
25310	Tendon transplantation or trar	Hand, Wrist & Forearm	September 2023	04			AAOS, ASPS, ASSH	9.50	Site of Service Anomaly / Codes R	September 2007	090	9	NA	11.26	1.69	6292	FALSE			FALSE					FALSE	TRUE	Decrease
25312	Tendon transplantation or trar	Hand, Wrist & Forearm	September 2023	04		September 21	RAW	Review action plan	RUC Flag	September 2023	090	9.82	NA	10.37	1.89	320	FALSE			FALSE					FALSE	TRUE	
25447	Arthroplasty, interposition, int	Hand, Wrist & Forearm	September 2023	04			AAOS, ASPS, ASSH	11.14	Codes Reported Together 75% or April 2022		090	10.5	NA	12.11	1.97	20989	FALSE			TRUE	In April 2022, the Work	May 2023	16		complete	TRUE	Decrease
25565	Closed treatment of radial and	PE Subcommittee	April 2016	46			AAOS, ACEP, and ortho	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	5.85	9.24	7.46	1.17	502	TRUE	Jan 2018	Yes	FALSE					FALSE	TRUE	PE Only
25605	Closed treatment of distal radi	RAW	April 2025	14		September 21	RAW	Review action plan. PE Clinical sta	Emergent Procedures / Different	October 2015	090	6.25	9.37	8.41	1.27	17362	TRUE	Jan 2018	Yes	FALSE					FALSE	TRUE	PE Only
25606	Percutaneous skeletal fixation	RAW	September 2014	21			AAOS, ASSH	Maintain work RVU and adjust th	Pre-Time Analysis	September 2014	090	8.31	NA	10.73	1.65	857	FALSE			FALSE					FALSE	TRUE	Maintain
25607	Open treatment of distal radial	RAW	September 2014	21			AAOS, ASSH	Maintain work RVU and adjust th	Pre-Time Analysis	September 2014	090	9.56	NA	11.42	1.89	6714	FALSE			FALSE					FALSE	TRUE	Maintain
25608	Open treatment of distal radial	RAW	September 2014	21			AAOS, ASSH	Maintain work RVU and adjust th	Pre-Time Analysis	September 2014	090	11.07	NA	12.26	2.14	5785	FALSE			FALSE					FALSE	TRUE	Maintain
25609	Open treatment of distal radial	RAW	September 2014	21			AAOS, ASSH	Maintain work RVU and adjust th	Pre-Time Analysis	January 2014	090	14.38	NA	15.14	2.76	17503	FALSE			FALSE					FALSE	TRUE	Maintain
25675	Closed treatment of distal radi	PE Subcommittee	April 2016	46			AAOS, ACEP, and ortho	PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	4.89	8.52	7.10	1.02	535	TRUE	Jan 2018	Yes	FALSE					FALSE	TRUE	PE Only
26020	Drainage of tendon sheath, dig	Tendon Sheath Proced	April 2018	07			AAOS, ASPS, ASSH	7.79	Negative IWPUT	April 2017	090	6.84	NA	9.05	1.3	2174	FALSE			FALSE					FALSE	TRUE	Increase
26055	Tendon sheath incision (eg, for	Tendon Sheath Proced	April 2018	07			AAOS, ASPS, ASSH	3.75	Negative IWPUT	April 2017	090	3.11	13.90	5.39	0.6	101295	FALSE			FALSE					FALSE	TRUE	Increase
26080	Arthrotomy, with exploration,	RAW	October 2015	21			ASSH, AAOS	Action plan for RAW Oct 2015. M	Site of Service Anomaly / CPT Assi	September 2007	090	4.47	NA	7.11	0.84	1797	TRUE	Sep 2012	Yes	FALSE					FALSE	TRUE	Maintain
26160	Excision of lesion of tendon sh	Tendon Sheath Proced	April 2018	07			AAOS, ASPS, ASSH	3.57	Negative IWPUT	April 2017	090	3.57	14.17	5.61	0.66	16711	FALSE			FALSE					FALSE</		

27825	Closed treatment of fracture o PE Subcommittee	April 2016	46		AAOS, ACEP, and ortho PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	6.69	9.01	7.30	1.34	590	TRUE	Jan 2018	Yes		FALSE		TRUE	PE Only			
27840	Closed treatment of ankle disk PE Subcommittee	April 2016	46		AAOS, ACEP, and ortho PE Clinical staff pre-time revised	Emergent Procedures	October 2015	090	4.77	NA	6.35	0.97	1663	TRUE	Jan 2018	Yes		FALSE		TRUE	PE Only			
28001	Incision and drainage, bursa, f Treatment of Foot Infe	October 2020	14		AAOS, AOFAS, APMA	010-Day Global Post-Operative Vi	April 2020	000		2.93	0.72	0.16	2121	FALSE				FALSE		TRUE	Decrease			
28002	Incision and drainage below fa Treatment of Foot Infe	October 2020	14		AAOS, AOFAS, APMA	010-Day Global Post-Operative Vi	January 2014	000	2.79	4.26	1.18	0.24	4722	FALSE				FALSE		TRUE	Decrease			
28003	Incision and drainage below fa Treatment of Foot Infe	October 2020	14		AAOS, AOFAS, APMA	010-Day Global Post-Operative Vi	April 2020	000	5.28	5.39	1.89	0.54	4247	FALSE				FALSE		TRUE	Decrease			
28111	Ostectomy, complete excision; Ostectomy	September 2007	16		APMA, AAOS	Reduce 99238 to 0.5	Site of Service Anomaly	199238-O September 2007	090	5.15	8.49	4.04	0.52	692	FALSE				FALSE		TRUE	PE Only		
28120	Partial excision (craterization, s Removal of Foot Bone	February 2011	19		AOFAS, APMA, AAOS	8.27	Site of Service Anomaly	September 2007	090	7.31	11.87	6.88	0.91	4538	FALSE				FALSE		TRUE	Increase		
28122	Partial excision (craterization, s Removal of Foot Bone	February 2011	19		AOFAS, APMA, AAOS	7.72	Site of Service Anomaly	September 2007	090	6.76	10.31	5.94	0.71	12887	FALSE				FALSE		TRUE	Maintain		
28124	Partial excision (craterization, s Toe Removal	September 2007	16		APMA, AAOS	Remove 99238	Site of Service Anomaly	199238-O September 2007	090		5.84	4.78	0.48	8275	FALSE				FALSE		TRUE	PE Only		
28285	Correction, hammertoe (eg, in)Orthopaedic Surgery/P	October 2010	31		AAOS, AOFAS, APMA	5.62	Harvard Valued - Utilization over : February 2010	090	5.62	10.02	5.66	0.6	55528	FALSE				FALSE		TRUE	Increase			
28289	Hallux rigidus correction with c Bunionectomy	January 2016	08		AAOS, AOFAS, APMA	6.90	090-Day Global Post-Operative Vi	October 2015	090	6.9	12.89	6.41	0.81	4118	FALSE				FALSE	October 2015 19	Complete	TRUE	Decrease	
28290	Correction, hallux valgus (bun)Bunionectomy	January 2016	08		AAOS, AOFAS, APMA	Deleted from CPT	090-Day Global Post-Operative Vi	October 2015	090						FALSE				FALSE	October 2015 19	Complete	TRUE	Deleted from CPT	
28291	Hallux rigidus correction with c Bunionectomy	January 2016	08		AAOS, AOFAS, APMA	8.01	090-Day Global Post-Operative Vi	October 2015	090	8.01	11.67	5.79	0.71	1983	FALSE				FALSE	October 2015 19	Complete	TRUE	Decrease	
28292	Correction, hallux valgus with l Bunionectomy	January 2016	08		AAOS, AOFAS, APMA	7.44	090-Day Global Post-Operative Vi	October 2015	090	7.44	12.78	6.69	0.73	4184	FALSE				FALSE	October 2015 19	Complete	TRUE	Decrease	
28293	Correction, hallux valgus (bun)Bunionectomy	January 2016	08		AAOS, AOFAS, APMA	Deleted from CPT	090-Day Global Post-Operative Vi	January 2014	090						FALSE				TRUE	In January 2014, the RU	October 2015 19	Complete	TRUE	Deleted from CPT
28294	Correction, hallux valgus (bun)Bunionectomy	January 2016	08		AAOS, AOFAS, APMA	Deleted from CPT	090-Day Global Post-Operative Vi	October 2015	090						FALSE				FALSE	October 2015 19	Complete	TRUE	Deleted from CPT	
28295	Correction, hallux valgus with l Bunionectomy	January 2016	08		AAOS, AOFAS, APMA	8.57	090-Day Global Post-Operative Vi	October 2015	090	8.57	21.12	8.50	1.18	367	FALSE				FALSE	October 2015 19	Complete	TRUE	Decrease	
28296	Correction, hallux valgus with l Bunionectomy	January 2016	08		AAOS, AOFAS, APMA	8.25	Site of Service Anomaly	September 2007	090	8.25	17.27	6.67	0.79	5497	FALSE				FALSE	October 2015 19	Complete	TRUE	Decrease	
28297	Correction, hallux valgus with l Bunionectomy	January 2016	08		AAOS, AOFAS, APMA	9.29	090-Day Global Post-Operative Vi	October 2015	090	9.29	19.81	7.86	1.08	3468	FALSE				FALSE	October 2015 19	Complete	TRUE	Decrease	
28298	Correction, hallux valgus with l Bunionectomy	January 2016	08		AAOS, AOFAS, APMA	7.75	Site of Service Anomaly	199238-O September 2007	090	7.75	16.14	6.80	0.9	2928	FALSE				FALSE	October 2015 19	Complete	TRUE	Decrease	
28299	Correction, hallux valgus with l Bunionectomy	January 2016	08		AAOS, AOFAS, APMA	9.29	090-Day Global Post-Operative Vi	October 2015	090	9.29	19.78	7.83	1.05	4770	FALSE				FALSE	October 2015 19	Complete	TRUE	Decrease	
28300	Osteotomy; calcaneus (eg, Dw Osteotomy	September 2007	16		AAOS	Reduce 99238 to 0.5	Site of Service Anomaly	199238-O September 2007	090	9.73	NA	8.59	1.56	2258	FALSE				FALSE		TRUE	PE Only		
28310	Osteotomy, shortening, angule Osteotomy	September 2007	16		APMA, AAOS	Reduce 99238 to 0.5	Site of Service Anomaly	199238-O September 2007	090	5.57	10.29	5.00	0.64	1589	FALSE				FALSE		TRUE	PE Only		
28470	Closed treatment of metatarsa Treatment of Metatars	September 2011	15		AAOS, APMA, AOFAS	2.03	Harvard Valued - Utilization over : April 2011	090	2.03	4.50	4.12	0.28	20966	FALSE				FALSE		TRUE	Maintain			
28660	Closed treatment of interphala PE Subcommittee	April 2016	46		AAOS, ACEP, and ortho PE Clinical staff pre-time revised	Emergent Procedures	October 2015	010	1.28	2.38	1.38	0.23	534	TRUE	Jan 2018	Yes		FALSE		TRUE	PE Only			
28725	Arthrodesis; subtalar	Foot Arthrodesis	February 2011	20	AOFAS, APMA, AAOS	12.18	Site of Service Anomaly	September 2007	090	11.22	NA	10.70	1.81	4458	FALSE				FALSE		TRUE	Maintain		
28730	Arthrodesis, midtarsal or tarso Foot Arthrodesis	February 2011	20		AOFAS, APMA, AAOS	12.42	Site of Service Anomaly	September 2007	090	10.7	NA	9.80	1.58	3935	FALSE				FALSE		TRUE	Maintain		
28740	Arthrodesis, midtarsal or tarso Arthrodesis	September 2007	16		AAOS	Reduce 99238 to 0.5	Site of Service Anomaly	199238-O September 2007	090	9.29	14.20	8.19	1.26	3853	FALSE				FALSE		TRUE	PE Only		
28750	Arthrodesis, great toe; metata Arthrodesis - Great Toe	January 2025	22		AAOS, AOFAS, APMA	8.75	Different Performing Specialty frc	April 2024	090	8.57	13.63	7.80	1.13	13589	FALSE				FALSE		TRUE	Increase		
28755	Arthrodesis, great toe; interph Arthrodesis - Great Toe	January 2025	22		AAOS, AOFAS, APMA	7.50	Different Performing Specialty frc	September 2024	090	4.88	9.73	4.83	0.58	1924	FALSE				FALSE		TRUE	Increase		
28820	Amputation, toe; metatarsoph Toe Amputation	April 2019	11		AAOS, ACS, AOFAS, AP 4.10		Site of Service Anomaly - 2018	October 2018	000	3.51	4.91	1.42	0.4	24159	FALSE				FALSE		TRUE	Decrease		
28825	Amputation, toe; interphalang Toe Amputation	April 2019	11		AAOS, ACS, AOFAS, AP 4.00		Site of Service Anomaly	September 2007	000	3.41	4.85	1.40	0.39	12405	FALSE				FALSE		TRUE	Decrease		
29075	Application, cast; elbow to fing Application of Forearm	September 2011	16		AAOS, ASSH	0.77	Harvard Valued - Utilization over : April 2011	000	0.77	1.82	1.00	0.16	52724	FALSE				FALSE		TRUE	Maintain			
29105	Application of long arm splint (Application of Long Arm	April 2017	11		AAOS, ACEP, ASSH	0.80	CMS 000-Day Global Typically Res	July 2016	000	0.8	1.61	0.29	0.16	20770	FALSE				FALSE		TRUE	Decrease		
29200	Strapping; thorax	Strapping Procedures	January 2014	35	APTA	0.39	High Volume Growth2	April 2013	000	0.39	0.54	0.13	0.01	11698	FALSE				FALSE		TRUE	Decrease		
29220	Deleted from CPT	Strapping; low back	April 2008	57	AAPF	Deleted from CPT	High Volume Growth1	February 2008							TRUE	Deleted fro/Yes		TRUE	The specialty society wr	October 2008 10	Code Deleted	TRUE	Deleted from CPT	
29240	Strapping; shoulder (eg, Velpo Strapping Procedures	January 2014	35		APTA	0.39	High Volume Growth2	April 2013	000	0.39	0.48	0.13	0.01	17684	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	0.45	0.14	0.03	5358	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	0.46	0.16	0.04	4701	FALSE				FALSE		TRUE	Decrease		
29445	Application of rigid total conta Application of Rigid Leg	April 2016	17		AAOS, AHKNS, AOFAS,	1.78	High Volume Growth3	October 2015	000	1.78	1.93	0.99	0.18	19318	FALSE				FALSE		TRUE	Maintain		
29520	Strapping; hip	Strapping Procedures	January 2014	35	APTA	0.39	High Volume Growth2	April 2013	000	0.39	0.62	0.14	0.02	17858	FALSE				FALSE		TRUE	Decrease		
29530	Strapping; knee	Strapping Procedures	January 2014	35	APTA	0.39	High Volume Growth2	April 2013	000	0.39	0.47	0.13	0.02	23102	FALSE				FALSE		TRUE	Decrease		
29540	Strapping; ankle and/or foot	Strapping Lower Exten	April 2017	41ii	APMA	0.39	Harvard Valued - Utilization over : October 2009	000	0.39	0.43	0.10	0.03	148963	FALSE				FALSE		TRUE	Decrease			
29550	Strapping; toes	Strapping Lower Exten	April 2017	41ii	APMA	0.25	Harvard Valued - Utilization over : February 2010	000	0.25	0.32	0.06	0.02	42635	FALSE				FALSE		TRUE	Decrease			
29580	Strapping; Unna boot	Strapping Multi Layer C	October 2016	13	ACS, APMA, SVS	0.55	CMS High Expenditure Procedura	July 2015	000	0.55	1.28	0.17	0.06	186467	FALSE				FALSE		TRUE	Maintain		
29581	Application of multi-layer com/Strapping Multi Layer C	October 2016	13		ACS, APMA, SVS	0.60	CMS High Expenditure Procedura	July 2015	000	0.6	2.00	0.18	0.01	217551	FALSE				FALSE		TRUE	Maintain		
29582	Application of multi-layer com/New Technology Revie	October 2015	21		APTA	Deleted from CPT	New Technology/New Services	October 2015							TRUE	Aug 2016	Yes		FALSE	September 2 22	complete	TRUE	Deleted from CPT	
29583	Application of multi-layer com/New Technology Revie	October 2015	21		APTA	Deleted from CPT	New Technology/New Services	October 2015							TRUE	Aug 2016	Yes		FALSE	September 2 22	complete	TRUE	Deleted from CPT	
29584	Application of multi-layer com/New Technology Revie	January 2022	20		APTA	Maintain	New Technology/New Services /	October 2015	000	0.35	1.98	0.11	0.01	5828	TRUE	Aug 2016	Yes		FALSE		TRUE	Maintain		
29590	Denis-Browne splint strapping; Dennis-Browne splint r	April 2012	07		APMA	Deleted from CPT	Harvard Valued - Utilization over : February 2010								FALSE				TRUE	This service was identifi	February 201 08	Code Deleted	TRUE	Deleted from CPT
29805	Arthroscopy, shoulder, diagno Arthroscopy	April 2008	51		AAOS	No NF PE inputs	CMS Request - Practice Expense F NA	090	6.03	NA	7.28	1.18	289	FALSE					FALSE		TRUE	PE Only		
29822	Arthroscopy, shoulder, surgica Shoulder Debridement	January 2020	11			7.03	CMS Fastest Growing	October 2008	090	7.03	NA	8.24	1.39	5989	FALSE				TRUE	In October 2018, AMA s	September 2 14	complete	TRUE	Decrease
29823	Arthroscopy, shoulder, surgica Shoulder Debridement	January 2020	11			7.98	Harvard-Valued Annual Allowed C	October 2012	090	7.98	NA	8.64	1.55	36373	FALSE				TRUE	In October 2018, AMA s	September 2 14	complete	TRUE	Decrease
29824	Arthroscopy, shoulder, surgica RAW	October 2015	21		AAOS	8.82	Codes Reported Together 75% or	February 2010	090	8.98	NA	10.02	1.77	26644	FALSE				FALSE		TRUE	Maintain		
29826	Arthroscopy, shoulder, surgica RAW	October 2015	21		AAOS	3.00	Codes Reported Together 75% or	February 2010	ZZZ		3 NA	1.56	0.59	58521	FALSE				FALSE		TRUE	Decrease		
29827	Arthroscopy, shoulder, surgica RAW	September 2022	13		AAOS	15.59. Maintain work RVU and ad	CMS Fastest Growing/ Codes Rep	October 2008	090	15.59	NA	13.85	3.03	60271	FALSE				FALSE		TRUE	Maintain		
29828	Arthroscopy, shoulder, surgica RAW	September 2022	13		AAOS	13.16	Codes Reported Together 75% or	February 2010	090	13.16	NA	12.18	2.56	20066	FALSE				FALSE		TRUE	Maintain		
29830	Arthroscopy, elbow, diagnostic Arthroscopy	April 2008	51		AAOS	No NF PE inputs	CMS Request - Practice Expense F NA	090	5.88	NA	7.05	1.21	78	FALSE				FALSE		TRUE	PE Only			
29840	Arthroscopy, wrist, diagnostic, Arthroscopy	April 2008	51		AAOS	No NF PE inputs	CMS Request - Practice Expense F NA	090	5.68	NA	7.24	1.16	68	FALSE				FALSE		TRUE	PE Only			
29870	Arthroscopy, knee, diagnostic, Arthroscopy	October 2009	13		AAOS	New PE non-facility inputs	CMS Request - Practice Expense F NA	090	5.19	10.76	6.56	1.01	320	FALSE				FALSE		TRUE	PE Only			
29888	Arthroscopically aided anterior ACL Repair	April 2008	38		AAOS	14.14	Site of Service Anomaly	September 2007	090	14.3	NA	12.57	2.73	842	FALSE				FALSE		TRUE	Maintain		
29900	Arthroscopy, metacarpophalar Arthroscopy	April 2008	51		AAOS	No NF PE inputs	CMS Request - Practice Expense F NA	090	5.88	NA	8.54	1.21	2	FALSE				FALSE		TRUE	PE Only			
2X005	Arthroplasty, intercarpal or car Hand, Wrist & Forearm	September 2023	04		AAOS, ASPS, ASSH	13.90	Codes Reported Together 75% or	April 2022							FALSE				FALSE		TRUE	Decrease		
30140	Submucous resection inferior l Resection of Inferior Ti	October 2016	14		AAOHNS	3.00	Harvard Valued - Utilization over : October 2015	000		3.545	1.93	0.44	45395	FALSE				FALSE		TRUE	Decrease			
30465	Repair of nasal vestibular sten Repair Nasal Stenosis	September 2007	16		AAO-HNS	Reduce 99238 to 0.5	Site of Service Anomaly	199238-O September 2007	090	12.36	NA													

31624	Bronchoscopy, rigid or flexible Diagnostic Bronchosco	October 2017	09		ATS, CHEST	2.63	High Volume Growth4	October 2016	000	2.63 5.32	1.02	0.23	12536	FALSE	FALSE		TRUE	Maintain	
31624	Bronchoscopy, rigid or flexible Diagnostic Bronchosco	October 2017	09		ATS, CHEST	2.63	High Volume Growth4	October 2017	000	2.63 4.78	1.07	0.24	104850	FALSE	FALSE		TRUE	Maintain	
31625	Bronchoscopy, rigid or flexible Endobronchial Ultraso	January 2015	05		ATS, CHEST	3.36	High Volume Growth2	April 2013	000	3.11 6.93	1.18	0.29	13056	FALSE	FALSE		TRUE	Maintain	
31626	Bronchoscopy, rigid or flexible Endobronchial Ultraso	January 2015	05		ACCP, ATS	4.16	High Volume Growth2	April 2013	000	3.91 18.46	1.45	0.48	2972	FALSE	FALSE	October 2014 10	Complete	TRUE	
31627	Bronchoscopy, rigid or flexible RAW	April 2025	14	September 2C RAW			Review action plan.		ZZZ	2 28.04	0.62	0.2	24111	FALSE	FALSE	October 2014 10	Complete	TRUE	
31628	Bronchoscopy, rigid or flexible Endobronchial Ultraso	January 2015	05		ACCP, ATS	3.80	High Volume Growth2	April 2013	000	3.55 7.14	1.31	0.29	35531	FALSE	FALSE	October 2014 10	Complete	TRUE	
31629	Bronchoscopy, rigid or flexible Endobronchial Ultraso	January 2015	05		ACCP, ATS	4.00	High Volume Growth2	April 2013	000	3.75 9.19	1.38	0.36	23723	FALSE	FALSE	October 2014 10	Complete	TRUE	
31632	Bronchoscopy, rigid or flexible Endobronchial Ultraso	January 2015	05		ACCP, ATS	1.03	High Volume Growth2	April 2013	ZZZ	1.03 0.81	0.31	0.08	4936	FALSE	FALSE		Complete	TRUE	
31633	Bronchoscopy, rigid or flexible Endobronchial Ultraso	January 2015	05		ACCP, ATS	1.32	High Volume Growth2	April 2013	ZZZ	1.32 0.96	0.40	0.13	2028	FALSE	FALSE		Complete	TRUE	
31645	Bronchoscopy, rigid or flexible Bronchial Aspiration of	October 2016	08		ATS, CHEST	2.88	Harvard Valued - Utilization over	October 2015	000	2.88 5.06	1.17	0.28	39041	FALSE	FALSE	May 2016 14	Complete	TRUE	
31646	Bronchoscopy, rigid or flexible Bronchial Aspiration of	October 2016	08		ATS, CHEST	2.78	Harvard Valued - Utilization over	October 2015	000	2.78 NA	1.15	0.27	4254	FALSE	FALSE	May 2016 14	Complete	TRUE	
31652	Bronchoscopy, rigid or flexible Endobronchial Ultraso	January 2015	05		ATS, ACCP	5.00	High Volume Growth2	October 2014	000	4.46 30.82	1.59	0.43	25670	FALSE	FALSE	October 2014 10	Complete	TRUE	
31653	Bronchoscopy, rigid or flexible Endobronchial Ultraso	January 2015	05		ATS, ACCP	5.50	High Volume Growth2	October 2014	000	4.96 31.57	1.73	0.49	17836	FALSE	FALSE	October 2014 10	Complete	TRUE	
31654	Bronchoscopy, rigid or flexible Bronchial Aspiration of	January 2015	05		ATS, ACCP	1.70	High Volume Growth2	October 2014	ZZZ	1.4 2.04	0.43	0.13	19772	FALSE	FALSE	October 2014 10	Complete	TRUE	
32201	Pneumostomy; with percut:Drainage of Abscess	January 2013	04				Deleted from CPT	Codes Reported Together 75% or January 2012						FALSE	FALSE	October 2012 06	Complete	TRUE	
32405	Biopsy, lung or mediastinum, p Lung Biopsy-CT Guidan	April 2019	05		ACR, SIR		Deleted from CPT	Codes Reported Together 75%or October 2017						FALSE	TRUE	In October 2017, maint	February 201 11	complete	
32408	Core needle biopsy, lung or m Lung Biopsy-CT Guidan	April 2019	05		ACR, SIR		Deleted from CPT	Codes Reported Together 75%or April 2019	000	3.18 21.02	0.99	0.3	49686	FALSE	FALSE		Complete	TRUE	
32420	Pneumocentesis, puncture of I Thoracentsis with Tub	September 2011	17		ACCP, ACR, ATS, SIR, S		Deleted from CPT	Harvard Valued - Utilization over September 2011						FALSE	TRUE	In September 2011, the February 201 10	Complete	TRUE	
32421	Thoracentsis, puncture of ple Thoracentsis with Tub	September 2011	17		ACCP, ACR, ATS, SIR, S		Deleted from CPT	Harvard Valued - Utilization over September 2011						FALSE	TRUE	In September 2011, the February 201 10	Complete	TRUE	
32422	Thoracentsis with insertion of Thoracentsis with Tub	September 2011	17		ACCP, ACR, ATS, SIR, S		Deleted from CPT	Harvard Valued - Utilization over April 2011						FALSE	TRUE	In September 2011, the February 201 10	Complete	TRUE	
32440	Removal of lung, pneumonect RAW Review	January 2013	34		ACCP, ATS, ACR, ACS, S		No reliable way to determine incr	CMS Request to Re-Review Famill November 2011	090	27.28 NA	12.74	6.58	100	FALSE	FALSE		Complete	TRUE	
32480	Removal of lung, other than pr RAW Review	January 2013	34		ACCP, ATS, ACR, ACS, S		No reliable way to determine incr	CMS Request to Re-Review Famill November 2011	090	25.82 NA	11.87	6.23	2229	FALSE	FALSE		Complete	TRUE	
32482	Removal of lung, other than pr RAW Review	January 2013	34		ACCP, ATS, ACR, ACS, S		No reliable way to determine incr	CMS Request to Re-Review Famill November 2011	090	27.44 NA	12.92	6.65	146	FALSE	FALSE		Complete	TRUE	
32491	Removal of lung, other than pr RAW Review	January 2012	30		ACCP, ATS, ACR, ACS, S		Request further information from CMS	Request to Re-Review Famill November 2011	090	25.24 NA	12.40	6.17	7	FALSE	FALSE		Complete	TRUE	
32551	Tube thoracostomy, includes c Chest Tube Thoracosto	April 2012	10		ACCP, ATS, ACR, ACS, S	3.50	Harvard Valued - Utilization over	April 2011	000	3.04 NA	1.04	0.53	26764	FALSE	TRUE	In September 2011, the February 201 09	Complete	TRUE	
32554	Thoracentsis, needle or cathe Chest Tube Interventio	October 2012	04		ACCP, ACR, ATS, SIR	1.82	Harvard Valued - Utilization over	October 2012	000	1.82 4.84	1.08	0.21	9903	FALSE	FALSE	February 201 10	Complete	TRUE	
32555	Thoracentsis, needle or cathe Chest Tube Interventio	October 2012	04		ACCP, ACR, ATS, SIR	2.27	Harvard Valued - Utilization over	October 2012	000	2.27 6.71	0.73	0.21	214513	FALSE	FALSE	February 201 10	Complete	TRUE	
32556	Pleural drainage, percutaneou Chest Tube Interventio	October 2012	04		ACCP, ACR, ATS, SIR	2.50	Harvard Valued - Utilization over	October 2012	000	2.5 18.49	0.81	0.38	4607	FALSE	FALSE	February 201 10	Complete	TRUE	
32557	Pleural drainage, percutaneou Chest Tube Interventio	October 2012	04		ACCP, ACR, ATS, SIR	3.62	Harvard Valued - Utilization over	October 2012	000	3.12 15.71	0.97	0.29	33335	FALSE	FALSE	February 201 10	Complete	TRUE	
32663	Thoracostomy, surgical; with lo RAW review	January 2013	34		STS		No reliable way to determine incr	CMS Fastest Growing	October 2008	090	24.64 NA	10.81	5.99	8333	FALSE	FALSE		Complete	TRUE
33010	Pericardiocentesis; initial	Pericardiocentesis and	January 2019	04			Deleted from CPT	Negative IWPUT	September 2018					FALSE	FALSE	September 2C 14	Complete	TRUE	
33011	Pericardiocentesis; subsequen	Pericardiocentesis and	January 2019	04			Deleted from CPT	Negative IWPUT	September 2018					FALSE	FALSE	September 2C 14	Complete	TRUE	
33015	Tube pericardiostomy	Pericardiocentesis and	January 2019	04		ACC	Deleted from CPT	Negative IWPUT	April 2017					FALSE	TRUE	A RUC member request	September 2C 14	Complete	
33016	Pericardiocentesis, including in	Pericardiocentesis and	January 2019	04				Negative IWPUT	September 2018	000	4.4 NA	1.52	0.97	3896	FALSE	FALSE	September 2C 14	Complete	TRUE
33017	Pericardial drainage with insert	Pericardiocentesis and	January 2019	04				Negative IWPUT	September 2018	000	4.62 NA	1.61	1.02	3888	FALSE	FALSE	September 2C 14	Complete	TRUE
33018	Pericardial drainage with insert	Pericardiocentesis and	January 2019	04				Negative IWPUT	September 2018	000	5.4 NA	1.86	1.25	6	FALSE	FALSE	September 2C 14	Complete	TRUE
33019	Pericardial drainage with insert	Pericardiocentesis and	January 2019	04				Negative IWPUT	September 2018	000	4.29 NA	1.36	0.5	253	FALSE	FALSE	September 2C 14	Complete	TRUE
33020	Pericardiotomy for removal of	Pericardiotomy	April 2018	10		AATS, STS	14.31	Negative IWPUT	April 2018	090	14.31 NA	6.93	3.39	119	FALSE	TRUE	In April 2018, the spec	May 2018 EC	complete
33025	Creation of pericardial window	Pericardiotomy	April 2018	10		AATS, STS	13.20	Negative IWPUT	April 2017	090	13.2 NA	6.59	3.14	3349	FALSE	TRUE	In April 2018, the spec	May 2018 EC	complete
33207	Insertion of new or replaceme	Pacemaker or Pacing C	April 2011	10		ACC	8.05	Codes Reported Together 75% or	February 2010	090	7.8 NA	4.60	1.77	9151	FALSE	TRUE	33213 - This code, wher	February 201 13	Complete
33208	Insertion of new or replaceme	Pacemaker or Pacing C	April 2011	10		ACC	8.77	Codes Reported Together 75% or	February 2010	090	8.52 NA	4.87	1.91	89186	FALSE	TRUE	33213 - This code, wher	February 201 13	Complete
33212	Insertion of pacemaker pulse	g Pacemaker or Pacing C	September 2011	04		ACC	5.26	Codes Reported Together 75% or	February 2010	090	5.01 NA	3.46	1.15	163	FALSE	TRUE	33213 - This code, wher	February 201 13	Complete
33213	Insertion of pacemaker pulse	g Pacemaker or Pacing C	September 2011	04		ACC	5.53	CMS Fastest Growing / Codes Rep	October 2008	090	5.28 NA	3.55	1.18	817	FALSE	TRUE	33213 - This code, wher	February 201 13	Complete
33221	Insertion of pacemaker pulse	g Pacemaker or Pacing C	September 2011	04		ACC	5.80	Codes Reported Together 75% or	April 2011	090	5.55 NA	3.77	1.26	207	FALSE	TRUE	33213 - This code, wher	February 201 13	complete
33227	Removal of permanent pacem	Pacemaker or Pacing C	September 2011	04		ACC	5.50	Codes Reported Together 75% or	April 2011	090	5.25 NA	3.62	1.18	2154	FALSE	FALSE	February 201 13	complete	TRUE
33228	Removal of permanent pacem	Pacemaker or Pacing C	September 2011	04		ACC	5.77	Codes Reported Together 75% or	April 2011	090	5.52 NA	3.74	1.26	30320	FALSE	FALSE	February 201 13	complete	TRUE
33229	Removal of permanent pacem	Pacemaker or Pacing C	September 2011	04		ACC	6.04	Codes Reported Together 75% or	April 2011	090	5.79 NA	3.94	1.3	6482	FALSE	FALSE	February 201 13	complete	TRUE
33230	Insertion of implantable defibr	Pacemaker or Pacing C	September 2011	04		ACC	6.32	Codes Reported Together 75% or	April 2011	090	6.07 NA	3.61	1.39	75	FALSE	FALSE	February 201 13	complete	TRUE
33231	Insertion of implantable defibr	Pacemaker or Pacing C	September 2011	04		ACC	6.59	Codes Reported Together 75% or	April 2011	090	6.34 NA	4.10	1.42	114	FALSE	FALSE	February 201 13	complete	TRUE
33233	Removal of permanent pacem	Pacemaker or Pacing C	April 2011	10		ACC	3.39	Codes Reported Together 75% or	February 2010	090	3.14 NA	3.09	0.71	7138	FALSE	TRUE	33213 - This code, wher	February 201 13	Complete
33240	Insertion of implantable defibr	Pacemaker or Pacing C	September 2011	04		ACC	6.06	Codes Reported Together 75% or	February 2010	090	5.8 NA	3.52	1.34	60	FALSE	TRUE	33213 - This code, wher	February 201 13	Complete
33241	Removal of implantable defibr	Pacemaker or Pacing C	April 2011	10		ACC	3.29	Codes Reported Together 75% or	February 2010	090	3.04 NA	2.67	0.69	4408	FALSE	TRUE	33213 - This code, wher	February 201 13	Complete
33249	Insertion or replacement of pe	Pacemaker or Pacing C	April 2011	10		ACC	15.17	Codes Reported Together 75% or	February 2010	090	14.92 NA	8.64	3.36	29152	FALSE	TRUE	33213 - This code, wher	February 201 13	Complete
33262	Removal of implantable defibr	Pacemaker or Pacing C	September 2011	04		ACC	6.86	Codes Reported Together 75% or	April 2011	090	5.81 NA	3.91	1.3	1992	FALSE	TRUE	33213 - This code, wher	February 201 13	complete
33263	Removal of implantable defibr	Pacemaker or Pacing C	September 2011	04		ACC	6.33	Codes Reported Together 75% or	April 2011	090	6.08 NA	4.00	1.38	4886	FALSE	FALSE	February 201 13	complete	TRUE
33264	Removal of implantable defibr	Pacemaker or Pacing C	September 2011	04		ACC	6.60	Codes Reported Together 75% or	April 2011	090	6.35 NA	4.14	1.45	12252	FALSE	FALSE	February 201 13	complete	TRUE
33274	Transcatheter insertion or repl	Transcatheter Insertion	September 2023	12	September 2C RAW	ACC, HRS	Maintain and Review in 3 years (S	Site of Service Anomaly - 2023	April 2023	090	7.8 NA	4.56	1.75	14419	FALSE	FALSE			FALSE
33275	Transcatheter removal of perm	Transcatheter Insertion	September 2023	12	September 2C RAW	ACC, HRS	Maintain and Review in 3 years (S	Site of Service Anomaly - 2023	September 2023	090	8.59 NA	4.36	1.97	67	FALSE	FALSE			FALSE
33276	Insertion of phrenic nerve stim	Phrenic Nerve Stimulat	January 2023	06	April 2028 RAW		Review action Plan	Low Survey Response	January 2023	090	9.5 NA	5.53	2.13		FALSE	FALSE			FALSE
33277	Insertion of phrenic nerve stim	Phrenic Nerve Stimulat	January 2023	06	April 2028 RAW		Review action Plan	Low Survey Response	January 2023	ZZZ	5.43 NA	2.38	0.36		FALSE	FALSE			FALSE
33278	Removal of phrenic nerve stim	Phrenic Nerve Stimulat	January 2023	06	April 2028 RAW		Review action Plan	Low Survey Response	January 2023	090	9.55 NA	5.31	2.17		FALSE	FALSE			FALSE
33279	Removal of phrenic nerve stim	Phrenic Nerve Stimulat	January 2023	06	April 2028 RAW		Review action Plan	Low Survey Response	January 2023	090	5.42 NA	3.56	1.25		FALSE	FALSE			FALSE
33280	Removal of phrenic nerve stim	Phrenic Nerve Stimulat	January 2023	06	April 2028 RAW		Review action Plan	Low Survey Response	January 2023	090	3.04 NA	2.86	0.29		FALSE	FALSE			FALSE
33281	Repositioning of phrenic nerve	Phrenic Nerve Stimulat	January 2023	06	April 2028 RAW		Review action Plan	Low Survey Response	January 2023	090	6 NA	4.27	0.61		FALSE	FALSE			FALSE
33282	Implantation of patient-activ	Implantation and Remc	April 2013	20				CMS Request - Final Rule for 2013	October 2012					FALSE	FALSE				
33284	Removal of an implantable, pa	Implantation and Remc	April 2013	20				CMS Request - Final Rule for 2013	October 2012					FALSE	FALSE				
33287	Removal and replacement of p	Phrenic Nerve Stimulat	January 2023	06	April 2028 RAW		Review action Plan	Low Survey Response	January 2023	090	6.05 NA	4.11	1.39		FALSE	FALSE			FALSE
33288	Removal and replacement of p	Phrenic Nerve Stimulat	January 2023	06	April 2028 RAW		Review action Plan	Low Survey Response	January 2023	090	8.51 NA	5.26	0.86		FALSE	FALSE			FALSE
33340	Percutaneous transcatheter di	RAW	April 2025	14	September 2C RAW		Review action Plan	High Volume Growth11	April 2025	090	14 NA	5.73	3.14	48981	FALSE	FALSE			FALSE
33361	Transcatheter aortic valve repl	Transcatheter Aortic V	April 2025	14	September 2C RUC		Survey for Sept 2025	RAW Flag - Co-surgeon status / N	April 2025	000	22.47 NA	5.19	5.19	49471	FALSE	FALSE			FALSE
33362	Transcatheter aortic valve repl	Transcatheter Aortic V	April 2025	14	September 2C RUC		Survey for Sept 2025	RAW Flag - Co-surgeon status / N	April 2025	000	24.54 NA	5.49	5.72	1044	FALSE	FALSE			FALSE
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34702	Endovascular repair of infrar	Endovascular Repair Pr	January 2017	10		SVS, SIR, STS, AATS, AC 36.00	Codes Reported Together 75%	January 2017	090	36	NA	7.69	8.87	82	FALSE	FALSE	TRUE	Decrease				
34703	Endovascular repair of infrar	Endovascular Repair Pr	January 2017	10		SVS, SIR, STS, AATS, AC 26.52	Codes Reported Together 75%	January 2017	090	26.52	NA	7.22	6.43	530	FALSE	FALSE	TRUE	Decrease				
34704	Endovascular repair of infrar	Endovascular Repair Pr	January 2017	10		SVS, SIR, STS, AATS, AC 45.00	Codes Reported Together 75%	January 2017	090	45	NA	10.98	10.76	68	FALSE	FALSE	TRUE	Decrease				
34705	Endovascular repair of infrar	Endovascular Repair Pr	January 2017	10		SVS, SIR, STS, AATS, AC 29.58	Codes Reported Together 75%	January 2017	090	29.58	NA	7.96	7.1	9669	FALSE	FALSE	TRUE	Decrease				
34706	Endovascular repair of infrar	Endovascular Repair Pr	January 2017	10		SVS, SIR, STS, AATS, AC 45.00	Codes Reported Together 75%	January 2017	090	45	NA	10.77	10.88	515	FALSE	FALSE	TRUE	Decrease				
34707	Endovascular repair of iliac art	Endovascular Repair Pr	January 2017	10		SVS, SIR, STS, AATS, AC 22.28	Codes Reported Together 75%	January 2017	090	22.28	NA	6.46	5.32	434	FALSE	FALSE	TRUE	Decrease				
34708	Endovascular repair of iliac art	Endovascular Repair Pr	January 2017	10		SVS, SIR, STS, AATS, AC 36.50	Codes Reported Together 75%	January 2017	090	36.5	NA	7.77	8.99	90	FALSE	FALSE	TRUE	Decrease				
34709	Placement of extension prosth	Endovascular Repair Pr	January 2017	10		SVS, SIR, STS, AATS, AC 6.50	Codes Reported Together 75%	January 2017	ZZZ	6.5	NA	1.34	1.56	1854	FALSE	FALSE	TRUE	Decrease				
34710	Delayed placement of distal or	Endovascular Repair Pr	January 2017	10		SVS, SIR, STS, AATS, AC 15.00	Codes Reported Together 75%	January 2017	090	15	NA	4.74	3.6	911	FALSE	FALSE	TRUE	Decrease				
34711	Delayed placement of distal or	Endovascular Repair Pr	January 2017	10		SVS, SIR, STS, AATS, AC 6.00	Codes Reported Together 75%	January 2017	ZZZ	6	NA	1.15	1.46	263	FALSE	FALSE	TRUE	Decrease				
34712	Transcatheter delivery of enha	Endovascular Repair Pr	January 2017	10		SVS, SIR, STS, AATS, AC 12.00	Codes Reported Together 75%	January 2017	090	12	NA	4.36	2.87	803	FALSE	FALSE	TRUE	Decrease				
34713	Percutaneous access and closu	Endovascular Repair Pr	January 2017	10		SVS, SIR, STS, AATS, AC 2.50	Codes Reported Together 75%	January 2017	ZZZ	2.5	NA	0.50	0.6	16269	FALSE	FALSE	TRUE	Decrease				
34714	Open femoral artery exposure	Endovascular Repair Pr	January 2017	10		SVS, SIR, STS, AATS, AC 5.25	Codes Reported Together 75%	January 2017	ZZZ	5.25	NA	1.38	1.26	376	FALSE	FALSE	TRUE	Decrease				
34715	Open axillary/subclavian artery	Endovascular Repair Pr	January 2017	10		SVS, SIR, STS, AATS, AC 6.00	Codes Reported Together 75%	January 2017	ZZZ	6	NA	1.24	1.47	168	FALSE	FALSE	TRUE	Decrease				
34716	Open axillary/subclavian artery	Endovascular Repair Pr	January 2017	10		SVS, SIR, STS, AATS, AC 7.19	Codes Reported Together 75%	January 2017	ZZZ	7.19	NA	2.01	1.72	1501	FALSE	FALSE	TRUE	Decrease				
34800	Endovascular repair of infrar	Endovascular Repair Pr	January 2017	10		AAOHNS Deleted from CPT	Codes Reported Together 75%	October 2015							FALSE	FALSE	Complete	TRUE	Deleted from CPT			
34802	Endovascular repair of infrar	Endovascular Repair Pr	January 2017	10		SVS, SIR, STS, AATS Deleted from CPT	Pre-Time Analysis / Codes Report	January 2014							FALSE	TRUE	Referred to CPT for rev	September 2016	complete	TRUE	Deleted from CPT	
34803	Endovascular repair of infrar	Endovascular Repair Pr	January 2017	10		SVS, SIR, STS, AATS Deleted from CPT	Codes Reported Together 75%	October 2015							FALSE	FALSE	Complete	TRUE	Deleted from CPT			
34804	Endovascular repair of infrar	Endovascular Repair Pr	January 2017	10		SVS, SIR, STS, AATS Deleted from CPT	Codes Reported Together 75%	October 2015							FALSE	FALSE	Complete	TRUE	Deleted from CPT			
34805	Endovascular repair of infrar	Endovascular Repair Pr	January 2017	10		SVS, SIR, STS, AATS Deleted from CPT	Codes Reported Together 75%	January 2017							FALSE	FALSE	Complete	TRUE	Deleted from CPT			
34806	Transcatheter placement of wi	Endovascular Repair Pr	January 2017	10		SVS, SIR, STS, AATS Deleted from CPT	Codes Reported Together 75%	January 2017							FALSE	FALSE	Complete	TRUE	Deleted from CPT			
34812	Open femoral artery exposure	Endovascular Repair Pr	January 2017	10		SVS, SIR, STS, AATS 4.13	Pre-Time Analysis	January 2014	ZZZ	4.13	NA	0.86	1.02	4251	FALSE	TRUE	Referred to CPT for rev	September 21 2017	complete	TRUE	Decrease	
34820	Open iliac artery exposure for	Endovascular Repair Pr	January 2017	10		SVS, SIR, STS, AATS 7.00	Codes Reported Together 75%	January 2017	ZZZ	7	NA	1.13	1.72	66	FALSE	FALSE				TRUE	Decrease	
34825	Placement of proximal or dista	Endovascular Repair Pr	January 2017	10		SVS, SIR, STS, AATS Deleted from CPT	Pre-Time Analysis / Codes Report	January 2014							FALSE	TRUE	Referred to CPT for rev	September 21 2017	complete	TRUE	Deleted from CPT	
34826	Placement of proximal or dista	Endovascular Repair Pr	January 2017	10		SVS, SIR, STS, AATS Deleted from CPT	Codes Reported Together 75%	January 2017							FALSE	FALSE	Complete	TRUE	Deleted from CPT			
34833	Open iliac artery exposure wit	Endovascular Repair Pr	January 2017	10		SVS, SIR, STS, AATS 8.16	Codes Reported Together 75%	January 2017	ZZZ	8.16	NA	1.32	2	29	FALSE	FALSE				TRUE	Decrease	
34834	Open brachial artery exposure	Endovascular Repair Pr	January 2017	10		SVS, SIR, STS, AATS 2.65	Codes Reported Together 75%	January 2017	ZZZ	2.65	NA	0.48	0.64	339	FALSE	FALSE				TRUE	Decrease	
34900	Endovascular repair of iliac art	Endovascular Repair Pr	January 2017	10		SVS, SIR, STS, AATS Deleted from CPT	Codes Reported Together 75%	January 2017							FALSE	FALSE	Complete	TRUE	Deleted from CPT			
35301	Thromboendarterectomy, incl	Thromboendarterectomy	January 2013	21		SVS 21.16	CMS High Expenditure Procedura	September 2011	090	21.16	NA	6.66	5.3	22058	FALSE	FALSE				TRUE	Increase	
35450	Transluminal balloon angioplas	Open and Percutaneou	January 2016	15	RUC	ACR, SIR, SVS Deleted from CPT	Codes Reported Together 75%	October 2015							FALSE	FALSE	Complete	TRUE	Deleted from CPT			
35452	Transluminal balloon angioplas	Open and Percutaneou	January 2016	15	RUC	ACR, SIR, SVS Deleted from CPT	Codes Reported Together 75%	October 2015							FALSE	FALSE	Complete	TRUE	Deleted from CPT			
35454	Deleted from CPT	Endovascular Revascul	April 2010	07		ACC, ACR, ACS, SCAI, S Deleted from CPT	CMS Fastest Growing	February 2010							FALSE	FALSE	February 201 07	Complete	TRUE	Deleted from CPT		
35456	Deleted from CPT	Endovascular Revascul	April 2010	07		ACC, ACR, ACS, SCAI, S Deleted from CPT	CMS Fastest Growing	February 2010							FALSE	FALSE	February 201 07	Complete	TRUE	Deleted from CPT		
35458	Transluminal balloon angioplas	Open and Percutaneou	January 2016	15	RUC	ACR, SIR, SVS Deleted from CPT	Codes Reported Together 75%	October 2015							FALSE	FALSE	Complete	TRUE	Deleted from CPT			
35459	Deleted from CPT	Endovascular Revascul	April 2010	07		ACC, ACR, ACS, SCAI, S Deleted from CPT	CMS Fastest Growing	February 2010							FALSE	FALSE	February 201 07	Complete	TRUE	Deleted from CPT		
35460	Transluminal balloon angioplas	Open and Percutaneou	January 2016	15	RUC	ACR, SIR, SVS Deleted from CPT	Codes Reported Together 75%	October 2015							FALSE	FALSE	Complete	TRUE	Deleted from CPT			
35470	Deleted from CPT	Endovascular Revascul	April 2010	07		ACC, ACR, ACS, SCAI, S Deleted from CPT	CMS Fastest Growing	October 2008							FALSE	TRUE	The code is part of a co	February 201 07	Deleted- New c	TRUE	Deleted from CPT	
35471	Transluminal balloon angioplas	Open and Percutaneou	January 2016	15	RUC	ACR, SIR, SVS Deleted from CPT	CMS Fastest Growing / Codes Re	October 2009							FALSE	TRUE	In January 2015, the Joi	October 2015	Deleted from C	TRUE	Deleted from CPT	
35472	Transluminal balloon angioplas	Open and Percutaneou	January 2016	15	RUC	ACR, SIR, SVS Deleted from CPT	CMS Fastest Growing / Codes Re	October 2009							FALSE	TRUE	The code is part of a co	Removed from CPT referral	Complete	TRUE	Deleted from CPT	
35473	Deleted from CPT	Endovascular Revascul	April 2010	07		ACC, ACR, ACS, SCAI, S Deleted from CPT	CMS Fastest Growing	February 2010							FALSE	TRUE	The code is part of a co	February 201 07	Deleted- New c	TRUE	Deleted from CPT	
35474	Deleted from CPT	Endovascular Revascul	April 2010	07		ACC, ACR, ACS, SCAI, S Deleted from CPT	CMS Fastest Growing	October 2008							FALSE	TRUE	The code is part of a co	February 201 07	Deleted- New c	TRUE	Deleted from CPT	
35475	Transluminal balloon angioplas	Open and Percutaneou	January 2016	15		ACR, SIR, SVS Deleted from CPT	CMS Fastest Growing / CMS High	September 2011							FALSE	TRUE	In January 2015, the Joi	October 2015	Deleted from C	TRUE	Deleted from CPT	
35476	Transluminal balloon angioplas	Open and Percutaneou	January 2016	15	RUC	ACR, SIR, SVS Deleted from CPT	CMS Fastest Growing / CMS High	September 2011							FALSE	TRUE	In January 2015, the Joi	October 2015	Deleted from C	TRUE	Deleted from CPT	
35490	Deleted from CPT	Endovascular Revascul	April 2010	07		ACC, ACR, ACS, SCAI, S Deleted from CPT	High Volume Growth1	April 2008							FALSE	TRUE	The RUC recommende	February 201 07	Deleted- New c	TRUE	Deleted from CPT	
35491	Deleted from CPT	Endovascular Revascul	April 2010	07		ACC, ACR, ACS, SCAI, S Deleted from CPT	High Volume Growth1	April 2008							FALSE	TRUE	The RUC recommende	February 201 07	Deleted- New c	TRUE	Deleted from CPT	
35492	Deleted from CPT	Endovascular Revascul	April 2010	07		ACC, ACR, ACS, SCAI, S Deleted from CPT	High Volume Growth1	April 2008							FALSE	TRUE	The RUC recommende	February 201 07	Deleted- New c	TRUE	Deleted from CPT	
35493	Deleted from CPT	Endovascular Revascul	April 2010	07		SIR, ACR, SVS Deleted from CPT	High Volume Growth1	February 2008							FALSE	TRUE	The RUC recommende	February 201 07	Deleted- New c	TRUE	Deleted from CPT	
35494	Deleted from CPT	Endovascular Revascul	April 2010	07		SIR, ACR, SVS Deleted from CPT	High Volume Growth1	April 2008							FALSE	TRUE	The RUC recommende	February 201 07	Deleted- New c	TRUE	Deleted from CPT	
35495	Deleted from CPT	Endovascular Revascul	April 2010	07		SIR, ACR, SVS Deleted from CPT	High Volume Growth1	February 2008							FALSE	TRUE	The RUC recommende	February 201 07	Deleted- New c	TRUE	Deleted from CPT	
35701	Exploration not followed by su	Exploration of Artery	January 2019	06		ACS, SVS 7.50	Negative IWPUT	January 2018	090	7.5	NA	4.27	1.34	729	FALSE	TRUE	The RUC identified CPT	September 21 17	Complete	TRUE	Decrease	
35702	Exploration not followed by su	Exploration of Artery	January 2019	06		SVS 7.12	Negative IWPUT	September 2018	090	7.12	NA	3.39	1.67	350	FALSE	FALSE	September 21 17	Complete	TRUE	TRUE	Decrease	
35703	Exploration not followed by su	Exploration of Artery	January 2019	06		SVS 7.50	Negative IWPUT	September 2018	090	7.5	NA	3.08	1.78	522	FALSE	FALSE	September 21 17	Complete	TRUE	TRUE	Decrease	
35721	Exploration (not followed by s	Exploration of Artery	January 2019	06		ACS, SVS Deleted from CPT	Negative IWPUT	January 2018							FALSE	TRUE	The RUC identified CPT	September 21 17	Complete	TRUE	Deleted from CPT	
35741	Exploration (not followed by s	Exploration of Artery	January 2019	06		ACS, SVS Deleted from CPT	Negative IWPUT	January 2018							FALSE	TRUE	The RUC identified CPT	September 21 17	Complete	TRUE	Deleted from CPT	
35761	Exploration (not followed by s	Exploration of Artery	January 2019	06		ACS, SVS Deleted from CPT	Negative IWPUT	April 2017							FALSE	TRUE	The RUC identified CPT	September 21 17	Complete	TRUE	Deleted from CPT	
36000	Introduction of needle or intra	Introduction of Needle	April 2010	45		ACC, AUR, AAP, AAFP, S CMS consider a bundled status fo	Harvard Valued - Utilization over	October 2009	XXX	0.18	0.73	0.07	0.02		FALSE	TRUE	The specialty societies indicated they could not determin	Complete	TRUE	TRUE	Maintain	
36010	Introduction of catheter, supe	Introduction of Cathete	October 2013	18		ACR, SIR, SVS Remove from re-review.	Codes Reported Together 75%	or February 2010	XXX	2.18	12.63	0.59	0.39	10931	FALSE	FALSE	February 201 15	complete	TRUE	REMOVE from Screen	TRUE	
36140	Introduction of needle or intra	Introduction of Needle	October 2013	18		SVS, SIR, ACR, ACRO Remove from re-review	Harvard Valued - Utilization over	April 2011	XXX	1.76	12.37	0.48	0.36	15126	FALSE	FALSE				TRUE	REMOVE from Screen	
36145	Deleted from CPT	Arteriovenous Shunt In	April 2009	9		Deleted from CPT	Codes Reported Together 95%	or February 2008							FALSE	TRUE	Referred to the CPT Edi	February 200 31	Code Deleted	TRUE	Deleted from CPT	
36147	Introduction of needle and/or	Dialysis Circuit -1	January 2016	14		ACR, RPA, SIR, SVS Deleted from CPT	Codes Reported Together 95%	or February 2008							FALSE	FALSE	October 2008 27	Complete	TRUE	TRUE	Deleted from CPT	
36148	Introduction of needle and/or	Dialysis Circuit -1	January 2016	14		ACR, RPA, SIR, SVS Deleted from CPT	Codes Reported Together 95%	or February 2008							FALSE	FALSE	October 2008 27	Complete	TRUE	TRUE	Deleted from CPT	
36215	Selective catheter placement, i	Selective Catheter Placi	April 2016	23		ACR, RPA, SIR, SVS 4.17	Codes Reported Together 75%	or February 2010	000	4.17	25.01	1.48	0.63	28718	FALSE	TRUE	The Workgroup recommends the specialties submit a co	Complete	TRUE	TRUE	Decrease	
36216	Selective catheter placement, i	Selective Catheter Placi	April 2016	23		ACR, SIR, SVS 5.27	Codes Reported Together 75%	or February 2010	000	5.27	24.40	1.67	1.08	2779	FALSE	TRUE	The Workgroup recommends the specialties submit a co	Complete	TRUE	TRUE	Maintain	
36217	Selective catheter placement, i	Selective Catheter Placi	April 2016	23		ACR, SIR, SVS 6.29	Harvard Valued - Utilization over	April 2011	000	6.29	45.95	2.18	1.5	3593	FALSE	TRUE	In September 2011, the specialty societies indicated that	Complete	TRUE	TRUE	Maintain	
36218	Selective catheter placement, i	Selective Catheter Placi	April 2016	23		ACR, SIR, SVS 1.01	CMS High Expenditure Procedura	July 2015	ZZZ	1.01	4.91	0.33	0.21	2043	FALSE	TRUE				TRUE	Maintain	
36221	Non-selective catheter placem	Cervicocerebral Angiog	April 2012	14		AAN, AANS, ACC, ACR, 4.51	Codes Reported Together 75%	or February 2010	000	3.92	23.31	1.08	0.87	1141	FALSE	TRUE	The Workgroup recomr	February 201 12	Complete	TRUE	Decrease	
36222	Selective catheter placement, i	Cervicocerebral Angiog	April 2012	14		AAN, AANS, ACC, ACR, 6.00	Codes Reported Together 75%	or February 2010	000	5.28	29.10	1.87	1.3	4880	FALSE	TRUE	The Workgroup recomr	February 201 12	Complete	TRUE	Decrease	
36223	Selective catheter placement, i	Cervicocerebral Angiog	October 2020	24		AAN, AANS, ACC, ACR, 6.50	Codes Reported Together 75%	or February 2010	000	5.75	42.11	2.43	1.65	25049	FALSE	TRUE	The Workgroup recomr	February 201 12	Complete	TRUE	Decrease	
36224	Selective catheter placement, i	Cervicocerebral Angiog	October 2020	24		AAN, AANS, ACC, ACR, 7.55	Codes Reported Together 75%	or February 2010	000	6.25	52.14	2.86	1.93	34713	FALSE	TRUE	The Workgroup recomr	February 201 12	Complete	TRUE	Decrease	
36225	Selective catheter placement, i	Cervicocerebral Angiog	April 2012	14		AAN, AANS, ACC, ACR, 6.50	Codes Reported Together 75%	or February														

36821	Arteriovenous anastomosis, or Arteriovenous Anastom	October 2013	10		ACS, SVS	11.90		Site of Service Anomaly / CMS Re-	September 2007	090		11.9	NA	4.61		2.9	19939	FALSE		FALSE			TRUE	Decrease
36822	Insertion of cannula(s) for pro	ECMO-ECLS April 2014	11		STS, AAP, ACC, SCAI	Deleted from CPT		CMS Request - Final Rule for 2014	February 2011									FALSE	TRUE	Added as part of 33960	February 201 23	Complete	TRUE	Deleted from CPT
36825	Creation of arteriovenous fistu	Arteriovenous Anastom	October 2013	10	ACS, SVS	15.93		Site of Service Anomaly / CMS Re-	September 2007	090		14.17	NA	5.65		3.49	958	FALSE	FALSE			TRUE	Increase	
36830	Creation of arteriovenous fistu	Arteriovenous Anastom	October 2013	10	ACS, SVS	11.90		CMS Request - Final Rule for 2013	November 2012	090		12.03	NA	4.63		2.97	10999	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 st	February 200 18	Code Deleted	TRUE	Deleted from CPT
36870	Thrombectomy, percutaneous	Dialysis Circuit -1	January 2016	14	ACR, SIR, SVS	Deleted from CPT		Site of Service Anomaly (99238-O	September 2007									FALSE	TRUE	The RUC reviewed the	October 2015 27	Complete	TRUE	Deleted from CPT
36901	Introduction of needle(s) and/	Dialysis Circuit -1	January 2016	14	ACR, RPA, SIR, SVS	3.36		Codes Reported Together 75% or	October 2015	000		3.36	16.33	1.06		0.52	35573	FALSE	FALSE		October 2015 27	Complete	TRUE	Decrease
36902	Introduction of needle(s) and/	Dialysis Circuit -1	January 2016	14	ACR, RPA, SIR, SVS	4.83		Codes Reported Together 75% or	October 2015	000		4.83	28.87	1.47		0.71	108780	FALSE	FALSE		October 2015 27	Complete	TRUE	Decrease
36903	Introduction of needle(s) and/	Dialysis Circuit -1	January 2016	14	ACR, RPA, SIR, SVS	6.39		Codes Reported Together 75% or	October 2015	000		6.39	111.45	1.81		1.02	11758	FALSE	FALSE		October 2015 27	Complete	TRUE	Decrease
36904	Percutaneous transluminal me	Dialysis Circuit -1	January 2016	14	ACR, RPA, SIR, SVS	7.50		Codes Reported Together 75% or	October 2015	000		7.5	42.93	2.16		1.1	1968	FALSE	FALSE		October 2015 27	Complete	TRUE	Decrease
36905	Percutaneous transluminal me	Dialysis Circuit -1	January 2016	14	ACR, RPA, SIR, SVS	9.00		Codes Reported Together 75% or	October 2015	000		9	54.27	2.69		1.26	19261	FALSE	FALSE		October 2015 27	Complete	TRUE	Decrease
36906	Percutaneous transluminal me	Dialysis Circuit -1	January 2016	14	ACR, RPA, SIR, SVS	10.42		Codes Reported Together 75% or	October 2015	000		10.42	139.71	2.99		1.5	7339	FALSE	FALSE		October 2015 27	Complete	TRUE	Decrease
36907	Transluminal balloon angioplas	Dialysis Circuit -1	January 2016	14	ACR, RPA, SIR, SVS	3.00		Codes Reported Together 75% or	October 2015	ZZZ		3	13.37	0.82		0.48	40996	FALSE	FALSE		October 2015 27	Complete	TRUE	Decrease
36908	Transcatheter placement of in	Dialysis Circuit -1	January 2016	14	ACR, RPA, SIR, SVS	4.25		Codes Reported Together 75% or	October 2015	ZZZ		4.25	35.17	1.11		0.71	2895	FALSE	FALSE		October 2015 27	Complete	TRUE	Decrease
36909	Dialysis circuit permanent vasc	Dialysis Circuit -1	January 2016	14	ACR, RPA, SIR, SVS	4.12		Codes Reported Together 75% or	October 2015	ZZZ		4.12	48.36	1.08		0.66	3385	FALSE	FALSE		October 2015 27	Complete	TRUE	Decrease
37183	Revision of transvenous intrah	Interventional Radiolog	February 2009	21	ACR, SIR	New PE inputs		CMS Request - Practice Expense	FNA	000		7.74	155.15	2.37		0.81	752	FALSE	FALSE			Complete	TRUE	PE Only
37191	Insertion of intravascular vena	IVC Transcatheter Proc	April 2011	12	ACR, SIR, SVS	4.71		Codes Reported Together 75% or	February 2011	000		4.46	51.91	1.37		0.63	19043	FALSE	FALSE		February 201 15	complete	TRUE	Decrease
37192	Repositioning of intravascular	IVC Transcatheter Proc	April 2011	12	ACR, SIR, SVS	8.00		Codes Reported Together 75% or	February 2011	000		7.1	27.73	1.24		1.75	27	FALSE	FALSE		February 201 15	complete	TRUE	Decrease
37193	Retrieval (removal) of intravas	IVC Transcatheter Proc	April 2011	12	ACR, SIR, SVS	8.00		Codes Reported Together 75% or	February 2011	000		7.1	34.67	2.01		1.03	5460	FALSE	FALSE		February 201 15	complete	TRUE	Decrease
37201	Transcatheter therapy, infusio	Bundle Thrombolysis	April 2012	15	ACR, SIR, SVS	Deleted from CPT		Codes Reported Together 75% or	February 2010									FALSE	TRUE	The Workgroup accept	October 2011 18	Complete	TRUE	Deleted from CPT
37203	Transcatheter retrieval, percut	Transcatheter Procedu	September 2011	07	ACC, ACR, SIR, SVS	Deleted from CPT		Codes Reported Together 75% or	February 2010									FALSE	TRUE	The Workgroup accept	June 2011	Complete	TRUE	Deleted from CPT
37204	Transcatheter occlusion or em	Embolization and Occlu	April 2013	08	ACC, ACR, SIR, SVS	Deleted from CPT		Codes Reported Together 75% or	February 2010									FALSE	TRUE	In February 2010, the C	February 201 09	Complete	TRUE	Deleted from CPT
37205	Transcatheter placement of an	Endovascular Revascul	April 2010	07	SVS, ACS, SIR, ACR, ACI	Deleted from CPT		High Volume Growth1 / Codes	Re February 2010									FALSE	TRUE	In February 2010, the C	February 201 10	Complete	TRUE	Deleted from CPT
37206	Transcatheter placement of an	Endovascular Revascul	April 2010	07	SVS, ACS, SIR, ACR, ACI	Deleted from CPT		High Volume Growth1	February 2010									FALSE	TRUE	In February 2010, the C	February 201 10	Complete	TRUE	Deleted from CPT
37207	Transcatheter placement of an	Endovascular Revascul	April 2010	07	SVS, ACS, SIR, ACR, ACI	Deleted from CPT		High Volume Growth1	February 2010									FALSE	TRUE	In February 2010, the C	February 201 10	Complete	TRUE	Deleted from CPT
37208	Transcatheter placement of an	Endovascular Revascul	April 2010	07	SVS, ACS, SIR, ACR, ACI	Deleted from CPT		High Volume Growth1	February 2010									FALSE	TRUE	In February 2010, the C	February 201 10	Complete	TRUE	Deleted from CPT
37209	Exchange of a previously place	Bundle Thrombolysis	April 2012	15	ACR, SIR, SVS	Deleted from CPT		Codes Reported Together 75% or	February 2010									FALSE	TRUE	The Workgroup accept	October 2011 18	Complete	TRUE	Deleted from CPT
37210	Uterine fibroid embolization (L	Embolization and Occlu	April 2013	08	ACR, SIR, SVS	Deleted from CPT		Codes Reported Together 75% or	February 2010									FALSE	TRUE		February 201 09	Complete	TRUE	Deleted from CPT
37211	Transcatheter therapy, arterial	Bundle Thrombolysis	April 2012	15	ACR, SIR, SVS	8.00		Codes Reported Together 75% or	February 2010	000		7.75	NA	2.10		1.47	6202	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	NA	1.91		1.17	1019	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	NA	1.18		0.83	983	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	NA	0.62		0.48	2950	FALSE	FALSE				TRUE	Decrease
37220	Revascularization, endovascu	Lower Extremity Revasi	January 2025	06	ACC, ACR, ACS, OEIS, S	Deleted from CPT		High Volume Growth1	February 2010	000		7.9	61.11	2.04		1.73	10301	FALSE	TRUE	In October 2018, 37225	September 2 30	Deleted	TRUE	Deleted from CPT
37221	Revascularization, endovascu	Lower Extremity Revasi	January 2025	06	ACC, ACR, ACS, OEIS, S	Deleted from CPT		High Volume Growth1	February 2010	000		9.75	74.63	2.41		2.21	23950	FALSE	TRUE	In October 2018, 37225	September 2 30	Deleted	TRUE	Deleted from CPT
37222	Revascularization, endovascu	Lower Extremity Revasi	January 2025	06	ACC, ACR, ACS, OEIS, S	Deleted from CPT		High Volume Growth1	February 2010	ZZZ		3.73	13.16	0.87		0.82	2728	FALSE	TRUE	In October 2018, 37225	September 2 30	Deleted	TRUE	Deleted from CPT
37223	Revascularization, endovascu	Lower Extremity Revasi	January 2025	06	ACC, ACR, ACS, OEIS, S	Deleted from CPT		High Volume Growth1	February 2010	ZZZ		4.25	30.50	0.95		0.98	3476	FALSE	TRUE	In October 2018, 37225	September 2 30	Deleted	TRUE	Deleted from CPT
37224	Revascularization, endovascu	Lower Extremity Revasi	January 2025	06	ACC, ACR, ACS, OEIS, S	Deleted from CPT		High Volume Growth1	February 2010	000		8.75	71.29	2.23		1.98	26393	FALSE	TRUE	In October 2018, 37225	September 2 30	Deleted	TRUE	Deleted from CPT
37225	Revascularization, endovascu	Lower Extremity Revasi	January 2025	06	ACC, ACR, ACS, OEIS, S	Deleted from CPT		High Volume Growth1 / PE Scree	February 2010	000		11.75	230.03	3.16		2.48	38122	FALSE	TRUE	In October 2018, 37225	September 2 30	Deleted	TRUE	Deleted from CPT
37226	Revascularization, endovascu	Lower Extremity Revasi	January 2025	06	ACC, ACR, ACS, OEIS, S	Deleted from CPT		High Volume Growth1	February 2010	000		10.24	213.49	2.56		2.33	16061	FALSE	TRUE	In October 2018, 37225	September 2 30	Deleted	TRUE	Deleted from CPT
37227	Revascularization, endovascu	Lower Extremity Revasi	January 2025	06	ACC, ACR, ACS, OEIS, S	Deleted from CPT		High Volume Growth1 / PE Scree	February 2010	000		14.25	294.67	3.57		3.04	18199	FALSE	TRUE	In October 2018, 37225	September 2 30	Deleted	TRUE	Deleted from CPT
37228	Revascularization, endovascu	Lower Extremity Revasi	January 2025	06	ACC, ACR, ACS, OEIS, S	Deleted from CPT		High Volume Growth1	February 2010	000		10.75	102.86	2.64		2.39	26878	FALSE	TRUE	In October 2018, 37225	September 2 30	Deleted	TRUE	Deleted from CPT
37229	Revascularization, endovascu	Lower Extremity Revasi	January 2025	06	ACC, ACR, ACS, OEIS, S	Deleted from CPT		High Volume Growth1 / PE Scree	February 2010	000		13.8	232.95	3.64		2.75	37066	FALSE	TRUE	In October 2018, 37225	September 2 30	Deleted	TRUE	Deleted from CPT
37230	Revascularization, endovascu	Lower Extremity Revasi	January 2025	06	ACC, ACR, ACS, OEIS, S	Deleted from CPT		High Volume Growth1	February 2010	000		13.55	233.13	3.73		2.99	1838	FALSE	TRUE	In October 2018, 37225	September 2 30	Deleted	TRUE	Deleted from CPT
37231	Revascularization, endovascu	Lower Extremity Revasi	January 2025	06	ACC, ACR, ACS, OEIS, S	Deleted from CPT		High Volume Growth1	February 2010	000		14.75	310.05	4.07		2.78	2625	FALSE	TRUE	In October 2018, 37225	September 2 30	Deleted	TRUE	Deleted from CPT
37232	Revascularization, endovascu	Lower Extremity Revasi	January 2025	06	ACC, ACR, ACS, OEIS, S	Deleted from CPT		High Volume Growth1	February 2010	ZZZ		4	18.41	0.98		0.82	11143	FALSE	TRUE	In October 2018, 37225	September 2 30	Deleted	TRUE	Deleted from CPT
37233	Revascularization, endovascu	Lower Extremity Revasi	January 2025	06	ACC, ACR, ACS, OEIS, S	Deleted from CPT		High Volume Growth1	February 2010	ZZZ		6.5	22.52	1.65		1.24	7277	FALSE	TRUE	In October 2018, 37225	September 2 30	Deleted	TRUE	Deleted from CPT
37234	Revascularization, endovascu	Lower Extremity Revasi	January 2025	06	ACC, ACR, ACS, OEIS, S	Deleted from CPT		High Volume Growth1	February 2010	ZZZ		5.5	94.85	1.55		1.16	229	FALSE	TRUE	In October 2018, 37225	September 2 30	Deleted	TRUE	Deleted from CPT
37235	Revascularization, endovascu	Lower Extremity Revasi	January 2025	06	ACC, ACR, ACS, OEIS, S	Deleted from CPT		High Volume Growth1	February 2010	ZZZ		7.8	103.54	1.94		1.15	101	FALSE	TRUE	In October 2018, 37225	September 2 30	Deleted	TRUE	Deleted from CPT
37236	Transcatheter placement of an	Transcatheter Placeme	April 2013	09	SVS, ACS, SIR, ACR, ACI	9.00		Codes Reported Together 75% or	February 2013	000		8.75	66.79	2.21		1.92	10422	FALSE	FALSE		February 201 10	Complete	TRUE	Decrease
37237	Transcatheter placement of an	Transcatheter Placeme	April 2013	09	SVS, ACS, SIR, ACR, ACI	4.25		Codes Reported Together 75% or	February 2013	ZZZ		4.25	31.39	0.97		0.95	1161	FALSE	FALSE		February 201 10	Complete	TRUE	Decrease
37238	Transcatheter placement of an	Transcatheter Placeme	April 2013	09	SVS, ACS, SIR, ACR, ACI	6.29		Codes Reported Together 75% or	February 2013	000		6.04	89.76	1.76		1.18	10065	FALSE	FALSE		February 201 10	Complete	TRUE	Decrease
37239	Transcatheter placement of an	Transcatheter Placeme	April 2013	09	SVS, ACS, SIR, ACR, ACI	3.34		Codes Reported Together 75% or	February 2013	ZZZ		2.97	44.98	0.85		0.6	3479	FALSE	FALSE		February 201 10	Complete	TRUE	Decrease
37241	Vascular embolization or occlu	Embolization and Occlu	April 2013	08	SVS, ACS, SIR, ACR, ACI	9.00		Codes Reported Together 75% or	February 2010	000		8.75	119.77	2.47		1.26	1382	FALSE	FALSE		February 201 09	complete	TRUE	Decrease
37242	Vascular embolization or occlu	Embolization and Occlu	April 2013	08	SVS, ACS, SIR, ACR, ACI	11.98		Codes Reported Together 75% or	February 2010	000		9.8	188.61	2.59		1.5	10066	FALSE	FALSE		February 201 09	complete	TRUE	Decrease
37243	Vascular embolization or occlu	Embolization and Occlu	April 2013	08	SVS, ACS, SIR, ACR, ACI	14.00		Codes Reported Together 75% or	February 2010	000		11.74	229.43	3.42		1.24	15872	FALSE	FALSE		February 201 09	complete	TRUE	Decrease
37244	Vascular embolization or occlu	Embolization and Occlu	April 2013	08	SVS, ACS, SIR, ACR, ACI	14.00		Codes Reported Together 75% or	February 2010	000		13.75	170.05	4.07		1.47	13935	FALSE	FALSE		February 201 09	complete	TRUE	Decrease
37246	Transluminal balloon angioplas	Open and Percutaneou	January 2016	15	ACR, SIR, SVS	7.00		Codes Reported Together 75% or	October 2015	000		7	42.89	1.86		1.34	5848	FALSE	FALSE		October 2015 24	Complete	TRUE	Decrease
37247	Transluminal balloon angioplas	Open and Percutaneou	January 2016	15	ACR, SIR, SVS	3.50		Codes Reported Together 75% or	October 2015	ZZZ		3.												

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44207	Laparoscopy, surgical; collector Laproscopic Procedure	October 2008	26		ACS, ASCRS	Remove from screen	CMS Fastest Growing	February 2008	090	31.92	NA	15.85	6.26	8896	FALSE	FALSE			TRUE	Remove from Screen	
44380	Ileoscopy, through stoma; diag Ileoscopy/Ileoscopy	October 2013	04		AGA, ASGE, ACG	0.97	MPC List	September 2011	000	0.87	4.89	0.74	0.12	1386	FALSE	FALSE	May 2013	Complete	TRUE	Decrease	
44381	Ileoscopy, through stoma; with Ileoscopy	October 2013	04		AGA, ASGE, ACG	1.48	MPC List	May 2013	000	1.38	26.08	0.96	0.17	127	FALSE	FALSE	May 2013	Complete	TRUE	Decrease	
44382	Ileoscopy, through stoma; with Ileoscopy/Ileoscopy	October 2013	04		AGA, ASGE, ACG	1.27	MPC List	September 2011	000	1.17	7.37	0.89	0.15	1281	FALSE	FALSE	May 2013	Complete	TRUE	Maintain	
44383	Ileoscopy, through stoma; with Ileoscopy	October 2013	04		AGA, ASGE, ACG	Deleted from CPT	MPC List	September 2011							FALSE	FALSE	May 2013	Complete	TRUE	Deleted from CPT	
44384	Ileoscopy, through stoma; with Ileoscopy	October 2013	04		AGA, ASGE, ACG	3.11	MPC List	May 2013	000	2.85	NA	1.34	0.35	50	FALSE	FALSE	May 2013	Complete	TRUE	Decrease	
44385	Endoscopic evaluation of small Pouchoscopy	October 2013	05		ACG, ACS, AGA, ASGE, 1.30		MPC List	September 2011	000	1.2	5.09	0.81	0.16	906	FALSE	FALSE	May 2013	Complete	TRUE	Decrease	
44386	Endoscopic evaluation of small Pouchoscopy	October 2013	05		ACG, ACS, AGA, ASGE, 1.60		MPC List	September 2011	000	1.5	7.42	0.97	0.18	1920	FALSE	FALSE	May 2013	Complete	TRUE	Decrease	
44388	Colonoscopy through stoma; v Colonoscopy through s	January 2014	08		ASCRS, ACS, SAGES, AC 2.82		MPC List	September 2011	000	2.72	6.30	1.51	0.42	3153	FALSE	TRUE	Several specific codes ic October 2013 17	Complete	TRUE	Maintain	
44389	Colonoscopy through stoma; v Colonoscopy through s	January 2014	08		ASCRS, ACS, SAGES, AC 3.12		MPC List	September 2011	000	3.02	8.71	1.66	0.42	1957	FALSE	TRUE	Several specific codes ic October 2013 17	Complete	TRUE	Decrease	
44390	Colonoscopy through stoma; v Colonoscopy through s	January 2014	08		ASCRS, ACS, SAGES, AC 3.82		MPC List	September 2011	000	3.74	7.80	2.03	0.47	21	FALSE	TRUE	Several specific codes ic October 2013 17	Complete	TRUE	Maintain	
44391	Colonoscopy through stoma; v Colonoscopy through s	January 2014	08		ASCRS, ACS, SAGES, AC 4.22		MPC List	September 2011	000	4.12	13.92	2.17	0.51	126	FALSE	TRUE	Several specific codes ic October 2013 17	Complete	TRUE	Decrease	
44392	Colonoscopy through stoma; v Colonoscopy through s	January 2014	08		ASCRS, ACS, SAGES, AC 3.63		MPC List	September 2011	000	3.53	7.47	1.81	0.6	192	FALSE	TRUE	Several specific codes ic October 2013 17	Complete	TRUE	Decrease	
44393	Colonoscopy through stoma; v Colonoscopy through s	January 2014	08		ASCRS, ACS, SAGES, AC Deleted from CPT		MPC List	September 2011							FALSE	TRUE	Several specific codes ic October 2013 17	Complete	TRUE	Deleted from CPT	
44394	Colonoscopy through stoma; v Colonoscopy through s	January 2014	08		ASCRS, ACS, SAGES, AC 4.13		MPC List	September 2011	000	4.03	8.40	2.10	0.54	1650	FALSE	TRUE	Several specific codes ic October 2013 17	Complete	TRUE	Decrease	
44397	Colonoscopy through stoma; v Colonoscopy through s	January 2014	08		ASCRS, ACS, SAGES, AC Deleted from CPT		MPC List	September 2011							FALSE	TRUE	Several specific codes ic October 2013 17	Complete	TRUE	Deleted from CPT	
44401	Colonoscopy through stoma; v Colonoscopy through s	January 2014	08		ASCRS, ACS, SAGES, AC 4.44		MPC List	September 2011	000	4.34	61.83	2.30	0.51	38	FALSE	TRUE	October 2013 17	Complete	TRUE	Decrease	
44402	Colonoscopy through stoma; v Colonoscopy through s	January 2014	08		ASCRS, ACS, SAGES, AC 4.96		MPC List	January 2014	000	4.7	NA	2.46	0.55	11	FALSE	FALSE	October 2013 17	Complete	TRUE	Decrease	
44403	Colonoscopy through stoma; v Colonoscopy through s	January 2014	08		ASCRS, ACS, SAGES, AC 5.81		MPC List	January 2014	000	5.5	NA	2.82	0.64	64	FALSE	TRUE	October 2013 17	Complete	TRUE	Decrease	
44404	Colonoscopy through stoma; v Colonoscopy through s	January 2014	08		ASCRS, ACS, SAGES, AC 3.13		MPC List	January 2014	000	3.02	8.96	1.66	0.42	168	FALSE	TRUE	October 2013 17	Complete	TRUE	Decrease	
44405	Colonoscopy through stoma; v Colonoscopy through s	January 2014	08		ASCRS, ACS, SAGES, AC 3.33		MPC List	January 2014	000	3.23	12.54	1.81	0.39	35	FALSE	TRUE	October 2013 17	Complete	TRUE	Decrease	
44406	Colonoscopy through stoma; v Colonoscopy through s	January 2014	08		ASCRS, ACS, SAGES, AC 4.41		MPC List	January 2014	000	4.1	NA	2.19	0.5	4	FALSE	TRUE	October 2013 17	Complete	TRUE	Decrease	
44407	Colonoscopy through stoma; v Colonoscopy through s	January 2014	08		ASCRS, ACS, SAGES, AC 5.06		MPC List	January 2014	000	4.96	NA	2.58	0.59	1	FALSE	TRUE	October 2013 17	Complete	TRUE	Decrease	
44408	Colonoscopy through stoma; v Colonoscopy through s	January 2014	08		ASCRS, ACS, SAGES, AC 4.24		MPC List	January 2014	000	4.14	NA	2.21	0.5	21	FALSE	TRUE	October 2013 17	Complete	TRUE	Decrease	
44901	Incision and drainage of apen 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 CPT	
44950	Appendectomy; Appendectomy	April 2025	14	September 2L RUC		Survey	Site of Service Anomaly - 2025	April 2025	090	10.6	NA	6.25	2.57	627	FALSE	FALSE			FALSE		
44955	Appendectomy; when done fo Appendectomy	April 2025	14	September 2L RUC		Survey	Site of Service Anomaly - 2025	April 2025	ZZZ	1.53	NA	0.62	0.34	2356	FALSE	FALSE			FALSE		
44960	Appendectomy; for ruptured e Appendectomy	April 2025	14	September 2L RUC		Survey	Site of Service Anomaly - 2025	April 2025	090	14.5	NA	8.40	3.6	549	FALSE	FALSE			FALSE		
44970	Laparoscopy, surgical, append Appendectomy	April 2025	14	September 2L RUC		Survey	CMS Fastest Growing / Site of Ser	October 2008	090	9.45	NA	6.53	2.31	19647	FALSE	FALSE			FALSE		
45170	Deleted from CPT Rectal Tumor Excision	February 2009	11		ACS	Deleted from CPT	Site of Service Anomaly	September 2007							FALSE	TRUE	CPT code 45170 Excision	October 2008 18	Code Deleted	TRUE	Deleted from CPT
45171	Excision of rectal tumor, trans Rectal Tumor Excision	February 2009	11		ACS, ASCRS, ASGS	8.00	Site of Service Anomaly	September 2007	090	8.13	NA	9.04	1.54	1987	FALSE	FALSE			TRUE	Decrease	
45172	Excision of rectal tumor, trans Rectal Tumor Excision	February 2009	11		ACS, ASCRS, ASGS	12.00	Site of Service Anomaly	September 2007	090	12.13	NA	10.61	2.13	1706	FALSE	FALSE			TRUE	Decrease	
45300	Sigmoidoscopy, rigid; diag Sigmoidoscopy	April 2017	13		ACS, ASCRS, SAGES	0.80	CMS 000-Day Global Typically Re	July 2015	000	0.8	2.95	0.53	0.13	14357	FALSE	FALSE			TRUE	Maintain	
45330	Sigmoidoscopy, flexible; with f Flexible Sigmoidoscopy	October 2013	06		ACG, ACS, AGA, ASGE, 0.84		Harvard Valued - Utilization over	April 2011	000	0.84	4.60	0.74	0.16	38732	FALSE	FALSE	May 2013	Complete	TRUE	Decrease	
45331	Sigmoidoscopy, flexible; with f Flexible Sigmoidoscopy	October 2013	06		ACG, ACS, AGA, ASGE, 1.14		MPC List	September 2011	000	1.14	7.11	0.87	0.16	28372	FALSE	FALSE	May 2013	Complete	TRUE	Decrease	
45332	Sigmoidoscopy, flexible; with r Flexible Sigmoidoscopy	October 2013	06		ACG, ACS, AGA, ASGE, 1.85		MPC List	September 2011	000	1.76	6.21	1.14	0.23	288	FALSE	FALSE	May 2013	Complete	TRUE	Decrease	
45333	Sigmoidoscopy, flexible; with r Flexible Sigmoidoscopy	October 2013	06		ACG, ACS, AGA, ASGE, 1.65		MPC List	September 2011	000	1.55	7.83	1.03	0.23	466	FALSE	FALSE	May 2013	Complete	TRUE	Decrease	
45334	Sigmoidoscopy, flexible; with c Flexible Sigmoidoscopy	October 2013	06		ACG, ACS, AGA, ASGE, 2.10		MPC List	September 2011	000	2	11.99	1.25	0.24	3017	FALSE	FALSE	May 2013	Complete	TRUE	Decrease	
45335	Sigmoidoscopy, flexible; with c Flexible Sigmoidoscopy	October 2013	06		ACG, ACS, AGA, ASGE, 1.15		MPC List	September 2011	000	1.04	7.35	0.82	0.16	2444	FALSE	FALSE	May 2013	Complete	TRUE	Decrease	
45337	Sigmoidoscopy, flexible; with c Flexible Sigmoidoscopy	October 2013	06		ACG, ACS, AGA, ASGE, 2.20		MPC List	September 2011	000	2.1	NA	1.02	0.27	1667	FALSE	FALSE	May 2013	Complete	TRUE	Decrease	
45338	Sigmoidoscopy, flexible; with r Flexible Sigmoidoscopy	October 2013	06		ACG, ACS, AGA, ASGE, 2.15		MPC List	September 2011	000	2.05	6.54	1.26	0.27	4835	FALSE	FALSE	May 2013	Complete	TRUE	Decrease	
45339	Sigmoidoscopy, flexible; with a Flexible Sigmoidoscopy	October 2013	06		ACG, ACS, AGA, ASGE, Deleted from CPT		MPC List	September 2011							FALSE	FALSE	May 2013	Complete	TRUE	Deleted from CPT	
45340	Sigmoidoscopy, flexible; with t Flexible Sigmoidoscopy	October 2013	06		ACG, ACS, AGA, ASGE, 1.35		MPC List	September 2011	000	1.25	11.77	0.91	0.16	948	FALSE	FALSE	May 2013	Complete	TRUE	Decrease	
45341	Sigmoidoscopy, flexible; with e Flexible Sigmoidoscopy	January 2014	09		AGA, ASGE, ACG, ASCR 2.43		MPC List	September 2011	000	2.12	NA	1.31	0.25	1579	FALSE	TRUE	Several specific codes ic October 2013 16	Complete	TRUE	Increase	
45342	Sigmoidoscopy, flexible; with t Flexible Sigmoidoscopy	January 2014	09		AGA, ASGE, ACG, ASCR 3.08		MPC List	September 2011	000	2.98	NA	1.67	0.39	380	FALSE	TRUE	Several specific codes ic October 2013 16	Complete	TRUE	Decrease	
45345	Sigmoidoscopy, flexible; with t Flexible Sigmoidoscopy	October 2013	06		ACG, ACS, AGA, ASGE, Deleted from CPT		MPC List	September 2011							FALSE	FALSE	May 2013	Complete	TRUE	Deleted from CPT	
45346	Sigmoidoscopy, flexible; with a Flexible Sigmoidoscopy	October 2013	06		ACG, ACS, AGA, ASGE, 2.97		MPC List	May 2013	000	2.81	61.24	1.59	0.35	793	FALSE	FALSE	May 2013	Complete	TRUE	Decrease	
45347	Sigmoidoscopy, flexible; with p Flexible Sigmoidoscopy	October 2013	06		ACG, ACS, AGA, ASGE, 2.98		MPC List	May 2013	000	2.72	NA	1.51	0.33	526	FALSE	FALSE	May 2013	Complete	TRUE	Decrease	
45349	Sigmoidoscopy, flexible; with e Flexible Sigmoidoscopy	April 2014	13		AGA, ASGE, ACG, ASCR 3.83		MPC List	January 2014	000	3.52	NA	1.92	0.42	690	FALSE	TRUE	October 2013 16	Complete	TRUE	Decrease	
45350	Sigmoidoscopy, flexible; with t Flexible Sigmoidoscopy	April 2014	13		AGA, ASGE, ACG, ASCR 1.78		MPC List	January 2014	000	1.68	17.34	1.10	0.22	1030	FALSE	TRUE	October 2013 16	Complete	TRUE	Decrease	
45355	Colonoscopy, rigid or flexible, i Colonoscopy via stoma	January 2014	08		AGA, ASGE, ACG, ASCR Deleted from CPT		MPC List	September 2011							FALSE	FALSE	February 2013 32	Complete	TRUE	Deleted from CPT	
45378	Colonoscopy, flexible; diagnos Colonoscopy	January 2014	10		AGA, ASGE, ACG, ASCR 3.36		CMS High Expenditure Procedura	September 2011	000	3.26	6.44	1.79	0.43	229904	FALSE	TRUE	Several specific codes ic October 2013 18	Complete	TRUE	Decrease	
45379	Colonoscopy, flexible; with ren Colonoscopy	January 2014	10		AGA, ASGE, ACG, ASCR 4.37		MPC List	September 2011	000	4.28	8.08	2.25	0.52	885	FALSE	TRUE	Several specific codes ic October 2013 18	Complete	TRUE	Decrease	
45380	Colonoscopy, flexible; with bio Colonoscopy	January 2014	10		AGA, ASGE, ACG, ASCR 3.66		MPC List	October 2010	000	3.56	8.79	1.93	0.47	910246	FALSE	TRUE	Several specific codes ic October 2013 18	Complete	TRUE	Decrease	
45381	Colonoscopy, flexible; with dir Colonoscopy	January 2018	31		AGA, ASGE, ACG, ASCR 3.67		CMS Fastest Growing / MPC List	October 2008	000	3.56	9.04	1.93	0.47	62076	TRUE	TRUE	Several specific codes ic October 2013 18	Complete	TRUE	Decrease	
45382	Colonoscopy, flexible; with cor Colonoscopy	January 2014	10		AGA, ASGE, ACG, ASCR 4.76		MPC List	September 2011	000	4.66	14.16	2.43	0.56	20075	FALSE	TRUE	Several specific codes ic October 2013 18	Complete	TRUE	Decrease	
45383	Colonoscopy, flexible, proxima Colonoscopy	January 2014	10		AGA, ASGE, ACG, ASCR Deleted from CPT		MPC List	September 2011							FALSE	TRUE	Several specific codes ic October 2013 18	Complete	TRUE	Deleted from CPT	
45384	Colonoscopy, flexible; with ren Colonoscopy	January 2014	10		AGA, ASGE, ACG, ASCR 4.17		MPC List	September 2011	000	4.07	9.74	2.07	0.63	39039	FALSE	TRUE	Several specific codes ic October 2013 18	Complete	TRUE	Decrease	
45385	Colonoscopy, flexible; with ren Colonoscopy	April 2019	13		AGA, ASGE, ACG, ASCR 4.57		MPC List / Codes Reported Toget	October 2010	000	4.57	8.33	2.38	0.56	1028197	FALSE	TRUE	Several specific codes ic October 2013 18	Complete	TRUE	Maintain	
45386	Colonoscopy, flexible; with tra Colonoscopy	January 2014	10		AGA, ASGE, ACG, ASCR 3.87		MPC List	September 2011	000	3.77	13.48	2.02	0.5	1822	FALSE	TRUE	Several specific codes ic October 2013 18	Complete	TRUE	Decrease	
45387	Colonoscopy, flexible, proxima Colonoscopy	January 2014	10		AGA, ASGE, ACG, ASCR Deleted from CPT		MPC List	September 2011							FALSE	TRUE	Several specific codes ic October 2013 18	Complete	TRUE	Deleted from CPT	
45388	Colonoscopy, flexible; with abl Colonoscopy	January 2014	10		AGA, ASGE, ACG, ASCR 4.98		MPC List	January 2014	000	4.88	63.54	2.48	0.63	17504	FALSE	FALSE	October 2013 18	Complete	TRUE	Decrease	
45389	Colonoscopy, flexible; with en Colonoscopy	January 2014	10		AGA, ASGE, ACG, ASCR 5.50		MPC List	January 2014	000	5.24	NA	2.67	0.63	389	FALSE	FALSE	October 2013 18	Complete	TRUE	Decrease	
45390	Colonoscopy, flexible; with en Colonoscopy	January 2014	10		AGA, ASGE, ACG, ASCR 6.35		MPC List	January 2014	000	6.04	NA	3.05	0.71	27740	FALSE	FALSE	October 2013 18	Complete	TRUE	Decrease	
45391	Colonoscopy, flexible; with en Colonoscopy	January 2014	10		AGA, ASGE, ACG, ASCR 4.95		MPC List	September 2011	000	4.64	NA	2.43	0.54	697	FALSE	TRUE	Several specific codes ic October 2013 18	Complete	TRUE	Decrease	
45392	Colonoscopy, flexible; with tra Colonoscopy	January 2014	10		AGA, ASGE, ACG, ASCR 5.60		MPC List	September 2011	000	5.5	NA	2.83	0.64	148	FALSE	TRUE	Several specific codes ic October 201				

49406	Image-guided fluid collection d	Drainage of Abscess	January 2013	04		ACR, SIR	4.25		Codes Reported Together 75% or January 2012	000		4	21.08	1.31	0.4	28441	FALSE				October 201206	Complete	TRUE	Decrease
49407	Image-guided fluid collection d	Drainage of Abscess	January 2013	04		ACR, SIR	4.50		Codes Reported Together 75% or January 2012	000		4.25	17.07	1.33	0.49	140	FALSE	FALSE			October 201206	Complete	TRUE	Decrease
49418	Insertion of tunneled intraperi	Intraperitoneal Cathete	April 2010	11		ACS, ACR, SIR	4.21		Site of Service Anomaly	February 2010	000	3.96	23.80	1.52	0.44	6907	FALSE	FALSE			February 20130	complete	TRUE	Decrease
49420	Deleted from CPT	Insertion of Intraperito	October 2009	40		ACS		Deleted from CPT	April 2008								FALSE	TRUE	At the April 2008 RUC r	February 20130	Deleted	TRUE	Deleted from CPT	
49421	Insertion of tunneled intraperi	Intraperitoneal Cathete	April 2010	11		ACS, ACR, SIR	4.21		Site of Service Anomaly	September 2007	000	4.21	NA	1.55		1061	FALSE	TRUE	At the April 2008 RUC r	February 20130	Revised	TRUE	Decrease	
49422	Removal of tunneled intraperit	Removal of Intraperitrol	April 2017	14		ACS, SVS	4.00		Site of Service Anomaly - 2016	October 2016	000		4	NA	1.67	0.92	9754	FALSE				TRUE	Decrease	
49436	Delayed creation of exit site fr	Delayed Creation of Exi	January 2022	16	January 2027 RAW	ACS	PE Inputs		CMS Request - Final Rule for 2022	November 2021	010	2.72	12.29	2.25	0.67	224	FALSE	FALSE				TRUE	PE Only	
49505	Repair initial inguinal hernia, a	RAW review	January 2012	30		ACS	Reaffirmed		CMS High Expenditure Procedur	September 2011	090	7.96	NA	5.99	1.99	35000	FALSE	FALSE				TRUE	Maintain	
49507	Repair initial inguinal hernia, a	Hernia Repair	February 2011	29		ACS	10.05		Site of Service Anomaly	September 2007	090	9.09	NA	6.55	2.25	8300	FALSE	FALSE				TRUE	Maintain	
49521	Repair recurrent inguinal herni	Hernia Repair	February 2011	29		ACS	12.44		Site of Service Anomaly	September 2007	090	11.48	NA	7.45	2.87	1627	FALSE	FALSE				TRUE	Maintain	
49560	Repair initial incisional or vent	Anterior Abdominal He	April 2021	09		ACS, ASCRS (col), SAGE	Deleted from CPT		Site of Service Anomaly - 2019	February 2021	090						FALSE	FALSE		February 20218	complete	TRUE	Deleted from CPT	
49561	Repair initial incisional or vent	Anterior Abdominal He	April 2021	09		ACS, ASCRS (col), SAGE	Deleted from CPT		Site of Service Anomaly - 2019	February 2021	090						FALSE	FALSE		February 20218	complete	TRUE	Deleted from CPT	
49565	Repair recurrent incisional or v	Anterior Abdominal He	April 2021	09		ACS, ASCRS (col), SAGE	Deleted from CPT		Site of Service Anomaly - 2019	October 2019	090						FALSE	TRUE	In October 2019, the Re	February 20218	complete	TRUE	Deleted from CPT	
49566	Repair recurrent incisional or v	Anterior Abdominal He	April 2021	09		ACS, ASCRS (col), SAGE	Deleted from CPT		Site of Service Anomaly - 2019	February 2021	090						FALSE	FALSE		February 20218	complete	TRUE	Deleted from CPT	
49568	Implantation of mesh or other	Anterior Abdominal He	April 2021	09		ACS, ASCRS (col), SAGE	Deleted from CPT		Site of Service Anomaly - 2019	February 2021	ZZZ						FALSE	FALSE		February 20218	complete	TRUE	Deleted from CPT	
49570	Repair epigastric hernia (eg, pr	Anterior Abdominal He	April 2021	09		ACS, ASCRS (col), SAGE	Deleted from CPT		Site of Service Anomaly - 2019	February 2021	090						FALSE	FALSE		February 20218	complete	TRUE	Deleted from CPT	
49572	Repair epigastric hernia (eg, pr	Anterior Abdominal He	April 2021	09		ACS, ASCRS (col), SAGE	Deleted from CPT		Site of Service Anomaly - 2019	February 2021	090						FALSE	FALSE		February 20218	complete	TRUE	Deleted from CPT	
49580	Repair umbilical hernia, young	Anterior Abdominal He	April 2021	09		ACS, ASCRS (col), SAGE	Deleted from CPT		Site of Service Anomaly - 2019	February 2021	090						FALSE	FALSE		February 20218	complete	TRUE	Deleted from CPT	
49582	Repair umbilical hernia, young	Anterior Abdominal He	April 2021	09		ACS, ASCRS (col), SAGE	Deleted from CPT		Site of Service Anomaly - 2019	February 2021	090						FALSE	FALSE		February 20218	complete	TRUE	Deleted from CPT	
49585	Repair umbilical hernia, age 5	y Anterior Abdominal He	April 2021	09		ACS, ASCRS (col), SAGE	Deleted from CPT		Site of Service Anomaly - 2019	February 2021	090						FALSE	FALSE		February 20218	complete	TRUE	Deleted from CPT	
49587	Repair umbilical hernia, age 5	y Anterior Abdominal He	April 2021	09		ACS, ASCRS (col), SAGE	Deleted from CPT		Site of Service Anomaly	September 2007	090						FALSE	FALSE		February 20218	complete	TRUE	Deleted from CPT	
49590	Repair spigelian hernia	Anterior Abdominal He	April 2021	09		ACS, ASCRS (col), SAGE	Deleted from CPT		Site of Service Anomaly - 2019	February 2021	090						FALSE	FALSE		February 20218	complete	TRUE	Deleted from CPT	
49591	Repair of anterior abdominal h	Anterior Abdominal He	April 2021	09		ACS, ASCRS (col), SAGE	6.27		Site of Service Anomaly - 2019	February 2021	000		5.96	NA	2.88	1.47	18181	FALSE	FALSE		February 20218	complete	TRUE	Decrease
49592	Repair of anterior abdominal h	Anterior Abdominal He	April 2021	09		ACS, ASCRS (col), SAGE	9.00		Site of Service Anomaly - 2019	February 2021	000		8.46	NA	3.75	2.13	9916	FALSE	FALSE		February 20218	complete	TRUE	Decrease
49593	Repair of anterior abdominal h	Anterior Abdominal He	April 2021	09		ACS, ASCRS (col), SAGE	10.80		Site of Service Anomaly - 2019	February 2021	000		10.26	NA	4.44	2.55	14858	FALSE	FALSE		February 20218	complete	TRUE	Decrease
49594	Repair of anterior abdominal h	Anterior Abdominal He	April 2021	09		ACS, ASCRS (col), SAGE	14.00		Site of Service Anomaly - 2019	February 2021	000		13.46	NA	5.62	3.36	14836	FALSE	FALSE		February 20218	complete	TRUE	Decrease
49595	Repair of anterior abdominal h	Anterior Abdominal He	April 2021	09		ACS, ASCRS (col), SAGE	14.88		Site of Service Anomaly - 2019	February 2021	000		13.94	NA	5.90	3.42	4409	FALSE	FALSE		February 20218	complete	TRUE	Decrease
49596	Repair of anterior abdominal h	Anterior Abdominal He	April 2021	09		ACS, ASCRS (col), SAGE	20.00		Site of Service Anomaly - 2019	February 2021	000		18.67	NA	7.60	4.61	4152	FALSE	FALSE		February 20218	complete	TRUE	Decrease
49613	Repair of anterior abdominal h	Anterior Abdominal He	April 2021	09		ACS, ASCRS (col), SAGE	7.75		Site of Service Anomaly - 2019	February 2021	000		7.42	NA	3.46	1.8	1044	FALSE	FALSE		February 20218	complete	TRUE	Decrease
49614	Repair of anterior abdominal h	Anterior Abdominal He	April 2021	09		ACS, ASCRS (col), SAGE	10.79		Site of Service Anomaly - 2019	February 2021	000		10.25	NA	4.42	2.53	784	FALSE	FALSE		February 20218	complete	TRUE	Decrease
49615	Repair of anterior abdominal h	Anterior Abdominal He	April 2021	09		ACS, ASCRS (col), SAGE	12.00		Site of Service Anomaly - 2019	February 2021	000		11.46	NA	4.95	2.82	2480	FALSE	FALSE		February 20218	complete	TRUE	Decrease
49616	Repair of anterior abdominal h	Anterior Abdominal He	April 2021	09		ACS, ASCRS (col), SAGE	16.50		Site of Service Anomaly - 2019	February 2021	000		15.55	NA	6.41	3.86	2685	FALSE	FALSE		February 20218	complete	TRUE	Decrease
49617	Repair of anterior abdominal h	Anterior Abdominal He	April 2021	09		ACS, ASCRS (col), SAGE	16.97		Site of Service Anomaly - 2019	February 2021	000		16.03	NA	6.80	3.89	1468	FALSE	FALSE		February 20218	complete	TRUE	Decrease
49618	Repair of anterior abdominal h	Anterior Abdominal He	April 2021	09		ACS, ASCRS (col), SAGE	24.00		Site of Service Anomaly - 2019	February 2021	000		22.67	NA	9.15	5.61	2378	FALSE	FALSE		February 20218	complete	TRUE	Decrease
49621	Repair of parastomal hernia, a	Anterior Abdominal He	April 2021	09		ACS, ASCRS (col), SAGE	14.24		Site of Service Anomaly - 2019	February 2021	000		13.7	NA	5.78	3.16	1430	FALSE	FALSE		February 20218	complete	TRUE	Decrease
49622	Repair of parastomal hernia, a	Anterior Abdominal He	April 2021	09		ACS, ASCRS (col), SAGE	18.00		Site of Service Anomaly - 2019	February 2021	000		17.06	NA	7.01	4.09	1076	FALSE	FALSE		February 20218	complete	TRUE	Decrease
49623	Removal of total or near total	r Anterior Abdominal He	April 2021	09		ACS, ASCRS (col), SAGE	5.00		Site of Service Anomaly - 2019	February 2021	ZZZ		3.75	NA	1.42	0.91	1583	FALSE	FALSE		February 20218	complete	TRUE	Decrease
49652	Laparoscopy, surgical, repair, v	Anterior Abdominal He	April 2021	09		ACS, ASCRS (col), SAGE	Deleted from CPT		Site of Service Anomaly	June 2010	090						FALSE	FALSE		February 20218	complete	TRUE	Deleted from CPT	
49653	Laparoscopy, surgical, repair, v	Anterior Abdominal He	April 2021	09		ACS, ASCRS (col), SAGE	Deleted from CPT		Site of Service Anomaly	June 2010	090						FALSE	FALSE		February 20218	complete	TRUE	Deleted from CPT	
49654	Laparoscopy, surgical, repair, i	Anterior Abdominal He	April 2021	09		ACS, ASCRS (col), SAGE	Deleted from CPT		Site of Service Anomaly	June 2010	090						FALSE	FALSE		February 20218	complete	TRUE	Deleted from CPT	
49655	Laparoscopy, surgical, repair, i	Anterior Abdominal He	April 2021	09		ACS, ASCRS (col), SAGE	Deleted from CPT		Site of Service Anomaly	June 2010	090						FALSE	FALSE		February 20218	complete	TRUE	Deleted from CPT	
49656	Laparoscopy, surgical, repair, r	Anterior Abdominal He	April 2021	09		ACS, ASCRS (col), SAGE	Deleted from CPT		Site of Service Anomaly - 2019	February 2021	090						FALSE	FALSE		February 20218	complete	TRUE	Deleted from CPT	
49657	Laparoscopy, surgical, repair, r	Anterior Abdominal He	April 2021	09		ACS, ASCRS (col), SAGE	Deleted from CPT		Site of Service Anomaly - 2019	February 2021	090						FALSE	FALSE		February 20218	complete	TRUE	Deleted from CPT	
50021	Drainage of perirenal or renal	r Drainage of Abscess	January 2013	04			Deleted from CPT		Codes Reported Together 75% or January 2012								FALSE	FALSE		October 201206	Complete	TRUE	Deleted from CPT	
50080	Percutaneous nephrolithotom	Percutaneous Nephros	April 2025	14	September 2C RAW	AUA	Review action plan. 13.50		Site of Service Anomaly - 2019 / V	October 2019	090	12.41	NA	7.01	1.51	1678	FALSE	TRUE	In January 2020, the sp	September 2C22	complete	FALSE	Decrease	
50081	Percutaneous nephrolithotom	Percutaneous Nephros	April 2025	14	September 2C RAW	AUA	Review action plan. 22.00		Site of Service Anomaly - 2019 / V	October 2019	090	20.91	NA	10.20	2.51	6711	FALSE	TRUE	In January 2020, the sp	September 2C22	complete	FALSE	Decrease	
50200	Renal biopsy, percutaneous, b	r Interventional Radiolog	October 2008	13		ACR, SIR	New PE Inputs		CMS Request - Practice Expense FNA		000	2.38	12.23	1.13	0.23	31242	FALSE	FALSE				TRUE	PE Only	
50360	Renal allotransplantation, impl	Renal Allotransplantati	April 2013	21		ACR, SIR	40.90		Harvard-Valued Annual Allowed	C July 2012	090	39.88	NA	23.99	9.74	9890	FALSE	FALSE				TRUE	Maintain	
50387	Removal and replacement of e	Genitourinary Cathete	January 2015	09		ACR, SIR	2.00		Codes Reported Together 75% or October 2012		000	1.75	13.81	0.51	0.18	7609	FALSE	FALSE		October 201418	Complete	TRUE	Maintain	
50392	Introduction of intracatheter o	Genitourinary Cathete	January 2015	09		ACR, SIR	Deleted from CPT		Codes Reported Together 75% or October 2012								FALSE	TRUE	The Joint Workgroup re	October 201418	Complete	TRUE	Deleted from CPT	
50393	Introduction of ureteral cathet	Genitourinary Cathete	January 2015	09		ACR, SIR	Deleted from CPT		Codes Reported Together 75% or October 2012								FALSE	TRUE	The Joint Workgroup re	October 201418	Complete	TRUE	Deleted from CPT	
50394	Injection procedure for pyelog	Genitourinary Cathete	January 2015	09		ACR, SIR	Deleted from CPT		Codes Reported Together 75% or October 2012								FALSE	TRUE	The Joint Workgroup re	October 201418	Complete	TRUE	Deleted from CPT	
50395	Introduction of guide into rens	Dilation of Urinary Trac	January 2018	12		ACR, SIR	Deleted from CPT		Codes Reported Together 75% or October 2014								FALSE	TRUE	In January 2015, the sp	September 2C19	complete	TRUE	Deleted from CPT	
50398	Change of nephrostomy or pyx	Genitourinary Cathete	January 2015	09		ACR, SIR	Deleted from CPT		Codes Reported Together 75% or October 2012								FALSE	TRUE	The Joint Workgroup re	October 201418	Complete	TRUE	Deleted from CPT	
50430	Injection procedure for anteg	Genitourinary Cathete	January 2015	09		ACR, SIR	3.15		Codes Reported Together 75% or October 2014		000	2.9	15.10	1.34	0.3	798	FALSE	FALSE		October 201418	Complete	TRUE	Increase	
50431	Injection procedure for anteg	Genitourinary Cathete	January 2015	09		ACR, SIR	1.42		Codes Reported Together 75% or October 2014		000	1.1	8.05	0.75	0.13	6374	FALSE	FALSE		October 201418	Complete	TRUE	Increase	
50432	Placement of nephrostomy cat	Dilation of Urinary Trac	April 2025	14	September 2C RAW	ACR, SIR	Review action plan. 4.00		Codes Reported Together 75% or October 2014		000	4	21.69	1.61	0.4	27669	FALSE	FALSE		October 201418	Complete	FALSE	Maintain	
50433	Placement of nephroureteral c	Dilation of Urinary Trac	January 2018	12			5.05		Codes Reported Together 75% or September 2017		000	5.05	26.93	1.91	0.51	5165	FALSE	FALSE				TRUE	Maintain	
50434	Convert nephrostomy cathete	Genitourinary Cathete	January 2015	09		ACR, SIR	4.20		Codes Reported Together 75% or October 2014		000	3.75	21.94	1.47	0.39	2065	FALSE	FALSE		October 201418	Complete	TRUE	Increase	
50435	Exchange nephrostomy cathet	Genitourinary Cathete	January 2015	09		ACR, SIR	2.00		Codes Reported Together 75% or October 2014		000	1.82	15.09	0.94	0.18	48604	FALSE	FALSE		October 201418	Complete	TRUE	Increase	
50436	Dilation of existing tract, percu	Dilation of Urinary Trac	January 2018	12			3.37		Codes Reported Together 75% or September 2017		000	2.78	NA	1.42	0.29	1320	FALSE	FALSE				TRUE	Decrease	
50437	Dilation of existing tract, percu	Dilation of Urinary Trac	January 2018	12			5.44		Codes Reported Together 75% or September 2017		000	4.85	NA	2.09	0.52	2250	FALSE	FALSE						

52400	Cystourethroscopy with incision	Urological Procedures	October 2010	65		AUA	8.69	NA	4.57	1.04	54	FALSE					TRUE	Decrease							
52442	Cystourethroscopy, with insertion	PE Subcommittee	October 2020	24		AUA, AACU	Maintain			1.01	23.35	0.37	0.13	77714	FALSE		FALSE	Maintain							
52500	Transurethral resection of bladder	Transurethral Robotic	September 2024	07		AUA	6.00	NA	5.80	0.99	2072	FALSE				May 2024	08	Complete	TRUE	Decrease					
52601	Transurethral electrocautery	Transurethral Robotic	September 2024	07		AUA	10.00	NA	7.11	1.59	38400	FALSE				May 2024	08	Complete	TRUE	Decrease					
52630	Transurethral resection, residual	Transurethral Robotic	September 2024	07		AUA	6.55	NA	4.96	0.8	5113	FALSE				May 2024	08	Complete	TRUE	Maintain					
52640	Transurethral resection, of prostate	Urological Procedures	April 2008	45		AUA	4.79	NA	4.46	0.59	1164	FALSE							TRUE	Decrease					
52647	Laser coagulation of prostate, internal	Transurethral Robotic	September 2024	07		AUA	Deleted from CPT			11.3	32.55	6.95	1.37	79	FALSE		September 2024		Complete	TRUE	Deleted from CPT				
52648	Laser vaporization of prostate, transurethral	Robotic	September 2024	07		AUA	10.05	NA	33.09	1.47	13621	FALSE				May 2024	08	Complete	TRUE	Decrease					
52649	Laser enucleation of the prostate	Transurethral Robotic	September 2024	07		AUA	14.56	NA	8.46	1.77	8670	FALSE				May 2024	08	Complete	TRUE	Maintain					
52XX1	Transurethral Robotic		September 2024	07		AUA	10.25	NA				FALSE				May 2024	08	Complete	TRUE	Decrease					
53445	Insertion of inflatable urethral	Urological Procedures	February 2011	31		AUA	13.00	NA	8.24	1.57	2023	FALSE							TRUE	Decrease					
53850	Transurethral destruction of prostate	Transurethral Destructive	April 2012	43		AUA	10.08	NA	4.74	0.65	745	FALSE							TRUE	Maintain					
54405	Insertion of multi-component	Urological Procedures	April 2008	45		AUA	14.39	NA	8.01	1.77	4598	FALSE							TRUE	Maintain					
54410	Removal and replacement of a	Urological Procedures	February 2011	31		AUA	15.18	NA	8.96	1.84	1159	FALSE							TRUE	Decrease					
54520	Orchiectomy, simple (including	Removal of Testis	September 2007	16		AUA	Reduce 99238 to 0.5			5.3	NA	3.94	0.71	1746	FALSE				TRUE	PE Only					
54530	Orchiectomy, radical, for tumor	Urological Procedures	October 2010	65		AUA	8.46	NA	5.88	1.07	957	FALSE							TRUE	Decrease					
55700	Biopsy, prostate; needle or punch	Prostate Biopsy Service	September 2024	08		ACR, AUA	Deleted from CPT			2.5	4.42	1.07	0.29	138394	FALSE		In April 2022, the Work	May 2024	15	Deleted	TRUE	Deleted from CPT			
55705	Biopsy, prostate, any approach	Prostate Biopsy Service	September 2024	08	January 2026 RUC	ACR, AUA, OEIS, SIR	1.93. Refer to CPT			4.61	NA	2.81	0.56	60	FALSE		In September 2024, the	September 2025; February 2025	(Tab 16); May 2025	FALSE	Decrease				
55706	Biopsies, prostate, needle, trans	Prostate Biopsy Service	September 2024	08	January 2026 RUC	ACR, AUA, OEIS, SIR	4.27. Refer to CPT			6.28	NA	4.32	0.76	4115	FALSE		In September 2024, the	September 2025; February 2025	(Tab 16); May 2025	FALSE	Decrease				
55840	Prostatectomy, retropubic radical	Laparoscopic Prostatectomy	September 2024	06		AUA	21.36	NA	11.07	2.63	1014	FALSE				May 2024	12	complete	TRUE	Decrease					
55842	Prostatectomy, retropubic radical	Laparoscopic Prostatectomy	September 2024	06		AUA	21.36	NA	11.05	2.57	47	FALSE				May 2024	12	complete	TRUE	Decrease					
55845	Prostatectomy, retropubic radical	Laparoscopic Prostatectomy	September 2024	06		AUA	25.18	NA	12.44	3.09	398	FALSE				May 2024	12	complete	TRUE	Decrease					
55866	Laparoscopy, surgical prostate	Laparoscopic Prostatectomy	September 2024	06		AUA	22.46	NA	10.56	2.74	18044	FALSE				In April 2023, the RAW	May 2024	12	complete	TRUE	Decrease				
55867	Laparoscopy, surgical prostate	Laparoscopic Prostatectomy	September 2024	06		AUA	19.53	NA	9.52	2.37	3448	FALSE				May 2024	12	complete	TRUE	Maintain					
55873	Cryosurgical ablation of the prostate	Cryosablation of Prostate	February 2009	25		AUA	13.45	NA	147.79	7.77	1.64	1056	FALSE						TRUE	Decrease					
55874	Transperineal placement of biore	RAW	April 2025	14	September 2026 RAW		Review action plan.			3.03	78.46	1.58	0.3	20020	FALSE					FALSE					
55876	Placement of interstitial device	RAW	April 2025	14	September 2026 RAW		Review action plan.			1.73	2.57	1.17	0.17	22040	FALSE					FALSE					
558X1	Laparoscopic Prostatectomy		September 2024	06		AUA	22.46	NA				FALSE					May 2024	12	complete	TRUE	Decrease				
558X2	Laparoscopic Prostatectomy		September 2024	06		AUA	29.35	NA				FALSE					May 2024	12	complete	TRUE	Decrease				
56515	Destruction of lesion(s), vulva;	Destruction of Lesions	September 2007	16		ACOG	Reduce 99238 to 0.5			3.08	4.72	2.84	0.5	2456	FALSE					FALSE	PE Only				
56620	Vulvectomy simple; partial	Partial Removal of Vulva	February 2008	D		ACOG	7.35	NA		7.53	NA	8.94	1.27	2948	FALSE					FALSE	Decrease				
57150	Irrigation of vagina and/or	app Vaginal Treatments	April 2017	15		ACOG	0.50	NA		0.5	1.12	0.19	0.07	17277	FALSE					FALSE	Decrease				
57155	Insertion of uterine tandem	an RAW	January 2017	30		ACOG, ASTRO	5.40	NA		5.15	6.52	3.02	0.48	2265	FALSE					TRUE	Decrease				
57156	Insertion of a vaginal radiation	RAW	January 2017	30		ACOG, ASTRO	2.69	NA		2.69	4.05	1.69	0.21	15452	FALSE					TRUE	Decrease				
57160	Fitting and insertion of pessary	Vaginal Treatments	April 2017	15		ACOG	0.89	NA		0.89	1.19	0.34	0.15	74285	FALSE					FALSE	Maintain				
57240	Anterior colporrhaphy, repair	Colporrhaphy with Cyst	January 2017	14		ACOG	10.08	NA		10.08	NA	6.86	1.56	6765	FALSE					TRUE	Decrease				
57250	Posterior colporrhaphy, repair	Colporrhaphy with Cyst	January 2017	14		ACOG	10.08	NA		10.08	NA	6.87	1.61	8885	FALSE					TRUE	Decrease				
57260	Combined anteroposterior	colporrhaphy with Cyst	January 2017	14		ACOG	13.25	NA		13.25	NA	8.06	2.13	8696	FALSE					TRUE	Decrease				
57265	Combined anteroposterior	colporrhaphy with Cyst	January 2017	14		ACOG	15.00	NA		15	NA	8.79	2.42	3701	FALSE					TRUE	Decrease				
57282	Colpopexy, vaginal; extra-perit	Colpopexy	January 2020	26			13.48	NA		11.63	NA	7.46	1.8	6846	FALSE					FALSE	Increase				
57283	Colpopexy, vaginal; intra-perit	Colpopexy	January 2020	26			13.51	NA		11.66	NA	7.50	1.9	5068	FALSE					FALSE	Increase				
57287	Removal or revision of sling for	Urological Procedures	February 2008	C		AUA	10.97	NA		11.15	NA	9.52	1.67	1361	FALSE					FALSE	Decrease				
57288	Sling operation for stress incontinence	Sling Operation for Stress	February 2008	O		ACOG, AUA	12.00	NA		12.13	NA	8.44	1.87	20097	FALSE					FALSE	Decrease				
57425	Laparoscopy, surgical, colposcopic	Laparoscopic Colposcopy	January 2020	27			18.02	NA		17.03	NA	9.58	2.64	11234	FALSE					FALSE	Increase				
58100	Endometrial sampling (biopsy)	Biopsy of Uterus Lining	April 2017	16		ACOG	1.21	NA		1.21	1.60	0.48	0.2	57051	FALSE					FALSE	Decrease				
58110	Endometrial sampling (biopsy)	Biopsy of Uterus Lining	April 2017	16		ACOG	0.77	NA		0.77	0.60	0.31	0.13	624	FALSE					FALSE	Maintain				
58555	Hysteroscopy, diagnostic (separate)	Hysteroscopy	January 2016	37		ACOG	3.07	NA		2.65	7.05	1.45	0.47	1171	FALSE					FALSE	Decrease				
58558	Hysteroscopy, surgical; with separate	Hysteroscopy	January 2016	37		ACOG	4.37	NA		4.17	32.44	2.06	0.71	43717	FALSE					FALSE	Decrease				
58559	Hysteroscopy, surgical; with separate	Hysteroscopy	January 2016	37		ACOG	5.54	NA		5.2	NA	2.42	0.87	87	FALSE					FALSE	Decrease				
58560	Hysteroscopy, surgical; with separate	Hysteroscopy	January 2016	37		ACOG	6.15	NA		5.75	NA	2.63	0.97	22	FALSE					FALSE	Decrease				
58561	Hysteroscopy, surgical; with separate	Hysteroscopy	January 2016	37		ACOG	7.00	NA		6.6	NA	2.99	1.11	2162	FALSE					FALSE	Decrease				
58562	Hysteroscopy, surgical; with separate	Hysteroscopy	January 2016	37		ACOG	4.17	NA		4	7.57	1.97	0.66	181	FALSE					FALSE	Decrease				
58563	Hysteroscopy, surgical; with separate	Hysteroscopy	January 2016	37		ACOG	4.62	NA		4.47	53.82	2.15	0.74	1307	FALSE					FALSE	Decrease				
58660	Laparoscopy, surgical; with separate	Laparoscopic Procedure	September 2007	16		AUA, ACOG	Reduce 99238 to 0.5			11.59	NA	6.86	2.25	507	FALSE					FALSE	PE Only				
58661	Laparoscopy, surgical; with separate	Laparoscopic Procedure	September 2007	16		ACOG	Reduce 99238 to 0.5			11.35	NA	6.39	1.91	12383	FALSE					FALSE	PE Only				
58823	Drainage of pelvic abscess, trans	Drainage of Abscess	January 2013	04			Deleted from CPT								FALSE					FALSE	Deleted from CPT				
59200	Insertion of cervical dilator (eg	Insertion of Cervical Dilator	January 2024	13		ACOG	1.20	NA		1.2	2.43	0.47	0.35	192	FALSE					FALSE	Increase				
59400	Routine obstetric care including	Obstetrical Care	October 2009	15		ACOG, AAFP	32.69	NA		37	NA	25.76	10.06	1347	FALSE					FALSE	Increase				
59409	Vaginal delivery only (with or without	Obstetrical Care	October 2009	15		ACOG, AAFP	14.37	NA		14.37	NA	5.76	3.86	765	FALSE					FALSE	Increase				
59410	Vaginal delivery only (with or without	Obstetrical Care	October 2009	15		ACOG, AAFP	18.54	NA		18.76	NA	8.61	5.12	427	FALSE					FALSE	Increase				
59412	External cephalic version, with	Obstetrical Care	October 2009	15		ACOG, AAFP	1.71	NA		1.71	NA	0.86	0.52	17	FALSE					FALSE	Maintain				
59414	Delivery of placenta (separate)	Obstetrical Care	October 2009	15		ACOG, AAFP	1.61	NA		1.61	NA	0.62	0.5	35	FALSE					FALSE	Maintain				
59425	Antepartum care only; 4-6 visits	Obstetrical Care	October 2009	15		ACOG, AAFP	6.31	NA		7.8	7.04	3.10	2.12	383	FALSE					FALSE	Decrease				
59426	Antepartum care only; 7 or more	Obstetrical Care	October 2009	15		ACOG, AAFP	11.16	NA		14.3	12.78	5.64	3.97	419	FALSE					FALSE	Decrease				
59430	Postpartum care only (separate)	Obstetrical Care	October 2009	15		ACOG, AAFP	2.47	NA		3.22	3.82	1.28	0.86	503	FALSE					FALSE	Increase				
59510	Routine obstetric care including	Obstetrical Care	October 2009	15		ACOG, AAFP	36.17	NA		41.05	NA	27.54	12.3	1173	FALSE					FALSE	Increase				
59514	Cesarean delivery only;	Obstetrical Care	October 2009	15		ACOG, AAFP	16.13	NA		16.13	NA	6.33	4.75	665	FALSE					FALSE	Increase				
59515	Cesarean delivery only; including	Obstetrical Care	October 2009	15		ACOG, AAFP	22.00	NA		22.79	NA	10.67	6.84	400	FALSE					FALSE	Increase				
59610	Routine obstetric care including	Obstetrical Care	October 2009	15		ACOG, AAFP	34.40	NA		38.71	NA	25.83	11.74	64	FALSE					FALSE	Increase				
59612	Vaginal delivery only, after pre	Obstetrical Care	October 2009	15		ACOG, AAFP	16.09	NA		16.09	NA	6.21	4.89	47	FALSE					FALSE	Increase				
59614	Vaginal delivery only, after pre	Obstetrical Care	October 2009	15		ACOG, AAFP	20.26	NA		20.48	NA	8.43	6.23	30	FALSE					FALSE	Increase				
59618	Routine obstetric care including	Obstetrical Care	October 2009	15		ACOG, AAFP	36.69	NA		41.57	NA	27.59	12.59	18	FALSE					FALSE	Increase				
59620	Cesarean delivery only, following	Obstetrical Care	October 2009	15		ACOG, AAFP	16.66	NA		16.66	NA	6.43	5.06	10	FALSE					FALSE	Decrease				
59622	Cesarean delivery only, following	Obstetrical Care	October 2009	15		ACOG, AAFP	22.53	NA		23.32	NA	11.32	7.06	3	FALSE					FALSE	Increase				
5XK00	Prostate Biopsy Service		September 2024	08	January 2026 RUC	ACR, AUA, OEIS, SIR	2.63. Refer to CPT			Codes Reported Together 75% or May 2024			0.00		FALSE					TRUE	In September 2024, the	September 2025; February 2025	(Tab 16); May 2025	FALSE	Decrease
5XK01	Prostate Biopsy Service</																								

62304	Myelography via lumbar inject Myelography	April 2014	17		ACR, ASNR	2.25	Codes Reported Together 75% or October 2012	000	2.25	4.96	1.02	0.21	7511	FALSE	TRUE	Joint Workgroup reque October 2013	21	Complete	TRUE	Decrease		
62305	Myelography via lumbar inject Myelography	April 2014	17		ACR, ASNR	2.35	Codes Reported Together 75% or October 2012	000	2.35	5.53	1.06	0.22	3777	FALSE	TRUE	Joint Workgroup reque October 2013	21	Complete	TRUE	Decrease		
62310	Injection(s), of diagnostic or th Epidural Injections	October 2015	10	RUC	AAPM, AAPMR, ASA, IS Deleted from CPT		CMS High Expenditure Procedura January 2012						FALSE	TRUE	In the NPRM for 2015, (May 2015	15	Complete	TRUE	Deleted from CPT			
62311	Injection(s), of diagnostic or th Epidural Injections	October 2015	10	RUC	AAPM, AAPMR, ASA, IS Deleted from CPT		CMS High Expenditure Procedura September 2011						FALSE	TRUE	In the NPRM for 2015, (May 2015	15	Complete	TRUE	Deleted from CPT			
62318	Injection(s), including indweller Epidural Injections	October 2015	10	RUC	AAPM, AAPMR, ASA, IS Deleted from CPT		CMS High Expenditure Procedura January 2012						FALSE	TRUE	In the NPRM for 2015, (May 2015	15	Complete	TRUE	Deleted from CPT			
62319	Injection(s), including indweller Epidural Injections	October 2015	10	RUC	AAPM, AAPMR, ASA, IS Deleted from CPT		CMS High Expenditure Procedura January 2012						FALSE	TRUE	In the NPRM for 2015, (May 2015	15	Complete	TRUE	Deleted from CPT			
62320	Injection(s), of diagnostic or th Epidural Injections	October 2015	10	RUC	AANS, AANEM, AAPM, 1.80		Final Rule for 2015 May 2015	000	1.8	2.71	0.91	0.25	1154	FALSE	FALSE	May 2015	15	Complete	TRUE	Decrease		
62321	Injection(s), of diagnostic or th Epidural Injections	October 2015	10	RUC	AANS, AANEM, AAPM, 1.95		Final Rule for 2015 May 2015	000	1.95	5.63	1.08	0.18	172493	FALSE	FALSE	May 2015	15	Complete	TRUE	Decrease		
62322	Injection(s), of diagnostic or th Epidural Injections	October 2015	10	RUC	AANS, AANEM, AAPM, 1.55		Final Rule for 2015 May 2015	000	1.55	2.24	0.63	0.16	20500	FALSE	FALSE	May 2015	15	Complete	TRUE	Decrease		
62323	Injection(s), of diagnostic or th Epidural Injections	October 2015	10	RUC	AANS, AANEM, AAPM, 1.80		Final Rule for 2015 May 2015	000	1.8	5.66	1.00	0.17	528640	FALSE	FALSE	May 2015	15	Complete	TRUE	Decrease		
62324	Injection(s), including indweller Epidural Injections	October 2015	10	RUC	AANS, AANEM, AAPM, 1.89		Final Rule for 2015 May 2015	000	1.89	2.04	0.62	0.16	9080	FALSE	FALSE	May 2015	15	Complete	TRUE	Decrease		
62325	Injection(s), including indweller Epidural Injections	October 2015	10	RUC	AANS, AANEM, AAPM, 2.20		Final Rule for 2015 May 2015	000	2.2	4.88	0.87	0.18	608	FALSE	FALSE	May 2015	15	Complete	TRUE	Decrease		
62326	Injection(s), including indweller Epidural Injections	October 2015	10	RUC	AANS, AANEM, AAPM, 1.78		Final Rule for 2015 May 2015	000	1.78	2.15	0.61	0.16	1497	FALSE	FALSE	May 2015	15	Complete	TRUE	Decrease		
62327	Injection(s), including indweller Epidural Injections	October 2015	10	RUC	AANS, AANEM, AAPM, 1.90		Final Rule for 2015 May 2015	000	1.9	5.81	1.09	0.2	1006	FALSE	FALSE	May 2015	15	Complete	TRUE	Decrease		
62328	Spinal puncture, lumbar, diagn Lumbar Puncture	January 2019	09			1.95	Different Performing Specialty frc September 2018	000	1.73	4.67	0.64	0.16	40638	FALSE	FALSE	September 21 24	24	Complete	TRUE	Increase		
62329	Spinal puncture, therapeutic, f Lumbar Puncture	January 2019	09			2.25	Different Performing Specialty frc September 2018	000	2.03	5.47	0.79	0.29	2269	FALSE	FALSE	September 21 24	24	Complete	TRUE	Increase		
62350	Implantation, revision or repos Intrathecal Epidural Cat	October 2010	67		AAPM, AANS/CNS, AS/ 6.05		Site of Service Anomaly September 2007	010	6.05	NA	4.86	1.23	3564	FALSE	FALSE			TRUE	Decrease			
62355	Removal of previously implant Intrathecal Epidural Cat	October 2010	67		AAPM, AANS/CNS, AS/ 4.35		Site of Service Anomaly September 2007	010	3.55	NA	4.13	0.88	715	FALSE	FALSE			TRUE	Decrease			
62360	Implantation or replacement o Intrathecal Epidural Cat	October 2010	67		AAPMR, ASA, NASS, AF 4.33		Site of Service Anomaly April 2008	010	4.33	NA	4.20	1.02	174	FALSE	FALSE			TRUE	Decrease			
62361	Implantation or replacement o Intrathecal Epidural Cat	October 2010	67		AAPM, AANS/CNS, AS/ 5.65		Site of Service Anomaly April 2008	010	5	NA	6.40	2.06	32	FALSE	FALSE			TRUE	Decrease			
62362	Implantation or replacement o Intrathecal Epidural Cat	October 2010	67		AAPM, AANS/CNS, AS/ 6.10		Site of Service Anomaly September 2007	010	5.6	NA	4.84	1.3	5362	FALSE	FALSE			TRUE	Decrease			
62365	Removal of subcutaneous rese Intrathecal Epidural Cat	October 2010	67		AAPMR, ASA, NASS, AF 4.65		Site of Service Anomaly September 2007	010	3.93	NA	4.20	0.98	904	FALSE	FALSE			TRUE	Decrease			
62367	Electronic analysis of program Electronic Analysis Imp	April 2018	14		AAPM, AAPMR, ASA, S New PE inputs. 0.48		Different Performing Specialty frc October 2009	XXX	0.48	0.43	0.20	0.05	6379	FALSE	TRUE	Identified through the (October 2010	49	Complete	TRUE	Maintain		
62368	Electronic analysis of program Electronic Analysis Imp	April 2018	14	September 21 RAW	AAPM, AAPMR, ASA, S Review action plan. New PE input		Different Performing Specialty frc October 2009	XXX	0.67	0.60	0.28	0.07	27855	FALSE	TRUE	Identified through the (October 2010	49	Complete	FALSE	Decrease		
62369	Electronic analysis of program Electronic Analysis Imp	April 2018	14		AAPM, AAPMR, ASA, S New PE inputs. 0.67		Codes Reported Together 75% or October 2010	XXX	0.67	2.00	0.29	0.07	19131	FALSE	TRUE	October 2010	49	Complete	TRUE	Decrease		
62370	Electronic analysis of program Electronic Analysis Imp	April 2018	14		AAPM, AAPMR, ASA, S New PE inputs. 1.10		Codes Reported Together 75% or October 2010	XXX	0.9	1.75	0.37	0.1	79419	FALSE	TRUE	October 2010	49	Complete	TRUE	Decrease		
63017	Laminectomy with exploration RAW	April 2015	14	September 21 RAW		Review action plan.	Codes Reported Together 75% or April 2025	090	17.33	NA	15.00	6.54	709	FALSE	FALSE			TRUE	Decrease			
63020	Laminotomy (hemilaminectom Lumbar Laminotomy w	January 2022	17		AANS, AAOs, CNS, IS/ 15.95		Site of Service Anomaly - 2018 January 2022	090	14.91	NA	13.92	4.91	702	FALSE	FALSE			TRUE	Increase			
63030	Laminotomy (hemilaminectom Lumbar Laminotomy w	January 2022	17		AANS, AAOs, CNS, IS/ 13.18		Pre-Time Analysis / Site of Service January 2014	090	12	NA	12.21	3.85	17304	FALSE	TRUE	In October 2018, AMA 5 September 2021		CCA rejected an	TRUE	Maintain		
63035	Laminotomy (hemilaminectom Lumbar Laminotomy w	January 2022	17		AANS, AAOs, CNS, IS/ 4.00		Site of Service Anomaly - 2018 January 2022	ZZZ	3.86	NA	1.95	1.17	3481	FALSE	FALSE			TRUE	Increase			
63042	Laminotomy (hemilaminectom RAW	September 2014	21		AANS, AAOs, NASS	Maintain work RVU and adjust th	Pre-Time Analysis January 2014	090	18.76	NA	15.22	5.48	5912	FALSE	FALSE			TRUE	Maintain			
63045	Laminectomy, facetectomy an Laminectomy	April 2025	14	September 21 RUC		Survey. 17.95	CMS Request - Final Rule for 2014 November 2013	090	17.95	NA	15.13	6.32	10499	FALSE	FALSE			TRUE	Maintain			
63046	Laminectomy, facetectomy an Laminectomy	April 2025	14	September 21 RUC		Survey. 17.25	CMS Request - Final Rule for 2014 November 2013	090	17.25	NA	14.65	5.73	4210	FALSE	FALSE			TRUE	Maintain			
63047	Laminectomy, facetectomy an Laminectomy	April 2025	14	September 21 RUC	NASS, AANS	Survey. 15.37	CMS High Expenditure Procedura September 2011	090	15.37	NA	13.61	4.87	77826	FALSE	FALSE			TRUE	Maintain			
63048	Laminectomy, facetectomy an Laminectomy	April 2025	14	September 21 RUC	NASS, AANS	Survey. 3.47	CMS High Expenditure Procedura January 2012	ZZZ	3.47	NA	1.76	1.1	99663	FALSE	FALSE			TRUE	Maintain			
63056	Transpedicular approach with RAW	October 2015	21	RAW	NASS, AANS	Review action plan at RAW Oct 21	CMS Fastest Growing / CPT Assist October 2008	090	21.86	NA	16.37	7.1	3844	TRUE	Oct 2009	Yes	TRUE	The specialty noted tha February 2010		Complete	TRUE	Maintain
63075	Dissectomy, anterior, with dec Arthrodesis Including D	February 2010	5		NASS, AANS/CNS	19.60	Codes Reported Together 95% or February 2008	090	19.6	NA	15.27	6.44	178	FALSE	TRUE	Referred to the CPT Edi October 2009	21	complete	TRUE	Maintain		
63076	Dissectomy, anterior, with dec Arthrodesis Including D	February 2010	5		NASS, AANS/CNS	4.04	Codes Reported Together 95% or More	ZZZ	4.04	NA	2.03	1.26	121	FALSE	FALSE			TRUE	Maintain			
63081	Vertebral corpectomy (vertebr RAW	September 2022	13		AANS, AAOs, CNS, IS/ CPT Assistant article published		Codes Reported Together 75% or April 2022	090	26.1	NA	18.96	8.61	3272	TRUE	Aug 2023	Yes	FALSE		TRUE	Maintain		
63090	Vertebral corpectomy (vertebr Vertebral Corpectomy	September 2022	13		AAOs, AANS	Maintain	Codes Reported Together 75% or January 2015	090	30.93	NA	19.76	8.15	533	FALSE	TRUE	In January 2015 the Joir September 21 20		complete	TRUE	Maintain		
63620	Stereotactic radiosurgery (part Stereotactic Radiosurg	February 2009	38			15.50	CMS Request - 2009 Final Rule NA	090	15.6	NA	12.60	6.42	493	FALSE	FALSE			TRUE	Decrease			
63621	Stereotactic radiosurgery (part Stereotactic Radiosurg	February 2009	38			4.00	CMS Request - 2009 Final Rule NA	ZZZ	4	NA	1.96	1.64	171	FALSE	FALSE			TRUE	Decrease			
63650	Percutaneous implantation of i Percutaneous implanta	October 2010	24		AAPM, AANS/CNS, AS/ 7.20. New PE Inputs		Site of Service Anomaly / CMS Fas September 2007	010	7.15	57.79	4.51	0.82	82989	FALSE	FALSE			TRUE	Decrease			
63655	Laminectomy for implantation Neurostimulator (Spina	April 2009	17		NASS, AANS	11.43	CMS Fastest Growing October 2008	090	10.92	NA	11.09	3.8	6336	FALSE	FALSE			TRUE	Maintain			
63660	Deleted from CPT Neurostimulator (Spina April 2009		17		AAPM, AANS/CNS, AS/ Deleted from CPT		Site of Service Anomaly / CMS Fas September 2007						FALSE	TRUE	The RUC recommend th October 2008	19	Code Deleted	TRUE	Deleted from CPT			
63661	Removal of spinal neurostimul Neurostimulator (Spina	April 2009	17		ISIS, NASS, AANS/CNS, 5.03		Site of Service Anomaly / CMS Fas April 2008	010	5.08	14.25	3.92	1.01	3917	FALSE	FALSE			TRUE	Decrease			
63662	Removal of spinal neurostimul Neurostimulator (Spina	April 2009	17		ISIS, NASS, AANS/CNS, 10.87		Site of Service Anomaly / CMS Fas April 2008	090	11	NA	11.27	3.86	1977	FALSE	FALSE			TRUE	Decrease			
63663	Revision including replacemen Neurostimulator (Spina	April 2009	17		ISIS, NASS, AANS/CNS, 70		Site of Service Anomaly / CMS Fas April 2008	010	7.75	17.71	4.71	1.12	1623	FALSE	FALSE			TRUE	Decrease			
63664	Revision including replacemen Neurostimulator (Spina	April 2009	17		ISIS, NASS, AANS/CNS, 11.39		Site of Service Anomaly / CMS Fas April 2008	090	11.52	NA	11.62	4.1	520	FALSE	FALSE			TRUE	Decrease			
63685	Insertion or replacement of sp Spinal Neurostimulator	September 2022	04		AANS, AAPM, AAPM&I 5.19		Site of Service Anomaly / CMS Fas September 2007	010	5.19	NA	4.04	1.05	27004	FALSE	FALSE			TRUE	Decrease			
63688	Revision or removal of implant Spinal Neurostimulator	September 2022	04		AANS, AAPM, AAPM&I 4.35		Site of Service Anomaly September 2007	010	4.35	NA	3.77	0.98	7196	FALSE	FALSE			TRUE	Decrease			
64400	Injection(s), anesthetic agent(s) Somatic Nerve Inject	October 2021	05		AAN, AAPM&R, AAPM, 1.00		Added as part of family October 2021	000	0.75	2.41	0.61	0.21	37602	FALSE	FALSE			TRUE	Decrease			
64405	Injection(s), anesthetic agent(s) Somatic Nerve Inject	October 2021	05		AAN, AAPM, AAPM&R, 0.94		CMS 000-Day Global Typically Re July 2016	000	0.94	1.11	0.43	0.22	121675	FALSE	FALSE			TRUE	Maintain			
64408	Injection(s), anesthetic agent(s) Somatic Nerve Inject	October 2021	05		AAPM, NANS, SIS	0.90	Added as part of family October 2021	000	0.75	1.56	0.49	0.12	2533	FALSE	FALSE			TRUE	Decrease			
64412	Injection, anesthetic agent; spi Anesthetic Injection -	April 2014	36		AAN, ASA, AAPMR, ISIS Deleted from CPT		High Volume Growth2 April 2013						TRUE	FAO Sept 21 Yes	TRUE	In April 2013, CPT code October 2014	21	Complete	TRUE	Deleted from CPT		
64415	Injection(s), anesthetic agent(s) Somatic Nerve Inject	October 2021	05		AAPM, ASA	1.50	CMS Fastest Growing October 2008	000	1.5	2.36	0.45	0.13	197583	TRUE	Dec 2011 & Yes	TRUE	During the October 201 May 2021	14	complete	TRUE	Increase	
64416	Injection(s), anesthetic agent(s) Somatic Nerve Inject	October 2021	05		AAPM, ASA	1.80	Site of Service Anomaly / High Vo September 2007	000	1.8	NA	0.34	0.16	12966	FALSE	TRUE	During the October 201 May 2021	14	complete	TRUE	Decrease		
64417	Injection(s), anesthetic agent(s) Somatic Nerve Inject	October 2021	05		AAPM, ASA	1.31	part of New/Revised Review October 2018	000	1.31	3.35	0.49	0.13	15822	FALSE	TRUE	During the October 201 May 2021	14	complete	TRUE	Decrease		
64418	Injection(s), anesthetic agent(s) Somatic Nerve Inject	October 2021	05		AAPM, SIS	1.10	Harvard Valued - Utilization over October 2015	000	1.1	1.35	0.43	0.13	28155	FALSE	FALSE			TRUE	Decrease			
64420	Injection(s), anesthetic agent(s) Somatic Nerve Inject	October 2021	05		AAPM, AAPM&R, NAN 1.18		Added as part of family October 2021	000	1.08	1.75	0.56	0.12	23559	FALSE	FALSE			TRUE	Maintain			
64421	Injection(s), anesthetic agent(s) Somatic Nerve Inject	October 2021	05		AAPM, AAPM&R, NAN 0.60		Added as part of family October 2021	ZZZ	0.5	0.46	0.19	0.04	17748	FALSE	FALSE			TRUE	Decrease			
64425	Injection(s), anesthetic agent(s) Somatic Nerve Inject	October 2021	05		AAPM, AAPM&R, NAN 1.19		Added as part of family October 2021	000	1	2.18	0.53	0.1	6903	FALSE	FALSE			TRUE	Decrease			
64430	Injection(s), anesthetic agent(s) Somatic Nerve Inject	October 2021	05		AAPM, ACOG, NANS, S 1.15		Added as part of family October 2021	000	1	1.80	0.52	0.13	4694	FALSE	FALSE			TRUE	Decrease			
64435	Injection(s), anesthetic agent(s) Somatic Nerve Inject	October 2021	05		AAPM, ACOG, NANS, S 0.75		Added as part of family October 2021	000	0.75	1.50	0.43	0.13	24	FALSE	FALSE			TRUE	Decrease			
64445	Injection(s), anesthetic agent(s) Somatic Nerve Inject	October 2021	05		AAPM, AAPM&R, ASA 1.39		CMS Fastest Growing October 2008	000	1.39	3.13	0.61	0.16	130082	TRUE	Dec 2011 & Yes	FALSE		TRUE	Decrease			
64446	Injection(s), anesthetic agent(s) Somatic Nerve Inject	October 2021	05		AAPM, ASA	1.75	Site of Service Anomaly / High Vo February 2008	000	1.75	NA	0.34	0.16	4135	FALSE	TRUE	During the October 201 May 2021	14	complete	TRUE	Decrease		
64447	Injection(s), anesthetic agent(s) Somatic Nerve Inject	October 2021	05		AAPM, ASA	1.34	CMS Fastest Growing / Codes Re October 2008	000	1.34	2.01	0.43	0.13	360473									

64636	Destruction by neurolytic agen Destruction by Neuroly	October 2020	17	ASA, AAPM, AAPMR, A 1.16	Work Neutrality Review	September 2014	ZZZ	1.16	5.72	0.48	0.12	367507	TRUE	Feb 2015	Yes	TRUE	In February 2011, the C	May 2015	20	complete	TRUE	Maintain	
64640	Destruction by neurolytic agen Injection Treatment of	September 2011	25	ASAM AAPM, APMA, A 1.23. Remove 99238.	Site of Service Anomaly (99238-O	September 2007	010	1.98	5.26	1.43	0.21	86229	FALSE			FALSE				complete	TRUE	Decrease	
64708	Neuroplasty, major peripheral Neuroplasty – Leg or A	October 2010	69	AOFAS, ASSH, AAOs, A 6.36	Site of Service Anomaly	September 2007	090	6.36	NA	8.23	0.92	11333	FALSE			FALSE					TRUE	Maintain	
64712	Neuroplasty, major peripheral Neuroplasty – Leg or A	October 2009	40	AOFAS, ASSH, AAOs, A Remove from screen	Site of Service Anomaly	September 2007	090	8.07	NA	8.41	1.69	612	FALSE			TRUE	The specialty society ha	February 201	32	Editorial Change	TRUE	Remove from Screen	
64831	Suture of digital nerve, hand o Neurohaphy – Finger	October 2010	70	AAOs, ASSPS, ASSH	Site of Service Anomaly	September 2007	090	9.16	NA	10.42	1.71	695	FALSE			FALSE					TRUE	Decrease	
65105	Enucleation of eye; with implai Ophthalmologic Proce	September 2007	16	AAO	Reduce 99238 to 0.5	September 2007	090	9.93	NA	17.53	0.79	543	FALSE			FALSE					TRUE	PE Only	
65205	Removal of foreign body, exte Removal of Foreign Bo	April 2017	19	AAO, AOA	CMS 000-Day Global Typically Req	July 2016	000	0.49	0.33	0.34	0.03	22601	FALSE			FALSE					TRUE	Decrease	
65210	Removal of foreign body, exte Removal of Foreign Bo	April 2017	19	AAO, AOA	CMS 000-Day Global Typically Req	July 2016	000	0.61	0.50	0.43	0.03	15573	FALSE			FALSE					TRUE	Decrease	
65222	Removal of foreign body, exte Removal of Foreign Bo	September 2011	26	AAO, AOA (optometric)	Harvard Valued - Utilization over	April 2011	000	0.84	1.14	0.60	0.04	18722	FALSE			FALSE					TRUE	Maintain	
65285	Repair of laceration; cornea a Repair of Eye Wound	February 2011	8	AAO	Site of Service Anomaly	September 2007	090	15.36	NA	16.11	1.21	542	FALSE			FALSE					TRUE	Decrease	
65778	Placement of amniotic membr: Ocular Surface Amniot	January 2023	18	AAO, AOA	High Volume Growth8	April 2022	000	0.84	36.76	0.42	0.04	61069	FALSE			FALSE					TRUE	Decrease	
65779	Placement of amniotic membr: Ocular Surface Amniot	January 2023	18	AAO, AOA	High Volume Growth8	September 2022	000	1.75	31.08	1.22	0.15	686	FALSE			FALSE					TRUE	Decrease	
65780	Ocular surface reconstruction; Ocular Surface Amniot	January 2023	18	AAO, AOA	CMS Fastest Growing / 090-Day G	October 2008	090	7.03	NA	10.04	0.55	1446	TRUE	Jun 2009	Yes	FALSE					TRUE	Decrease	
65800	Paracentesis of anterior chamt Paracentesis of the Eye	April 2012	21	AAO	Harvard Valued - Utilization over	September 2011	000	1.53	1.91	0.99	0.13	13447	FALSE			TRUE	Sept 2011 AAO stated t	October 2011	19	Complete	TRUE	Decrease	
65805	Paracentesis of anterior chamt Paracentesis of the Eye	April 2012	21	AAO	Harvard Valued - Utilization over	April 2011							FALSE			TRUE	Sept 2011 AAO stated t	October 2011	19	Complete	TRUE	Deleted from CPT	
65820	Goniotomy	RAW	April 2025	14	September 2C RAW	AAO	Review action plan. Remove from	Codes Reported Together 75% or	April 2023	090	8.91	NA	14.70	0.69	35394	FALSE						TRUE	Remove from screen
65855	Trabeculoplasty by laser surge: Trabeculoplasty by Las	April 2015	11	RUC	AAO	3.00	010	3	4.04	2.86	0.23	133962	FALSE			TRUE	Referred to CPT to excl	February 201	28	Complete	TRUE	Decrease	
66170	Fistulization of sclera for glauc: Glaucoma Surgery	April 2015	32	RUC	AAO	13.94	090	13.94	NA	17.43	1.08	4744	FALSE			FALSE					TRUE	Decrease	
66172	Fistulization of sclera for glauc: Glaucoma Surgery	April 2015	32	RUC	AAO	14.81	090	14.84	NA	19.44	1.16	1703	FALSE			FALSE					TRUE	Decrease	
66174	Transluminal dilation of aqueo Dilation of Aqueous Ou	April 2024	12	AAO	Remove from screen. 8.53	New Technology/ New Service	April 2010	090	7.62	NA	10.32	0.6	20880	FALSE			FALSE					TRUE	Decrease
66175	Transluminal dilation of aqueo Dilation of Aqueous Ou	April 2024	12	AAO	Remove from screen. 10.25	New Technology/ New Service	October 2020	090	9.34	NA	11.42	0.72	333	FALSE			FALSE					TRUE	Decrease
66179	Aqueous shunt to extraocular : Aqueous Shunt	January 2014	12	AAO	AAO	14.00	090	14	NA	16.95	1.1	576	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	NA	17.59	1.16	8637	FALSE			TRUE	In April 2013, the Ameri	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	13.2	NA	16.27	1.03	6784	FALSE			FALSE					TRUE	Maintain
66184	Revision of aqueous shunt to e Aqueous Shunt	January 2014	12	AAO	9.58	Harvard-Valued Annual Allowed	January 2014	090	9.58	NA	13.19	0.74	519	FALSE			TRUE		October 2013	24	Complete	TRUE	Decrease
66185	Revision of aqueous shunt to e Aqueous Shunt	January 2020	37	AAO	Maintain. 10.58	Harvard-Valued Annual Allowed	October 2012	090	10.58	NA	13.84	0.82	1353	FALSE			TRUE	In April 2013, the Ameri	October 2013	24	Complete	TRUE	Increase
66711	Ciliary body destruction; cyclo Cyclophotocoagulation	January 2019	11	AAO	6.36	Codes Reported Together 75%or	October 2017	090	5.62	NA	9.01	0.44	588	FALSE			TRUE	In October 2017, mainti	May 2018	26	complete	TRUE	Decrease
66761	Iridotomy/iridectomy by laser : Iridotomy	January 2020	37	AAO	Maintain. 3.00	High IWPUT / 010-Day Global Pos	February 2008	010	3	5.58	3.76	0.23	44550	FALSE			TRUE	In April 2009, the Workg	February 201	33	Revised	TRUE	Decrease
66821	Discission of secondary membranous cataract (opacifi	February 2011	41	AAO	Maintain	MPC List	October 2010	090	3.42	6.22	5.57	0.25	631168	FALSE			FALSE					TRUE	Maintain
66982	Extracapsular cataract removal Cataract Removal with	April 2024	12	AAO	Remove from screen. 10.25	High IWPUT / CMS Fastest Growin	September 2007	090	10.25	NA	11.05	0.79	136032	TRUE	Sep 2009	Yes	FALSE					TRUE	Decrease
66983	Intracapsular cataract extracti Cyclophotocoagulation	January 2019	11	AAO	Contractor Price	Codes Reported Together 75%or	January 2019	090	0	0.00	0.00	0	89	FALSE			FALSE					TRUE	Contractor Price
66984	Intracapsular cataract removal Cataract Removal with	April 2024	12	AAO	Remove from screen	High IWPUT / MPC List / Codes R	February 2008	090	7.35	NA	8.23	0.55	1468837	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	13.15	NA	0.00	0	453	FALSE			FALSE					TRUE	Decrease
66988	Extracapsular cataract removal Cataract Removal with	January 2021	11	AAO	10.25	Codes Reported Together 75%or	January 2019	090	0	0.00	0.00	0	3267	FALSE			FALSE					TRUE	Decrease
66989	Extracapsular cataract removal Cataract Removal with	January 2021	16	AAO	12.13	Codes Reported Together 75%or	January 2021	090	12.13	NA	12.30	0.92	4574	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 2	January 2021	090	9.23	NA	10.36	0.71	41162	FALSE			FALSE		October 2020	37	complete	TRUE	Maintain
67028	Intravitreal injection of a phar: Treatment of Retinal L	September 2022	13	AAO, ASRS	1.44	High Volume Growth1 / CMS Fast	February 2008	000	1.44	1.81	1.18	0.12	4087619	FALSE			FALSE					TRUE	Maintain
67036	Vitrectomy, mechanical, pars p Vitrectomy	October 2013	11	AAO	12.13	Harvard-Valued Annual Allowed	October 2012	090	12.13	NA	13.46	0.94	18611	FALSE			FALSE					TRUE	Decrease
67038	Deleted from CPT	Ophthalmological Proce	September 2007	16	AAO	Deleted from CPT	September 2007							FALSE			FALSE		February 2007		Complete	TRUE	Deleted from CPT
67039	Vitrectomy, mechanical, pars p Vitrectomy	October 2013	11	AAO	13.20	Site of Service Anomaly (99238-O	September 2007	090	13.2	NA	14.16	1.03	3858	FALSE			FALSE					TRUE	Decrease
67040	Vitrectomy, mechanical, pars p Vitrectomy	October 2013	11	AAO	14.50	Site of Service Anomaly (99238-O	September 2007	090	14.5	NA	15.00	1.15	5547	FALSE			FALSE					TRUE	Decrease
67041	Vitrectomy, mechanical, pars p Vitrectomy	October 2013	11	AAO	16.33	Harvard-Valued Annual Allowed	October 2012	090	16.33	NA	16.18	1.27	10487	FALSE			FALSE					TRUE	Decrease
67042	Vitrectomy, mechanical, pars p Vitrectomy	October 2013	11	AAO	16.33	Harvard-Valued Annual Allowed	October 2012	090	16.33	NA	16.18	1.27	22039	FALSE			FALSE					TRUE	Decrease
67043	Vitrectomy, mechanical, pars p Vitrectomy	October 2013	11	AAO	17.40	Harvard-Valued Annual Allowed	October 2012	090	17.4	NA	16.88	1.37	220	FALSE			FALSE					TRUE	Decrease
67101	Repair of retinal detachment, i Retinal Detachment Re	October 2015	11	RUC	AAO, ASRS	3.50	090-Day Global Post-Operative Vi	April 2015	010	3.5	6.16	4.68	0.28	252	FALSE		TRUE	In April 2015, the RUC r	May 2015	21	Complete	TRUE	Decrease
67105	Repair of retinal detachment, i Retinal Detachment Re	October 2015	11	RUC	AAO, ASRS	3.84	090-Day Global Post-Operative Vi	April 2015	010	3.39	5.14	4.50	0.27	3617	FALSE		TRUE	In April 2015, the RUC r	May 2015	21	Complete	TRUE	Decrease
67107	Repair of retinal detachment, i Retinal Detachment Re	April 2015	12	AAO	16.00. Reduce 99238 to 0.5	Site of Service Anomaly (99238-O	September 2007	090	16	NA	15.97	1.26	325	FALSE			FALSE		October 2014	23	complete	TRUE	Decrease
67108	Repair of retinal detachment, i Retinal Detachment Re	April 2015	12	RUC	AAO	17.13	Site of Service Anomaly (99238-O	September 2007	090	17.13	NA	16.70	1.35	15381	FALSE		FALSE		October 2014	23	complete	TRUE	Decrease
67110	Repair of retinal detachment, i Retinal Detachment Re	April 2015	12	AAO	10.25. Remove 99238	Site of Service Anomaly (99238-O	September 2007	090	10.25	15.27	13.04	0.8	2301	FALSE			FALSE		October 2014	23	complete	TRUE	Maintain
67112	Repair of retinal detachment, i Retinal Detachment Re	April 2015	12	AAO	Deleted from CPT	090-Day Global Post-Operative Vi	April 2014							FALSE			TRUE	Added as part of the far	October 2014	23	Complete	TRUE	Deleted from CPT
67113	Repair of complex retinal deta Retinal Detachment Re	April 2015	12	RUC	AAO	19.00	090-Day Global Post-Operative Vi	January 2014	090	19	NA	18.80	1.47	9774	FALSE		FALSE		October 2014	23	Complete	TRUE	Decrease
67141	Prophylaxis of retinal detachm Retinal Detachment Pro	October 2020	08	AAO, ASRS	2.53	Harvard Valued - Utilization over	January 2020	010	2.53	5.26	3.69	0.2	1128	FALSE			TRUE	CPT code 67145 was ide	May 2020		complete	TRUE	Decrease
67145	Prophylaxis of retinal detachm Retinal Detachment Pro	October 2020	08	AAO, ASRS	2.53	Harvard Valued - Utilization over	October 2019	010	2.53	4.49	3.69	0.2	30390	FALSE			TRUE	CPT code 67145 was ide	May 2020		Complete	TRUE	Decrease
67210	Destruction of localized lesion Treatment of Retinal Le	October 2010	13	AAO	6.36	High IWPUT	February 2008	090	6.36	8.41	7.92	0.51	34505	FALSE			TRUE	Code originally referred to CPT with request for global pr	Complete		complete	TRUE	Decrease
67220	Destruction of localized lesion Treatment of Retinal Le	October 2010	13	AAO	6.36	High IWPUT	February 2008	090	6.36	8.85	7.94	0.5	1562	FALSE			TRUE	Code originally referred to CPT with request for global pr	Complete		complete	TRUE	Decrease
67225	Destruction of localized lesion Photodynamic Therapy	February 2008	P	AAO	0.47	New Technology	September 2007	ZZZ	0.47	0.36	0.30	0.04	88	FALSE			FALSE					TRUE	Maintain
67228	Treatment of extensive or proq Treatment of Retinal Le	October 2009	40	AAO	Remove from screen	High IWPUT	February 2008	010	4.39	5.33	4.26	0.35	37625	FALSE			FALSE					TRUE	Remove from Screen
67255	Scleral reinforcement (separat Aqueous Shunt	April 2025	14	April 2028 RAW	AAO	Review action plan. 10.17	Harvard-Valued Annual Allowed	January 2014	090	8.38	NA	11.42	0.64	518	FALSE		TRUE		October 2013	24	Complete	FALSE	Maintain
67311	Strabismus surgery, recession : Strabismus Surgery	October 2020	18	AAO, AAP	5.93	ZZZ Global Post-Operative Visits	April 2020	090	5.93	NA	7.17	0.48	4931	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	9.5	NA	9.50	0.73	1385	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	NA	7.17	0.48	2461	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	NA	9.95	0.81	148	FALSE			FALSE					TRUE	Decrease
67318	Strabismus surgery, any proce Strabismus Surgery	October 2020	18	AAO, AAP	9.80	ZZZ Global Post-Operative Visits	April 2020	090	9.8	NA	9.83	0.76	161	FALSE			FALSE						

70482	Computed tomography, orbit, CT – Orbit/Ear/Fossa	October 2018	16		ACR, ASNR	1.27	CMS-Other - Utilization over 30,0	October 2017	XXX	1.27	5.04	NA	0.08	4320	FALSE		FALSE		TRUE	Decrease	
70486	Computed tomography, maxilla-CT – Maxillofacial	April 2014	41		ACR, ASNR	0.85	CMS-Other - Utilization over 250,0	April 2013	XXX	0.85	3.00	NA	0.05	496826	FALSE		FALSE	TRUE	Decrease		
70487	Computed tomography, maxilla-CT – Maxillofacial	April 2014	41		ACR, ASNR	1.17	CMS-Other - Utilization over 250,0	April 2014	XXX	1.13	3.43	NA	0.07	31695	FALSE		FALSE	TRUE	Decrease		
70488	Computed tomography, maxilla-CT – Maxillofacial	April 2014	41		ACR, ASNR	1.30	CMS-Other - Utilization over 250,0	April 2014	XXX	1.27	4.25	NA	0.08	3523	FALSE		FALSE	TRUE	Decrease		
70490	Computed tomography, soft ti-CT Soft Tissue Neck	January 2017	21		ACR, ASNR	1.28	CMS High Expenditure Procedura	July 2015	XXX	1.28	3.22	NA	0.07	56043	FALSE		FALSE	TRUE	Maintain		
70491	Computed tomography, soft ti-CT Soft Tissue Neck	January 2017	21		ACR, ASNR	1.38	CMS High Expenditure Procedura	July 2015	XXX	1.38	4.14	NA	0.08	267867	FALSE		FALSE	TRUE	Maintain		
70492	Computed tomography, soft ti-CT Soft Tissue Neck	January 2017	21		ACR, ASNR	1.62	CMS High Expenditure Procedura	July 2015	XXX	1.62	5.01	NA	0.09	22471	FALSE		FALSE	TRUE	Increase		
70496	Computed tomographic angiog Cerebral Perfusion & C	September 2024	09		ACR, ASNR	1.75	High Volume Growth1 / CMS Fast February	2008	XXX	1.75	6.56	NA	0.11	715741	FALSE	TRUE	In April 2022, the WorkMay 2024	17	Complete	TRUE	Maintain
70498	Computed tomographic angiog Cerebral Perfusion & C	September 2024	09		ACR, ASNR	1.75	High Volume Growth1 / CMS Fast February	2008	XXX	1.75	6.55	NA	0.11	742445	FALSE	TRUE	In April 2022, the WorkMay 2024	17	Complete	TRUE	Maintain
70540	Magnetic resonance (eg, proto MRI Face and Neck	January 2016	39		ACR, ASNR	1.35	CMS High Expenditure Procedura	July 2015	XXX	1.35	5.44	NA	0.08	9100	FALSE		FALSE	TRUE	Maintain		
70542	Magnetic resonance (eg, proto MRI Face and Neck	January 2016	39		ACR, ASNR	1.62	CMS High Expenditure Procedura	July 2015	XXX	1.62	6.41	NA	0.1	763	FALSE		FALSE	TRUE	Maintain		
70543	Magnetic resonance (eg, proto MRI Face and Neck	January 2016	39		ACR, ASNR	2.15	CMS High Expenditure Procedura	July 2015	XXX	2.15	8.01	NA	0.15	68249	FALSE		FALSE	TRUE	Maintain		
70544	Magnetic resonance angiograp Magnetic Resonance Ai	April 2024	12	January 2026	ACR, ASNR, SIR	Refer to CPT for code bundle solu	CMS High Expenditure Procedura	July 2015	XXX	1.2	5.28	NA	0.08	171262	FALSE	TRUE	In April 2022, the RelatiSeptember 2025		FALSE	Maintain	
70545	Magnetic resonance angiograp Magnetic Resonance Ai	October 2016	18		ACR, ASNR	1.20	CMS High Expenditure Procedura	July 2015	XXX	1.2	5.65	NA	0.08	2713	FALSE		FALSE	TRUE	Maintain		
70546	Magnetic resonance angiograp Magnetic Resonance Ai	October 2016	18		ACR, ASNR	1.48	CMS High Expenditure Procedura	July 2015	XXX	1.48	8.45	NA	0.11	20970	FALSE		FALSE	TRUE	Decrease		
70547	Magnetic resonance angiograp Magnetic Resonance Ai	April 2024	12	January 2026	ACR, ASNR, SIR	Refer to CPT for code bundle solu	CMS High Expenditure Procedura	July 2015	XXX	1.2	5.30	NA	0.08	58446	FALSE	TRUE	In April 2022, the RelatiSeptember 2025		FALSE	Maintain	
70548	Magnetic resonance angiograp Magnetic Resonance Ai	October 2016	19		ACR, ASNR	1.50	CMS High Expenditure Procedura	July 2015	XXX	1.5	5.90	NA	0.1	11334	FALSE		FALSE	TRUE	Increase		
70549	Magnetic resonance angiograp Magnetic Resonance Ai	October 2016	19		ACR, ASNR	1.80	CMS High Expenditure Procedura	July 2015	XXX	1.8	8.60	NA	0.12	39633	FALSE		FALSE	TRUE	Maintain		
70551	Magnetic resonance (eg, proto MRI-Brain	January 2013	26		ACR, ASNR	1.48	CMS High Expenditure Procedura	September 2011	XXX	1.48	4.41	NA	0.09	1071507	FALSE		FALSE	TRUE	Maintain		
70552	Magnetic resonance (eg, proto MRI-Brain	January 2013	26		ACR, ASNR	1.78	CMS High Expenditure Procedura	September 2011	XXX	1.78	6.35	NA	0.11	17700	FALSE		FALSE	TRUE	Maintain		
70553	Magnetic resonance (eg, proto MRI-Brain	January 2013	26		ACR, ASNR	2.36	CMS-Other - Utilization over 500,0	April 2011	XXX	2.29	7.26	NA	0.16	968572	FALSE		FALSE	TRUE	Maintain		
70XX1	Cerebral Perfusion & C	September 2024	09		ACR, ASNR	2.50	Codes Reported Together 75% or May 2024		XXX						FALSE		May 2024	17	Complete	TRUE	Decrease
70XX2	Cerebral Perfusion & C	September 2024	09		ACR, ASNR	0.77	Codes Reported Together 75% or May 2024		XXX						FALSE		May 2024	17	Complete	TRUE	Decrease
70XX3	Cerebral Perfusion & C	September 2024	09		ACR, ASNR	1.00	Codes Reported Together 75% or May 2024		XXX						FALSE		May 2024	17	Complete	TRUE	Decrease
71010	Radiologic examination, chest: Chest X-Rays	April 2016	07		ACR	Deleted from CPT	Low Value-High Volume / CMS Hi	October 2010						FALSE			February 201	20	Complete	TRUE	Deleted from CPT
71015	Radiologic examination, chest: Chest X-Rays	April 2016	07		ACR	Deleted from CPT	CMS High Expenditure Procedura	July 2015						FALSE			February 201	20	Complete	TRUE	Deleted from CPT
71020	Radiologic examination, chest: Chest X-Rays	April 2016	07		ACR	Deleted from CPT	MPC List / CMS High Expenditure	October 2010						FALSE			February 201	20	Complete	TRUE	Deleted from CPT
71021	Radiologic examination, chest: Chest X-Rays	April 2016	07		ACR	Deleted from CPT	CMS High Expenditure Procedura	July 2015						FALSE			February 201	20	Complete	TRUE	Deleted from CPT
71022	Radiologic examination, chest: Chest X-Rays	April 2016	07		ACR	Deleted from CPT	CMS High Expenditure Procedura	July 2015						FALSE			February 201	20	Complete	TRUE	Deleted from CPT
71023	Radiologic examination, chest: Chest X-Ray	April 2016	07		ACR	Deleted from CPT	CMS High Expenditure Procedura	July 2015						FALSE			February 201	20	Complete	TRUE	Deleted from CPT
71030	Radiologic examination, chest: Chest X-Rays	April 2016	07		ACR	Deleted from CPT	CMS High Expenditure Procedura	July 2015						FALSE			February 201	20	Complete	TRUE	Deleted from CPT
71034	Radiologic examination, chest: Chest X-Rays	April 2016	07		ACR	Deleted from CPT	CMS High Expenditure Procedura	July 2015						FALSE			February 201	20	Complete	TRUE	Deleted from CPT
71035	Radiologic examination, chest: Chest X-Rays	April 2016	07		ACR	Deleted from CPT	CMS High Expenditure Procedura	July 2015						FALSE			February 201	20	Complete	TRUE	Deleted from CPT
71045	Radiologic examination, chest: Chest X-Ray	April 2016	07		ACR	0.18	CMS High Expenditure Procedura	February 2016	XXX	0.18	0.58	NA	0.02	12830852	FALSE		February 201	20	Complete	TRUE	Decrease
71046	Radiologic examination, chest: Chest X-Ray	April 2016	07		ACR	0.22	CMS High Expenditure Procedura	February 2016	XXX	0.22	0.77	NA	0.02	6114523	FALSE		February 201	20	Complete	TRUE	Decrease
71047	Radiologic examination, chest: Chest X-Ray	April 2016	07		ACR	0.27	CMS High Expenditure Procedura	February 2016	XXX	0.27	0.97	NA	0.02	13169	FALSE		February 201	20	Complete	TRUE	Decrease
71048	Radiologic examination, chest: Chest X-Ray	April 2016	07		ACR	0.31	CMS High Expenditure Procedura	February 2016	XXX	0.31	1.04	NA	0.02	7371	FALSE		February 201	20	Complete	TRUE	Decrease
71090	Insertion pacemaker, fluoroscInsertion/Removal of P	April 2011	10		ACC	Deleted from CPT	Codes Reported Together 75% or February	2010						FALSE		TRUE	33213 - This code, wherFebruary 201	13	Complete	TRUE	Deleted from CPT
71100	Radiologic examination, ribs, u X-Ray of Ribs	April 2016	30		ACR	0.22	CMS-Other - Utilization over 250,0	April 2013	XXX	0.22	0.86	NA	0.02	118781	FALSE				TRUE	Maintain	
71101	Radiologic examination, ribs, u X-Ray of Ribs	April 2016	30		ACR	0.27	CMS-Other - Utilization over 250,0	October 2015	XXX	0.27	0.97	NA	0.02	241355	FALSE				TRUE	Maintain	
71110	Radiologic examination, ribs, b X-Ray of Ribs	April 2016	30		ACR	0.29	CMS-Other - Utilization over 250,0	October 2015	XXX	0.29	1.00	NA	0.02	19332	FALSE				TRUE	Maintain	
71111	Radiologic examination, ribs, b X-Ray of Ribs	April 2016	30		ACR	0.32	CMS-Other - Utilization over 250,0	October 2015	XXX	0.32	1.22	NA	0.03	26668	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	2.91	NA	0.06	2310876	FALSE				TRUE	Increase	
71260	Computed tomography, thorax Screening CT of Thorax	October 2019	07		ACR	1.38	CMS High Expenditure Procedura	July 2015	XXX	1.16	3.85	NA	0.07	1705072	FALSE				TRUE	Maintain	
71270	Computed tomography, thorax Screening CT of Thorax	October 2019	07		ACR	1.24	CMS High Expenditure Procedura	July 2015	XXX	1.25	4.64	NA	0.08	55650	FALSE				TRUE	Maintain	
71271	Computed tomography, thorax Screening CT of Thorax	October 2019	07			1.16	CMS-Other - Utilization over 30,0	May 2019	XXX	1.08	3.04	NA	0.07	407419	FALSE				TRUE	Increase	
71275	Computed tomographic angiog CT Angiography-Chest	January 2014	27		ACR, SIR	1.82	CMS Fastest Growing / MPC List	October 2008	XXX	1.82	6.64	NA	0.13	1475644	TRUE	Jun 2009	Yes		FALSE	TRUE	Decrease
72020	Radiologic examination, spine, X-Ray Spine	January 2019	27		AAOS, ACR, ASNR	0.16	CMS-Other - Utilization over 100,0	April 2016	XXX	0.16	0.55	NA	0.02	82560	FALSE				FALSE	TRUE	Increase
72040	Radiologic examination, spine, X-Ray Spine	January 2019	27		AAOS, ACR, ASNR	0.22	Low Value-High Volume / CMS-O	October 2010	XXX	0.22	0.95	NA	0.02	560009	FALSE	TRUE	The RUC recommenderOctober 2011	17	Complete	TRUE	Maintain
72050	Radiologic examination, spine, X-Ray Spine	January 2019	27		AAOS, ACR, ASNR	0.27	Low Value-High Volume / CMS-O	October 2010	XXX	0.27	1.33	NA	0.02	321240	FALSE	TRUE	The RUC recommenderOctober 2011	17	Complete	TRUE	Decrease
72052	Radiologic examination, spine, X-Ray Spine	January 2019	27		AAOS, ACR, ASNR	0.30	Low Value-High Volume / CMS-O	October 2010	XXX	0.3	1.53	NA	0.03	55860	FALSE	TRUE	The RUC recommenderOctober 2011	17	Complete	TRUE	Decrease
72070	Radiologic examination, spine: X-Ray Spine	January 2019	27		AAOS, ACR, ASNR	0.20	CMS-Other - Utilization over 250,0	April 2013	XXX	0.2	0.77	NA	0.02	264764	FALSE				FALSE	TRUE	Decrease
72072	Radiologic examination, spine: X-Ray Spine	January 2019	27		AAOS, ACR, ASNR	0.23	CMS-Other - Utilization over 100,0	April 2016	XXX	0.23	0.93	NA	0.02	135303	FALSE				FALSE	TRUE	Increase
72074	Radiologic examination, spine: X-Ray Spine	January 2019	27		AAOS, ACR, ASNR	0.25	CMS-Other - Utilization over 100,0	October 2016	XXX	0.25	1.07	NA	0.02	10838	FALSE				FALSE	TRUE	Increase
72080	Radiologic examination, spine: X-Ray Spine	January 2019	27		AAOS, ACR, ASNR	0.21	CMS-Other - Utilization over 100,0	October 2016	XXX	0.21	0.81	NA	0.02	43064	FALSE				FALSE	TRUE	Decrease
72100	Radiologic examination, spine, X-Ray Spine	January 2019	27		AAOS, ACR, ASNR	0.22	Harvard Valued - Utilization over:	February 2010	XXX	0.22	0.95	NA	0.02	1513682	FALSE	TRUE	This service was broughtOctober 2010	18	Complete	TRUE	Maintain
72110	Radiologic examination, spine, X-Ray Spine	January 2019	27		AAOS, ACR, ASNR	0.26	Harvard Valued - Utilization over:	October 2009	XXX	0.26	1.28	NA	0.02	721892	FALSE	TRUE	April 2010, refer to CPT October 2010	18	Complete	TRUE	Decrease
72114	Radiologic examination, spine, X-Ray Spine	January 2019	27		AAOS, ACR, ASNR	0.30	Harvard Valued - Utilization over:	February 2010	XXX	0.3	1.51	NA	0.03	82383	FALSE	TRUE	This service was broughtOctober 2010	18	Complete	TRUE	Decrease
72120	Radiologic examination, spine, X-Ray Spine	January 2019	27		AAOS, ACR, ASNR	0.22	Harvard Valued - Utilization over:	February 2010	XXX	0.22	0.98	NA	0.02	41373	FALSE	TRUE	Code 72110 was identif October 2010	18	Complete	TRUE	Maintain
72125	Computed tomography, cervic CT Spine	April 2018	18		ACR, ASNR	1.07	CMS Fastest Growing	October 2008	XXX	1	2.91	NA	0.05	1456236	FALSE				FALSE	TRUE	Maintain
72126	Computed tomography, cervic CT Spine	April 2018	18		ACR, ASNR	1.22	CMS Fastest Growing	February 2009	XXX	1.22	3.84	NA	0.07	16804	FALSE				FALSE	TRUE	Maintain
72127	Computed tomography, cervic CT Spine	April 2018	18		ACR, ASNR	1.27	CMS Fastest Growing	February 2009	XXX	1.27	4.63	NA	0.08	1853	FALSE				FALSE	TRUE	Maintain
72128	Computed tomography, thorax CT Spine	April 2018	18		ACR, ASNR	1.00	CMS Fastest Growing	October 2008	XXX	1	2.90	NA	0.05	227277	FALSE				FALSE	TRUE	Maintain
72129	Computed tomography, thorax CT Spine	April 2018	18		ACR, ASNR	1.22	CMS Fastest Growing	February 2009	XXX	1.22	3.88	NA	0.08	39752	FALSE				FALSE	TRUE	Maintain
72130	Computed tomography, thorax CT Spine	April 2018	18		ACR, ASNR	1.27	CMS Fastest Growing	February 2009	XXX	1.27	4.70	NA	0.08	1518	FALSE				FALSE	TRUE	Maintain
72131	Computed tomography, lumbar CT Spine	April 2018	18		ACR, ASNR	1.00	CMS Fastest Growing / CMS-Othe	February 2009	XXX	1	2.89	NA	0.05	526477	FALSE				FALSE	TRUE	Maintain
72132	Computed tomography, lumbar CT Spine	April 2018	18		ACR, ASNR	1.22	CMS Fastest Growing / CMS-Othe	February 2009	XXX	1.22	3.86	NA	0.07	62667	FALSE				FALSE	TRUE	Maintain
72133	Computed tomography, lumbar CT Spine	April 2018	18		ACR, ASNR	1.27	CMS Fastest Growing / CMS-Othe	February 2009	XXX	1.27	4.64	NA	0.08	3730	FALSE				FALSE	TRUE	Maintain
72141	Magnetic resonance (eg, proto MRI Neck and Lumbur	: April 2013	25		ACR	1.48	CMS High Expenditure Procedura	September 2011	XXX	1.48	4.23	NA	0.09	551282							

73206	Computed tomographic angiog	CT Angiography	October 2013	12		ACR, SIR	Survey with all CTA codes for Oct	CMS Request - Final Rule for 2013	May 2013	XXX	1.81	7.10	NA	0.14	8029	FALSE				FALSE	TRUE	Remove from Screen				
73218	Magnetic resonance (eg, proto MRI		October 2013	18		ACR	CPT Assistant published.	CMS Fastest Growing	October 2008	XXX	1.35	7.72	NA	0.09	33063	TRUE	Feb 2011	Yes	FALSE	TRUE	Maintain					
73221	Magnetic resonance (eg, proto MRI		January 2012	20		ACR		CMS Fastest Growing / CMS High	October 2008	XXX	1.35	4.76	NA	0.09	442176	FALSE			FALSE	TRUE	Maintain					
73500	Radiologic examination, hip, ur	Radiologic Exam-Hip an	April 2015	14		AAOS, ACR	Deleted from CPT	CMS-Other - Utilization over 500,	April 2011				NA			FALSE	In Jan 2012, the special	October 2014	27	Complete	TRUE	Deleted from CPT				
73501	Radiologic examination, hip, ur	Radiologic Exam-Hip an	April 2015	14		AAOS, ACR	0.17	Codes Reported Together 75% or	October 2014	XXX	0.18	0.80	NA	0.02	203505	FALSE		October 2014	27	Complete	TRUE	Decrease				
73502	Radiologic examination, hip, ur	Radiologic Exam-Hip an	April 2015	14		AAOS, ACR	0.22	Codes Reported Together 75% or	October 2014	XXX	0.22	1.19	NA	0.02	2429077	FALSE		October 2014	27	Complete	TRUE	Decrease				
73503	Radiologic examination, hip, ur	Radiologic Exam-Hip an	April 2015	14		AAOS, ACR	0.27	Codes Reported Together 75% or	October 2014	XXX	0.27	1.52	NA	0.03	51144	FALSE		October 2014	27	Complete	TRUE	Decrease				
73510	Radiologic examination, hip, ur	Radiologic Exam-Hip an	April 2015	14		AAOS, ACR	Deleted from CPT	Harvard Valued - Utilization over	1 October 2008				NA			FALSE		October 2014	27	Complete	TRUE	Deleted from CPT				
73520	Radiologic examination, hips, b	Radiologic Exam-Hip an	April 2015	14		AAOS, ACR	Deleted from CPT	CMS-Other - Utilization over 250,	April 2013				NA			FALSE	CPT code 73520 was ide	October 2014	27	Complete	TRUE	Deleted from CPT				
73521	Radiologic examination, hips, b	Radiologic Exam-Hip an	April 2015	14		AAOS, ACR	0.22	Codes Reported Together 75% or	October 2014	XXX	0.22	1.00	NA	0.02	138374	FALSE		October 2014	27	Complete	TRUE	Decrease				
73522	Radiologic examination, hips, b	Radiologic Exam-Hip an	April 2015	14		AAOS, ACR	0.29	Codes Reported Together 75% or	October 2014	XXX	0.29	1.31	NA	0.02	171828	FALSE		October 2014	27	Complete	TRUE	Decrease				
73523	Radiologic examination, hips, b	Radiologic Exam-Hip an	April 2015	14		AAOS, ACR	0.31	Codes Reported Together 75% or	October 2014	XXX	0.31	1.52	NA	0.03	101552	FALSE		October 2014	27	Complete	TRUE	Decrease				
73540	Radiologic examination, pelvis	Radiologic Exam-Hip an	April 2015	14		AAOS, ACR	Deleted from CPT	Codes Reported Together 75% or	October 2014				NA			FALSE		October 2014	27	Complete	TRUE	Deleted from CPT				
73542	Radiological examination, sacrc	Sacroiliac Joint Arthrog	April 2010	45		ASA, AAPM, AAMP, N	Deleted from CPT	Different Performing Specialty fr	c October 2009				NA			TRUE	Deleted fro	Yes		TRUE	The RUC recommends r	February 2017	76	Code Deleted	TRUE	Deleted from CPT
73550	Radiologic examination, femur	Radiologic Exam-Hip an	April 2015	14		AAOS, ACR	Deleted from CPT	CMS-Other - Utilization over 500,	April 2011				NA			FALSE	In Jan 2012, the special	October 2014	27	Complete	TRUE	Deleted from CPT				
73551	Radiologic examination, femur	Radiologic Exam-Hip an	April 2015	14		AAOS, ACR	0.16	Codes Reported Together 75% or	October 2014	XXX	0.16	0.71	NA	0.02	29489	FALSE		October 2014	27	Complete	TRUE	Decrease				
73552	Radiologic examination, femur	Radiologic Exam-Hip an	April 2015	14		AAOS, ACR	0.18	Codes Reported Together 75% or	October 2014	XXX	0.18	0.87	NA	0.02	505595	FALSE		October 2014	27	Complete	TRUE	Decrease				
73560	Radiologic examination, knee; X-Ray	Exams	September 2014	17		AAOS, ACR	0.16	Low Value-High Volume	October 2010	XXX	0.16	0.84	NA	0.02	1379033	FALSE		October 2014	27	Complete	TRUE	Decrease				
73562	Radiologic examination, knee; X-Ray	Exams	September 2014	17		AAOS, ACR	0.18	Low Value-High Volume	October 2010	XXX	0.18	1.02	NA	0.02	2307698	FALSE		October 2014	27	Complete	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	1.18	NA	0.02	1782295	FALSE		October 2014	27	Complete	TRUE	Maintain				
73565	Radiologic examination, knee; X-Ray	Exams	September 2014	17		AAOS, ACR	0.16	CMS-Other - Utilization over 250,	April 2013	XXX	0.16	1.02	NA	0.02	94415	FALSE		October 2014	27	Complete	TRUE	Decrease				
73580	Radiologic examination, knee; Contrast	X-Ray of Knee	April 2025	14	September 2025	ACR	Review action plan. 0.59	High Volume Growth1 / CMS Fast	February 2008	XXX	0.59	2.57	NA	0.07	15423	TRUE	Jun 2012	Yes	FALSE	These procedures were referred to CPT for possible deletion of 73580 an	FALSE	Increase				
73590	Radiologic examination; tibia a	X-Ray Exams	September 2014	17		AAOS, ACR	0.16	CMS-Other - Utilization over 250,	April 2013	XXX	0.16	0.77	NA	0.02	438885	FALSE		October 2014	27	Complete	TRUE	Decrease				
73600	Radiologic examination, ankle; X-Ray	Exams	September 2014	17		AAOS, ACR, APMA	0.16	CMS-Other - Utilization over 250,	April 2013	XXX	0.16	0.78	NA	0.02	189296	FALSE		October 2014	27	Complete	TRUE	Maintain				
73610	Radiologic examination, ankle; Radiologic	Examination	October 2009	24		ACR, AAOS, APMA, AO	0.17	Harvard Valued - Utilization over	1 October 2008	XXX	0.17	0.90	NA	0.02	1110016	FALSE		October 2014	27	Complete	TRUE	Maintain				
73620	Radiologic examination, foot; 2X-Ray	Exam of Foot	April 2011	27		ACR, AAOS, APMA	0.16	Low Value-High Volume	October 2010	XXX	0.16	0.67	NA	0.02	391217	FALSE		October 2014	27	Complete	TRUE	Maintain				
73630	Radiologic examination, foot; r	Radiologic Examination	October 2009	24		ACR, AAOS, APMA, AO	0.17	Harvard Valued - Utilization over	1 October 2008	XXX	0.17	0.83	NA	0.02	2572705	FALSE		October 2014	27	Complete	TRUE	Maintain				
73650	Radiologic examination; calcane	X-Ray Heel	January 2019	31		AAOS, ACR, APMA, AO	0.16	CMS-Other - Utilization over 100,	April 2016	XXX	0.16	0.67	NA	0.02	59629	FALSE		October 2014	27	Complete	TRUE	Maintain				
73660	Radiologic examination; toe(s); X-Ray	Toe	January 2019	32		AAOS, ACR, APMA, AO	0.13	CMS-Other - Utilization over 100,	April 2016	XXX	0.13	0.72	NA	0.02	97038	FALSE		October 2014	27	Complete	TRUE	Maintain				
73700	Computed tomography, lower CT	Lower Extremity	April 2018	21		ACR	1.00	CMS Fastest Growing	October 2008	XXX	1	2.90	NA	0.05	377987	FALSE		October 2014	27	Complete	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	3.84	NA	0.07	57466	FALSE		October 2014	27	Complete	TRUE	Maintain				
73702	Computed tomography, lower CT	Lower Extremity	April 2018	21		ACR	1.22	High Volume Growth1	February 2009	XXX	1.22	4.65	NA	0.07	5197	FALSE		October 2014	27	Complete	TRUE	Maintain				
73706	Computed tomographic angiog	CT Angiography	October 2013	12		ACR, SIR	Survey for October 2013. Remove	High Volume Growth1	February 2008	XXX	1.9	7.79	NA	0.14	20796	FALSE		October 2014	27	Complete	TRUE	Remove from Screen				
73718	Magnetic resonance (eg, proto MRI	Lower Extremity	October 2016	20	RUC	ACR	1.35	CMS High Expenditure Procedura	July 2015	XXX	1.35	5.34	NA	0.08	134623	FALSE		October 2016	20	Complete	TRUE	Maintain				
73719	Magnetic resonance (eg, proto MRI	Lower Extremity	October 2016	20	RUC	ACR	1.62	CMS High Expenditure Procedura	July 2015	XXX	1.62	6.27	NA	0.1	971	FALSE		October 2016	20	Complete	TRUE	Maintain				
73720	Magnetic resonance (eg, proto MRI	Lower Extremity	October 2016	20	RUC	ACR	2.15	CMS High Expenditure Procedura	July 2015	XXX	2.15	7.95	NA	0.15	63110	FALSE		October 2016	20	Complete	TRUE	Maintain				
73721	Magnetic resonance (eg, proto MRI	Lower Extremity	January 2012	20		ACR	1.35	MPC List -	October 2010	XXX	1.35	4.75	NA	0.09	614643	FALSE		January 2012	20	Complete	TRUE	Maintain				
74000	Radiologic examination, abdon	Abdominal X-Ray	April 2016	08		ACR	Deleted from CPT	Low Value-High Volume / CMS H	October 2010				NA			FALSE		February 2017	21	Complete	TRUE	Deleted from CPT				
74010	Radiologic examination, abdon	Abdominal X-Ray	April 2016	08		ACR	Deleted from CPT	CMS High Expenditure Procedura	July 2015				NA			FALSE		February 2017	21	Complete	TRUE	Deleted from CPT				
74018	Radiologic examination, abdon	Abdominal X-Ray	April 2016	08		ACR	0.18	CMS High Expenditure Procedura	February 2016	XXX	0.18	0.70	NA	0.02	1833928	FALSE		February 2017	21	Complete	TRUE	Decrease				
74019	Radiologic examination, abdon	Abdominal X-Ray	April 2016	08		ACR	0.23	CMS High Expenditure Procedura	February 2016	XXX	0.23	0.86	NA	0.02	255359	FALSE		February 2017	21	Complete	TRUE	Decrease				
74020	Radiologic examination, abdon	Abdominal X-Ray	April 2016	08		ACR	Deleted from CPT	CMS High Expenditure Procedura	July 2015				NA			FALSE		February 2017	21	Complete	TRUE	Deleted from CPT				
74021	Radiologic examination, abdon	Abdominal X-Ray	April 2016	08		ACR	0.27	CMS High Expenditure Procedura	February 2016	XXX	0.27	0.99	NA	0.02	33817	FALSE		February 2017	21	Complete	TRUE	Decrease				
74022	Radiologic examination, compl	Abdominal X-Ray	April 2016	08		ACR	0.32	CMS High Expenditure Procedura	July 2015	XXX	0.32	1.15	NA	0.03	102128	FALSE		February 2017	21	Complete	TRUE	Maintain				
74150	Computed tomography, abdo	CT Abdomen	February 2008	5		ACR	Review PE. 0.35	Codes Reported Together 95% or	February 2008	XXX	1.19	2.90	NA	0.06	53767	FALSE	TRUE	Referred to the CPT Edi	October 2009	37	Complete	TRUE	Maintain			
74160	Computed tomography, abdo	CT Abdomen and Pelvis	April 2014	44		ACR	0.42	Codes Reported Together 95% or	February 2008	XXX	1.27	5.67	NA	0.08	71208	FALSE	TRUE	Referred to the CPT Edi	October 2009	37	Complete	TRUE	Maintain			
74170	Computed tomography, abdo	CT Abdomen	April 2012	34		ACR	1.40	Codes Reported Together 95% or	February 2008	XXX	1.4	6.41	NA	0.08	96525	FALSE	TRUE	Referred to the CPT Edi	October 2009	37	Complete	TRUE	Maintain			
74174	Computed tomographic angiog	CT Angiography	October 2013	12		ACR, SIR	2.20	Codes Reported Together 75% or	More-Part1 / CMS Re	XXX	2.2	9.20	NA	0.17	388453	FALSE		October 2013	12	Complete	TRUE	Decrease				
74175	Computed tomographic angiog	CT Angiography	October 2013	12		ACR, SIR	1.82	CMS Fastest Growing / Codes	Reg October 2008	XXX	1.82	7.36	NA	0.13	27692	FALSE	TRUE	The ACR submitted a let	October 2010	19	Complete	TRUE	Decrease			
74176	Computed tomography, abdo	CT Abdomen/CT Pelvis	February 2010	16		ACR	1.74	CMS Fastest Growing	October 2009	XXX	1.74	7.75	NA	0.1	1979153	FALSE		October 2009	37	complete	TRUE	Decrease				
74177	Computed tomography, abdo	CT Abdomen and Pelvis	April 2014	44		ACR	1.82	CMS Fastest Growing / CMS	Requ October 2009	XXX	1.82	7.25	NA	0.12	3381644	FALSE		October 2009	37	complete	TRUE	Decrease				
74178	Computed tomography, abdo	CT Abdomen/CT Pelvis	February 2010	16		ACR	2.01	CMS Fastest Growing	October 2009	XXX	2.01	8.15	NA	0.13	472046	FALSE		October 2009	37	complete	TRUE	Decrease				
74181	Magnetic resonance (eg, proto MRI	of Abdomen	October 2016	21	RUC	ACR	1.46	CMS High Expenditure Procedura	July 2015	XXX	1.46	4.40	NA	0.09	101267	FALSE		October 2016	21	Complete	TRUE	Maintain				
74182	Magnetic resonance (eg, proto MRI	of Abdomen	October 2016	21	RUC	ACR	1.73	CMS High Expenditure Procedura	July 2015	XXX	1.73	7.35	NA	0.11	3724	FALSE		October 2016	21	Complete	TRUE	Maintain				
74183	Magnetic resonance (eg, proto MRI	of Abdomen	October 2016	21	RUC	ACR	2.20	CMS High Expenditure Procedura	July 2015	XXX	2.2	7.93	NA	0.15	458181	FALSE		October 2016	21	Complete	TRUE	Decrease				
74210	Radiologic examination, pharyn	X-Ray Exam - Upper GI	January 2019	12		ACR	0.59	CMS-Other - Utilization over 100,	October 2016	XXX	0.59	2.15	NA	0.04	845	FALSE		January 2019	12	Complete	TRUE	Maintain				
74220	Radiologic examination, esoph	X-Ray Exam - Upper GI	January 2019	12		ACR	0.60	CMS-Other - Utilization over 100,	April 2016	XXX	0.6	2.24	NA	0.04	88237	FALSE		January 2019	12	Complete	TRUE	Decrease				
74221	Radiologic examination, esoph	X-Ray Exam - Upper GI	January 2019	12		ACR	0.70	CMS-Other - Utilization over 30,	October 2018	XXX	0.7	2.49	NA	0.05	69443	FALSE		January 2019	12	Complete	TRUE	Increase				
74230	Radiologic examination, swallo	X-Ray Esophagus	April 2017	25		ACR	0.53	CMS-Other - Utilization over 250,	April 2013	XXX	0.53	3.08	NA	0.04	310233	FALSE		April 2017	25	Complete	TRUE	Maintain				
74240	Radiologic examination, upper	X-Ray Exam - Upper GI	January 2019	12		ACR	0.80	CMS-Other - Utilization over 30,	October 2017	XXX	0.8	2.77	NA	0.05	60977	FALSE	TRUE	In January 2018, the RU	May 2018	27	complete	TRUE	Increase			
74241	Radiologic examination, gastro	X-Ray Exam - Upper GI	January 2019	12		ACR	Deleted from CPT	CMS-Other - Utilization over 30,	October 2017				NA			FALSE	TRUE	In January 2018, the RU	May 2018	27	complete	TRUE	Deleted from CPT			
74245	Radiologic examination, gastro	X-Ray Exam - Upper GI	January 2019	12		ACR	Deleted from CPT	CMS-Other - Utilization over 30,	October 2017				NA			FALSE	TRUE	In January 2018, the RU	May 2018	27	complete	TRUE	Deleted from CPT			
74246	Radiologic examination, upper	X-Ray Exam - Upper GI	January 2019	12		ACR	0.90	CMS-Other - Utilization over 30,	October 2017	XXX	0.9	3.14	NA	0.05	43307	FALSE	TRUE	In January 2018, the RU	May 2018	27	complete	TRUE	Increase			
74247	Radiological examination, gastr	X-Ray Exam - Upper GI	January 2019	12																						

75952	Endovascular repair of infrar	Endovascular Repair Pr	January 2017	10		SVS, SIR, STS, AATS	Deleted from CPT	Codes Reported Together 75%or	October 2015									FALSE		FALSE		Complete	TRUE	Deleted from CPT			
75953	Placement of proximal or distal	Endovascular Repair Pr	January 2017	10		SVS, SIR, STS, AATS	Deleted from CPT	Codes Reported Together 75%or	October 2015									FALSE		FALSE		Complete	TRUE	Deleted from CPT			
75954	Endovascular repair of iliac art	Endovascular Repair Pr	January 2017	10		SVS, SIR, STS, AATS	Deleted from CPT	Codes Reported Together 75%or	January 2017									FALSE		FALSE		Complete	TRUE	Deleted from CPT			
75960	Transcatheter introduction of I	RAW	October 2012	27		ACC, ACR, SIR, SVS	Deleted from CPT	High Volume Growth1 / Codes	Reported Together 75% or More-Part1									FALSE		TRUE	In February 2010, the C	February 2011 10	Code Deleted	TRUE	Deleted from CPT		
75961	Transcatheter retrieval, percut	Transcatheter Procedu	April 2010	45		ACC, ACR, SIR, SVS	Deleted from CPT	Codes Reported Together 75% or	February 2010									FALSE		TRUE	The Workgroup accept:June	2011	Code Deleted	TRUE	Deleted from CPT		
75962	Transluminal balloon angioplast	Open and Percutaneous	January 2016	15		ACR, SIR, SVS	Deleted from CPT	High Volume Growth1 / Codes	Re April 2010									FALSE		TRUE	The Workgroup accept:October	2015 24	Complete	TRUE	Deleted from CPT		
75964	Transluminal balloon angioplast	Open and Percutaneous	January 2016	15		ACR, SIR, SVS	Deleted from CPT	Codes Reported Together 75% or	January 2015									FALSE		TRUE	In February 2010, the C	October 2015 24	Complete	TRUE	Deleted from CPT		
75966	Transluminal balloon angioplast	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 Jo	October 2015 24	Complete	TRUE	Deleted from CPT		
75968	Transluminal balloon angioplast	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 Jo	October 2015 24	Complete	TRUE	Deleted from CPT		
75978	Percutaneous placement of dr:	Percutaneous Biliary Pr	October 2015	15		ACR, SIR	Deleted from CPT	CMS-Other - Utilization over	250, April 2013									FALSE		TRUE	CPT code 75978 was ide	October 2015 24	Complete	TRUE	Deleted from CPT		
75980	Percutaneous transhepatic bili:	Percutaneous Biliary Pr	October 2015	06		ACR, SIR	Deleted from CPT	Codes Reported Together 75% or	October 2012									FALSE		TRUE	The Joint Workgroup re	February 2011 16	Complete	TRUE	Deleted from CPT		
75982	Percutaneous placement of dr:	Percutaneous Biliary Pr	October 2015	06	RUC RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75% or	October 2012									FALSE		TRUE	The Joint Workgroup re	February 2011 16	Complete	TRUE	Deleted from CPT		
75984	Change of percutaneous tube i	ntroduction of Cathete	April 2019	17		ACR, SIR	0.83	Codes Reported Together 75% or	October 2012	XXX	0.83	1.94	NA		0.06	20412		FALSE		FALSE	RAW will assess Oct	2018		TRUE	Increase		
75992	Deleted from CPT	Transluminal Arthrocto	April 2008	57		SIR, ACR, SVS	Deleted from CPT	High Volume Growth1	February 2008									FALSE		TRUE	The RUC recommendec	February 2011 07	Deleted-new co	TRUE	Deleted from CPT		
75993	Deleted from CPT	Transluminal Arthrocto	April 2008	57		SIR, ACR, SVS	Deleted from CPT	High Volume Growth1	February 2008									FALSE		TRUE	The RUC recommendec	February 2011 07	Deleted-new co	TRUE	Deleted from CPT		
75994	Revised to Category III	Transluminal Arthrocto	April 2008	57		SIR, ACR, SVS	Deleted from CPT	High Volume Growth1	April 2008									FALSE		TRUE	The RUC recommendec	February 2011 07	Category III	TRUE	Deleted from CPT		
75995	Revised to Category III	Transluminal Arthrocto	April 2008	57		SIR, ACR, SVS	Deleted from CPT	High Volume Growth1	April 2008									FALSE		TRUE	The RUC recommendec	February 2011 07	Category III	TRUE	Deleted from CPT		
75996	Revised to Category III	Transluminal Arthrocto	April 2008	57		SIR, ACR, SVS	Deleted from CPT	High Volume Growth1	April 2008									FALSE		TRUE	The RUC recommendec	February 2011 07	Category III	TRUE	Deleted from CPT		
76000	Fluoroscopy (separate proced	Fluoroscopy	April 2017	27		ACR, APMA	0.30	Low Value-Billed in Multiple	Units October 2010	XXX		0.3	0.95	NA		0.04	91328		FALSE		FALSE			TRUE	Increase		
76001	Fluoroscopy, physician or oth	Fluoroscopy	April 2017	27		ACR	Deleted from CPT	CMS-Other - Utilization over	100, October 2016									FALSE		TRUE	In April 2017 the special	September 21 27	complete	TRUE	Deleted from CPT		
76098	Radiological examination, surgi	X-Ray Exam Specimen	October 2018	21		ACR	0.31	CMS-Other - Utilization over	30,0 October 2017	XXX		0.31	0.95	NA		0.03	71578		FALSE		FALSE			TRUE	Increase		
76100	Radiologic examination, single	Fluoroscopy	April 2009	27		ACR, ISIS	New PE inputs	CMS Request - Practice Expense	F April 2009	XXX		0.58	2.01	NA		0.05	8652		FALSE		FALSE			TRUE	PE Only		
76101	Radiologic examination, compl	Fluoroscopy	April 2009	27		ACR, ISIS	New PE inputs. Deleted from	CPT CMS Request - Practice Expense	F April 2009	XXX								FALSE		FALSE				TRUE	PE Only		
76102	Radiologic examination, compl	Fluoroscopy	April 2009	27		ACR, ISIS	New PE inputs. Deleted from	CPT CMS Request - Practice Expense	F April 2009	XXX								FALSE		FALSE				TRUE	PE Only		
76376	3D rendering with interpretati	3D Rendering	April 2018	23		ACR, ASNR	0.20	Negative IWPUT	April 2017	XXX		0.2	0.55	NA		0.02	329368		FALSE		FALSE			TRUE	Maintain		
76377	3D rendering with interpretati	3D Rendering with Inte	October 2021	17		ACR, ASNR	0.79	CMS Request - Final Rule for	2022, July 2019	XXX		0.79	1.53	NA		0.06	194943		FALSE		FALSE			TRUE	Maintain		
76510	Ophthalmic ultrasound, diagn	Ophthalmic Ultrasound	October 2016	23	RUC	AAO, ASRS, AOA (opto 0.70		CMS High Expenditure Procedura	April 2016	XXX		0.7	1.31	NA		0.02	13065		FALSE		FALSE			TRUE	Decrease		
76511	Ophthalmic ultrasound, diagn	Ophthalmic Ultrasound	October 2016	23	RUC	AAO, ASRS, AOA (opto 0.64		CMS High Expenditure Procedura	April 2016	XXX		0.64	1.03	NA		0.02	4313		FALSE		FALSE			TRUE	Decrease		
76512	Ophthalmic ultrasound, diagn	Ophthalmic Ultrasound	October 2016	23	RUC	AAO, ASRS, AOA (opto 0.56		CMS High Expenditure Procedura	July 2015	XXX		0.56	0.85	NA		0.02	221873		FALSE		FALSE			TRUE	Decrease		
76513	Ophthalmic ultrasound, diagn	Ophthalmic Ultrasound	January 2020	17		AAO, AOA (optometric 0.60	and CPT Assistant article pub	High Volume Growth1 / CPT	Assis February 2008	XXX		0.6	1.61	NA		0.02	13820	TRUE	Apr 2013	Yes	At the April 2019 RUC r	n September 21 28	complete	TRUE	Decrease		
76514	Ophthalmic ultrasound, diagn	Echo Exam of Eye Thick	October 2017	12		AAO, AOA (optometric 0.17		Negative IWPUT	April 2017	XXX		0.14	0.18	NA		0.02	426372		FALSE		FALSE			TRUE	Maintain		
76516	Ophthalmic biometry by ultras	Ophthalmic Biometry	April 2016	36		AAO, AOA (optometry 0.40		CMS High Expenditure Procedura	April 2016	XXX		0.4	0.98	NA		0.02	1849		FALSE		FALSE			TRUE	Decrease		
76519	Ophthalmic biometry by ultras	Ophthalmic Biometry	April 2016	36		AAO, AOA (optometry 0.54		CMS High Expenditure Procedura	July 2015	XXX		0.54	1.48	NA		0.02	107065		FALSE		FALSE			TRUE	Maintain		
76536	Ultrasound, soft tissues of hea	Soft Tissue Ultrasound	April 2009	29		ACR, ASNR, TES, AACE	0.56	CMS Fastest Growing	October 2008	XXX		0.56	2.67	NA		0.05	902754		FALSE		FALSE			TRUE	Maintain		
76604	Ultrasound, chest (includes me	Ultrasound Exam - Che	April 2018	24		ACR	0.59	CMS-Other - Utilization over	30,0 October 2017	XXX		0.59	1.11	NA		0.04	118852		FALSE		FALSE			TRUE	Increase		
76641	Ultrasound, breast, unilateral	Breast Ultrasound	January 2014	13		ACR	0.73	CMS-Other - Utilization over	500, January 2014	XXX		0.73	2.28	NA		0.05	679681		FALSE		FALSE	October 2013 26	Complete	TRUE	Increase		
76642	Ultrasound, breast, unilateral	Breast Ultrasound	January 2014	13		ACR	0.68	CMS-Other - Utilization over	500, January 2014	XXX		0.68	1.81	NA		0.05	717334		FALSE		FALSE	October 2013 26	Complete	TRUE	Increase		
76645	Ultrasound, breast(s) (unilate	r Breast Ultrasound	January 2014	13		ACR	Deleted from CPT	CMS-Other - Utilization over	500, April 2011									FALSE		TRUE	Code 76645, Ultrasound	October 2013 26	Complete	TRUE	Deleted from CPT		
76700	Ultrasound, abdominal, real ti	Ultrasound	October 2013	13		ACR	0.81	MPC List	October 2010	XXX		0.81	2.59	NA		0.06	680635		FALSE		FALSE			TRUE	Maintain		
76705	Ultrasound, abdominal, real ti	Ultrasound	October 2013	13		ACR, ASB5	0.59	CMS-Other - Utilization over	500, April 2011	XXX		0.59	1.97	NA		0.04	984573		FALSE		FALSE			TRUE	Maintain		
76706	Ultrasound, abdominal aorta, r	Abdominal Aorta Ultras	October 2015	12		ACR, SIR, SVS	0.55	Final Rule for 2015	May 2015	XXX		0.55	2.61	NA		0.04	145634	TRUE	Jan 2017	Yes		May 2015 23	Complete	TRUE	Decrease		
76770	Ultrasound, retroperitoneal (e	Ultrasound	October 2013	13		ACR	0.74	CMS-Other - Utilization over	500, April 2011	XXX		0.74	2.43	NA		0.06	1190647		FALSE		FALSE			TRUE	Maintain		
76775	Ultrasound, retroperitoneal (e	Ultrasound	October 2013	13		ACR	0.58	CMS-Other - Utilization over	500, April 2011	XXX		0.58	1.20	NA		0.04	395902		FALSE		FALSE			TRUE	Maintain		
76819	Fetal biophysical profile; with	RAW	October 2013	13		ACR	Remove from screen	High Volume Growth2	April 2013	XXX		0.77	1.76	NA		0.04	7127		FALSE		FALSE			TRUE	Remove from Screen		
76830	Ultrasound, transvaginal	Transvaginal and Trans	April 2012	44		ACOG, ACR, AJA	0.69	CMS High Expenditure Procedura	September 2011	XXX		0.69	2.79	NA		0.05	369833		FALSE		FALSE			TRUE	Maintain		
76856	Ultrasound, pelvic (nonobstet	r Ultrasound	October 2013	13		ACR	0.69	CMS-Other - Utilization over	500, April 2011	XXX		0.69	2.40	NA		0.05	340665		FALSE		FALSE			TRUE	Maintain		
76857	Ultrasound, pelvic (nonobstet	r Ultrasound	October 2013	13		ACR	0.50	CMS-Other - Utilization over	250, April 2013	XXX		0.5	0.97	NA		0.03	198809		FALSE		FALSE			TRUE	Decrease		
76870	Ultrasound, scrotum and cont	Ultrasound Exam - Scro	April 2017	28		ACR, AJA	0.64	CMS-Other - Utilization over	100, April 2016	XXX		0.64	2.30	NA		0.05	128464		FALSE		FALSE			TRUE	Maintain		
76872	Ultrasound, transrectal; Pro	state Biopsy Service	September 2024	08		ACOG, ACR, AJA	0.67	CMS High Expenditure Procedura	September 2011	XXX		0.69	5.16	NA		0.04	193444		FALSE		TRUE	In April 2022, the Work	May 2024 15	Complete	TRUE	Decrease	
76880	Deleted from CPT	Lower Extremity Ultra	October 2009	26		APMA, ACR	Deleted from CPT	CMS Fastest Growing	October 2008									TRUE		TRUE	The RUC recommendec	February 2011 37	Deleted	TRUE	Deleted from CPT		
76881	Ultrasound, complete joint (ie	, Neuromuscular Ultra	April 2025	14	September 2C RAW	AAN, AANEM, AAPM&R	Review action plan. New PE	Input CMS Fastest Growing /	New Tech April 2010	XXX		0.9	0.65	NA		0.05	173075	TRUE		TRUE	Clinical Exar Yes		complete	TRUE	Decrease		
76882	Ultrasound, limited, joint or fo	r Neuromuscular Ultra	April 2025	14	September 2C RAW	AAN, AANEM, AAPM&R	Review action plan. New PE	Input CMS Fastest Growing /	New Tech April 2010	XXX		0.69	1.19	NA		0.05	314905	TRUE		TRUE	Clinical Exar Yes		complete	TRUE	Decrease		
76883	Ultrasound, nerve(s) and accor	r Neuromuscular Ultra	April 2025	14	September 2C RAW	AAN, AANEM, AAPM&R	Review action plan. New PE	Input CMS Fastest Growing /	New Services / October 2021	XXX		1.21	0.90	NA		0.06	2244		FALSE		FALSE			TRUE	Increase		
76930	Ultrasonic guidance for perica	r Pericardiocentesis and	January 2019	04		ACC	Deleted from CPT	CMS Request - Final Rule for	2014, July 2013									FALSE		FALSE				September 21 14	Complete	TRUE	Deleted from CPT
76932	Ultrasonic guidance for endotr	Ultrasound Guidance	April 2014	34		ACC	0.67	CMS Request - Final Rule for	2014, July 2013	YYY		0	0.00	NA		0	951		FALSE		FALSE			TRUE	Maintain		
76936	Ultrasound guided compressio	RAW	October 2013	18			Maintain	CMS Request - Final Rule for	2014, July 2013	XXX		1.99	5.49	NA		0.24	657		FALSE		FALSE			TRUE	Maintain		
76937	Ultrasound guidance for vascu	Ultrasound Guidance f	September 2022	07		ACR, SIR, SVS	0.30	Identified in RUC review of	other January 2018	ZZZ		0.3	0.82	NA		0.03	615284		FALSE		FALSE			TRUE	Maintain		
76940	Ultrasound guidance for, and r	Ultrasound Guidance	January 2015	29		ACS, ACR, SIR	2.00	CMS Request - Final Rule for	2014, July 2013	YYY		0	0.00	NA		0	1014		FALSE		FALSE			TRUE	Maintain		
76942	Ultrasonic guidance for needle	Somatic Nerve Injector	October 2021	05		AAPM, AAPM&R, ACR, 0.67		CMS-Other - Utilization over	500, April 2011	XXX		0.67	1.06	NA		0.04	690567		FALSE		TRUE	During the October 201	May 2021 14	complete	TRUE	Maintain	
76948	Ultrasonic guidance for aspirat	Echo Guidance for Ova	January 2015	25		ACOG	0.85	CMS Request - Final Rule for	2014, July 2013	XXX		0.67	1.70	NA		0.02	7		FALSE		FALSE			TRUE	Increase		
76950	Ultrasonic guidance for placen	t Ultrasound Guidance	April 2014	34			Deleted from CPT	Codes Reported Together 75% or	February 2010									FALSE		TRUE	At the April 2013 RUC r	n October 2013 28	Complete	TRUE	Deleted from CPT		
76965	Ultrasonic guidance for interst	Ultrasound Guidance	September 2014	21		NO INTERESET	Maintain	CMS Request - Final Rule for	2014, July 2013	XXX		1.34	1.47	NA		0.05	4867		FALSE		FALSE			TRUE	Maintain		

77301	Intensity modulated radiother:IMRT - PE Only	September 2024	14		ASTRO	Maintain. New PE Inputs. 7.99.	CPCMS Fastest Growing / CMS Requ	October 2008	XXX	7.99	46.89	NA	0.7	177572	TRUE	Nov 2009	Yes	FALSE				TRUE	Maintain	
77305	Teletherapy, isodose plan (wh) Isodose Calculation wit	April 2014	20		ASTRO	Deleted from CPT	Codes Reported Together 75% or October	2010							FALSE			TRUE	On 8-21-12, the Joint W February 201 44	Complete	TRUE	Deleted from CPT		
77306	Teletherapy isodose plan; sim Isodose Calculation wit	April 2014	20			1.40	Codes Reported Together 75% or October	2010	XXX	1.4	3.03	NA	0.07	796	FALSE			FALSE			TRUE	Decrease		
77307	Teletherapy isodose plan; com Isodose Calculation wit	April 2014	20			2.90	Codes Reported Together 75% or October	2010	XXX	2.9	5.69	NA	0.17	22821	FALSE			FALSE			TRUE	Decrease		
77310	Teletherapy, isodose plan (wh) Isodose Calculation wit	April 2014	20		ASTRO	Deleted from CPT	Codes Reported Together 75% or October	2010							FALSE			TRUE	On 8-21-12, the Joint W February 201 44	Complete	TRUE	Deleted from CPT		
77315	Teletherapy, isodose plan (wh) Isodose Calculation wit	April 2014	20		ASTRO	Deleted from CPT	Codes Reported Together 75% or October	2010							FALSE			TRUE	On 8-21-12, the Joint W February 201 44	Complete	TRUE	Deleted from CPT		
77316	Brachytherapy isodose plan; si Isodose Calculation wit	April 2014	20			1.50	Codes Reported Together 75% or October	2012	XXX	1.4	5.95	NA	0.09	4093	FALSE			FALSE			TRUE	Decrease		
77317	Brachytherapy isodose plan; si Isodose Calculation wit	April 2014	20			1.83	Codes Reported Together 75% or October	2012	XXX	1.83	7.84	NA	0.12	1884	FALSE			FALSE			TRUE	Decrease		
77318	Brachytherapy isodose plan; c Isodose Calculation wit	October 2015	21			2.90	Codes Reported Together 75% or October	2012	XXX	2.9	10.81	NA	0.21	4301	FALSE			TRUE	On 8-21-12, the Joint W February 201 44	Complete	TRUE	Decrease		
77326	Brachytherapy isodose plan; c Isodose Calculation wit	April 2014	20			Deleted from CPT	Codes Reported Together 75% or October	2012							FALSE			TRUE	On 8-21-12, the Joint W February 201 44	Complete	TRUE	Deleted from CPT		
77327	Brachytherapy isodose plan; i Isodose Calculation wit	April 2014	20		ASTRO	Deleted from CPT	Codes Reported Together 75% or October	2010							FALSE			TRUE	On 8-21-12, the Joint W February 201 44	Complete	TRUE	Deleted from CPT		
77328	Brachytherapy isodose plan; c Isodose Calculation wit	April 2014	20			Deleted from CPT	Codes Reported Together 75% or October	2012							FALSE			TRUE	On 8-21-12, the Joint W February 201 44	Complete	TRUE	Deleted from CPT		
77332	Treatment devices, design and RAW	January 2016	40		RUC	ASTRO	CMS High Expenditure Procedura	April 2015	XXX	0.45	0.75	NA	0.03	72051	FALSE			FALSE			TRUE	Maintain		
77333	Treatment devices, design and RAW	January 2016	40		RUC	ASTRO	CMS High Expenditure Procedura	April 2015	XXX	0.75	3.32	NA	0.04	12465	FALSE			FALSE			TRUE	Maintain		
77334	Treatment devices, design and construction; complex	January 2016	40		RUC	ASTRO	MPC List / RUC request / CMS Hig	October 2010	XXX	1.15	2.60	NA	0.05	667608	FALSE			FALSE			TRUE	Maintain		
77336	Continuing medical physics cor Continuing Medical Phy	April 2013	31			ASTRO	CMS Request - Practice Expense F NA	October 2012	XXX	0	2.67	NA	0.07	347118	FALSE			FALSE			TRUE	PE Only		
77338	Multi-leaf collimator (MLC) dev IMRT - PE Only	September 2024	14		ACRO, ASTRO	Maintain. New PE Inputs	Services with Stand-Alone PE Pro	October 2012	XXX	4.29	9.73	NA	0.25	195127	FALSE			FALSE			TRUE	PE Only		
77371	Radiation treatment delivery, s Radiation Treatment D	April 2009	30		ASTRO	New PE Inputs	CMS Request - Practice Expense F NA	October 2012	XXX	0	0.00	0.00	0	96	FALSE			FALSE			TRUE	PE Only		
77372	Radiation treatment delivery, s Radiation Treatment D	October 2013	18			New PE Inputs	Services with Stand-Alone PE Pro	October 2012	XXX	0	27.74	NA	0.21	575	FALSE			FALSE			TRUE	PE Only		
77373	Stereotactic body radiation the Radiation Treatment D	October 2013	18		ACR, ASTRO, ACRO	New PE inputs	Services with Stand-Alone PE Pro	July 2012	XXX	0	29.08	NA	0.27	43336	FALSE			FALSE			TRUE	PE Only		
77385	Intensity modulated radiation r Radiation Oncology Tre	January 2025	16		ACRO, ASTRO	Deleted at CPT	Services with Stand-Alone PE Pro	January 2014	XXX	0	0.00	0.00	0		FALSE			TRUE	In October 2020, the RL September 20 40	Deleted	TRUE	Deleted from CPT		
77386	Intensity modulated radiation r Radiation Oncology Tre	January 2025	16		ACRO, ASTRO	Deleted at CPT	Services with Stand-Alone PE Pro	January 2014	XXX	0	0.00	0.00	0		FALSE			TRUE	On 8-21-12, the Joint W February 201 44	Complete	TRUE	Deleted from CPT		
77387	Guidance for localization of tar Radiation Oncology Tre	January 2025	16		ACRO, ASTRO	0.70	Services with Stand-Alone PE Pro	January 2014	XXX	0	0.00	0.00	0		FALSE			TRUE	In October 2020, the RL September 20 40	Complete	TRUE	Increase		
77401	Radiation treatment delivery, s Superficial Radiation T	January 2025	17		AADA, ACRO, ASTRO	Deleted at CPT	High Volume Growth's / Codes Re	October 2018	XXX	0	1.22	NA	0.01	337457	FALSE			TRUE	In October 2018, this se May 2019 08	Deleted from C	TRUE	Deleted from CPT		
77402	Radiation treatment delivery, s Radiation Oncology Tre	January 2025	16		ACRO, ASTRO	PE Only	Services with Stand-Alone PE Pro	October 2012	XXX	0	0.00	0.00	0		FALSE			TRUE	At the April 2013 RUC n September 20 40	Complete	TRUE	PE Only		
77403	Radiation treatment delivery, s Radiation Treatment D	January 2014	14		ACRO, ASTRO	Deleted from CPT	Services with Stand-Alone PE Pro	October 2012							FALSE			TRUE	At the April 2013 RUC n October 2013 28	Complete	TRUE	Deleted from CPT		
77404	Radiation treatment delivery, s Radiation Treatment D	January 2014	14		ACRO, ASTRO	Deleted from CPT	Services with Stand-Alone PE Pro	October 2012							FALSE			TRUE	At the April 2013 RUC n October 2013 28	Complete	TRUE	Deleted from CPT		
77406	Radiation treatment delivery, s Radiation Treatment D	January 2014	14		ACRO, ASTRO	Deleted from CPT	Services with Stand-Alone PE Pro	October 2012							FALSE			TRUE	At the April 2013 RUC n October 2013 28	Complete	TRUE	Deleted from CPT		
77407	Radiation treatment delivery, s Radiation Oncology Tre	January 2025	16		ACRO, ASTRO	PE Only	Services with Stand-Alone PE Pro	October 2012	XXX	0	0.00	0.00	0		FALSE			TRUE	At the April 2013 RUC n September 20 40	Complete	TRUE	PE Only		
77408	Radiation treatment delivery, s Radiation Treatment D	January 2014	14		ACRO, ASTRO	Deleted from CPT	Services with Stand-Alone PE Pro	October 2012							FALSE			TRUE	At the April 2013 RUC n October 2013 28	Complete	TRUE	Deleted from CPT		
77409	Radiation treatment delivery, s Radiation Treatment D	January 2014	14		ACRO, ASTRO	Deleted from CPT	Services with Stand-Alone PE Pro	October 2012							FALSE			TRUE	At the April 2013 RUC n October 2013 28	Complete	TRUE	Deleted from CPT		
77411	Radiation treatment delivery, s Radiation Treatment D	January 2014	14		ACRO, ASTRO	Deleted from CPT	Services with Stand-Alone PE Pro	October 2012							FALSE			TRUE	At the April 2013 RUC n October 2013 28	Complete	TRUE	Deleted from CPT		
77412	Radiation treatment delivery, s Radiation Oncology Tre	January 2025	16		ACRO, ASTRO	PE Only	Services with Stand-Alone PE Pro	October 2012	XXX	0	0.00	0.00	0		FALSE			TRUE	At the April 2013 RUC n September 20 40	Complete	TRUE	PE Only		
77413	Radiation treatment delivery, s Radiation Treatment D	January 2014	14		ACRO, ASTRO	Deleted from CPT	Services with Stand-Alone PE Pro	October 2012							FALSE			TRUE	At the April 2013 RUC n October 2013 28	Complete	TRUE	Deleted from CPT		
77414	Radiation treatment delivery, s Radiation Treatment D	January 2014	14		ACRO, ASTRO	Deleted from CPT	Services with Stand-Alone PE Pro	October 2012							FALSE			TRUE	At the April 2013 RUC n October 2013 28	Complete	TRUE	Deleted from CPT		
77416	Radiation treatment delivery, s Radiation Treatment D	January 2014	14		ACRO, ASTRO	Deleted from CPT	Services with Stand-Alone PE Pro	October 2012							FALSE			TRUE	At the April 2013 RUC n October 2013 28	Complete	TRUE	Deleted from CPT		
77417	Therapeutic radiology port im: Radiation Oncology Tre	January 2025	16		ACRO, ASTRO	PE Only	CMS Other - Utilization over 20.0	October 2012	XXX	0	0.47	NA	0.02	23258	FALSE			FALSE			TRUE	PE Only		
77418	Intensity modulated treatment Radiation Treatment D	January 2014	14		ACRO, ASTRO	Deleted from CPT	CMS Fastest Growing / Services w	October 2008							TRUE			TRUE	October 2013 28	Complete	TRUE	Deleted from CPT		
77421	Stereoscopic X-ray guidance fo Radiation Treatment D	January 2014	14		ACRO, ASTRO	Deleted from CPT	Codes Reported Together 75% or February	2010							FALSE			TRUE	In Jan 2012, the special October 2013 28	Complete	TRUE	Deleted from CPT		
77422	High energy neutron radiation High Energy Neutron R	April 2015	35		RUC	AAOS, ASPS, ASSH	Contractor Price	CMS Request - Final Rule for 2015	November 2014						FALSE			FALSE			TRUE	Deleted from CPT		
77423	High energy neutron radiation High Energy Neutron R	April 2015	35		RUC	AAOS, ASPS, ASSH	Contractor Price	CMS Request - Final Rule for 2015	November 2014	XXX	0	0.00	0.00	0		FALSE		FALSE			TRUE	Maintain		
77427	Radiation treatment managem Radiation Treatment M	January 2016	54			ASTRO	3.45. Remove from high E/M scre	Site of Service Anomaly / High Les	September 2007	XXX	3.37	2.17	2.17	0.27	900476	FALSE		TRUE	In October 2008 the RU June 2009 21	Complete	TRUE	Decrease		
77435	Stereotactic body radiation the RAW	January 2017	30				High Volume Growth4	October 2016	XXX	11.87	6.67	6.67	0.92	48445	FALSE			FALSE			TRUE	Remove from Screen		
77470	Special treatment procedure (s Special Radiation Treat	January 2016	41		ASTRO	2.03	CMS High Expenditure Procedura	July 2015	XXX	2.03	2.27	NA	0.1	81139	FALSE			FALSE			TRUE	Decrease		
77520	Proton treatment delivery: sim Proton Beam Treatmen	April 2019	19		ASTRO	New PE Inputs	Contractor Priced High Volume1	October 2018	XXX	0	0.00	0.00	0	96	FALSE			FALSE			TRUE	PE Only		
77522	Proton treatment delivery: sim Proton Beam Treatmen	April 2019	19		ASTRO	New PE Inputs	Contractor Priced High Volume1	January 2018	XXX	0	0.00	0.00	0	7240	FALSE			FALSE			TRUE	PE Only		
77523	Proton treatment delivery: intx Proton Beam Treatmen	April 2019	19		ASTRO	New PE Inputs	High Volume Growth4 / Contract	October 2016	XXX	0	0.00	0.00	0	59938	FALSE			FALSE			TRUE	PE Only		
77525	Proton treatment delivery: cor Proton Beam Treatmen	April 2019	19		ASTRO	New PE Inputs	Contractor Priced High Volume1	October 2018	XXX	0	0.00	0.00	0	13585	FALSE			FALSE			TRUE	PE Only		
77600	Hyperthermia, externally gene Hyperthermia - PE Only	September 2024	14		AADA, ACRO, ASTRO	Maintain. New PE Inputs	Services with Stand-Alone PE Pro	October 2012	XXX	1.31	14.90	NA	0.11	13129	FALSE			FALSE			TRUE	PE Only		
77767	Remote afterloading high dose Surface Radionuclide H	January 2015	16		ASTRO, ACRO	1.05	Codes Reported Together 75% or October	2014	XXX	1.05	6.39	NA	0.08	4841	FALSE			FALSE			October 2014 28/29	Complete	TRUE	Decrease
77768	Remote afterloading high dose Surface Radionuclide H	January 2015	16		ASTRO, ACRO	1.40	Codes Reported Together 75% or October	2014	XXX	1.4	9.53	NA	0.12	5761	FALSE			FALSE			October 2014 28/29	Complete	TRUE	Decrease
77770	Remote afterloading high dose Surface Radionuclide H	January 2015	16		ASTRO, ACRO	1.95	Codes Reported Together 75% or October	2014	XXX	1.95	8.42	NA	0.12	15023	FALSE			FALSE			October 2014 28/29	Complete	TRUE	Decrease
77771	Remote afterloading high dose Surface Radionuclide H	January 2015	16		ASTRO, ACRO	3.80	Codes Reported Together 75% or October	2014	XXX	3.8	14.29	NA	0.28	8778	FALSE			FALSE			October 2014 28/29	Complete	TRUE	Decrease
77772	Remote afterloading high dose Surface Radionuclide H	January 2015	16		ASTRO, ACRO	5.40	Codes Reported Together 75% or October	2014	XXX	5.4	21.66	NA	0.39	2971	FALSE			FALSE			October 2014 28/29	Complete	TRUE	Decrease
77776	Interstitial radiation source ap: Interstitial Radiation	So April 2015	17		ACR, ASTRO	Deleted from CPT	Codes Reported Together 75% or February	2015							FALSE			FALSE			February 201 35	Complete	TRUE	Deleted from CPT
77777	Interstitial radiation source ap: Interstitial Radiation	So April 2015	17		ACR, ASTRO	Deleted from CPT	Codes Reported Together 75% or February	2015							FALSE			FALSE			February 201 35	Complete	TRUE	Deleted from CPT
77778	Interstitial radiation source ap: Interstitial Radiation	So October 2015	21		ACR, ASTRO	8.78	Codes Reported Together 75% or October	2012	000	8.78	18.74	NA	0.54	3083	FALSE			TRUE	The Joint Workgroup re February 201 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 Fel February 200 36	Code Deleted	TRUE	Deleted from CPT		
77782	Deleted from CPT Brachytherapy	February 2008	5		ASTRO	Deleted from CPT	High Volume Growth1 / CMS Fast	February 2008							FALSE			TRUE	Deleted from CPT at Fel February 200 36	Code Deleted	TRUE	Deleted from CPT		
77784	Deleted from CPT Brachytherapy	February 2008	5		ASTRO	Deleted from CPT	CMS Fastest Growing	February 2008							FALSE			TRUE	Deleted from CPT at Fel February 200 36	Code Deleted	TRUE	Deleted from CPT		
77785	Remote afterloading high dose Surface Radionuclide H	January 2015	16		ASTRO	Deleted from CPT	High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time								FALSE			TRUE	In October 2012, the Jo October 2014 28/29	Complete	TRUE	Deleted from CPT		
77786	Remote afterloading high dose Surface Radionuclide H	January 2015	16		ASTRO	Deleted from CPT	High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time								FALSE			TRUE	In October 2012, the Jo October 2014 28/29	Complete	TRUE	Deleted from CPT		
77787	Remote afterloading high dose Surface Radionuclide H	January 2015	16		ASTRO	Deleted from CPT	High Volume Growth1 / CMS Fast	October 2012							FALSE			TRUE	In October 2012, the Jo October 2014 28/29	Complete	TRUE	Deleted from CPT		
77790	Supervision, handling, loading Interstitial Radiation	So October 2015	21		ACR, ASTRO, SIR	0.00	Codes Reported Together 75% or October	2012	XXX	0	0.55	NA	0.02	59	FALSE			TRUE	The Joint Workgroup re February 201 35	Complete	TRUE	Decrease		
77X05	Superficial Radiation T: January 2025		17		AADA, ACRO, ASTRO	0.77	Codes Reported Together 75% or September	2024							FALSE			FALSE			TRUE	Decrease		
77X07	Superficial Radiation T: January 2025		17		AADA, ACRO, ASTRO	PE Only	Codes Reported Together 75% or September	2024							FALSE			FALSE			TRUE	PE Only		
77X08	Superficial Radiation T: January 2025		17		AADA, ACRO, ASTRO	PE Only	Codes Reported Together 75% or September	2024							FALSE			FALSE						

	Pulmonary ventilation imaging	Pulmonary Perfusion In February 2010	31	NNM, ACR	Deleted from CPT	Harvard Valued - Utilization over : February 2010				FALSE		TRUE	The specialties recomm October 2012	Code Deleted	TRUE	Deleted from CPT				
78587	Deleted from CPT	Pulmonary Perfusion In February 2010	31	NNM, ACR	Deleted from CPT	Harvard Valued - Utilization over : February 2010				FALSE		TRUE	The specialties recomm October 2012	Code Deleted	TRUE	Deleted from CPT				
78588	Deleted from CPT	Pulmonary Perfusion In February 2010	31	NNM, ACR	Deleted from CPT	Harvard Valued - Utilization over : February 2010				FALSE		TRUE	The specialties recomm October 2012	Code Deleted	TRUE	Deleted from CPT				
78591	Deleted from CPT	Pulmonary Perfusion In February 2010	31	NNM, ACR	Deleted from CPT	Harvard Valued - Utilization over : February 2010				FALSE		TRUE	The specialties recomm October 2012	Code Deleted	TRUE	Deleted from CPT				
78593	Deleted from CPT	Pulmonary Perfusion In February 2010	31	NNM, ACR	Deleted from CPT	Harvard Valued - Utilization over : February 2010				FALSE		TRUE	The specialties recomm October 2012	Code Deleted	TRUE	Deleted from CPT				
78594	Deleted from CPT	Pulmonary Perfusion In February 2010	31	NNM, ACR	Deleted from CPT	Harvard Valued - Utilization over : February 2010				FALSE		TRUE	The specialties recomm October 2012	Code Deleted	TRUE	Deleted from CPT				
78596	Deleted from CPT	Pulmonary Perfusion In February 2010	31	NNM, ACR	Deleted from CPT	Harvard Valued - Utilization over : February 2010				FALSE		TRUE	The specialties recomm October 2012	Code Deleted	TRUE	Deleted from CPT				
78597	Quantitative differential pulmc Pulmonary Imaging	February 2011	13	ACR, SMM	0.75	Harvard Valued - Utilization over : February 2010	XXX	0.75	4.63	NA	0.06	1996	FALSE	October 2012	complete	TRUE	Decrease			
78598	Quantitative differential pulmc Pulmonary Imaging	February 2011	13	ACR, SMM	0.85	Harvard Valued - Utilization over : February 2010	XXX	0.85	7.14	NA	0.07	1350	FALSE	October 2012	Complete	TRUE	Increase			
78803	Radiopharmaceutical localizati RAW	January 2019	14	ACR, ANCM, SNNM	1.20	Harvard Valued - Utilization over : January 2016	XXX	1.09	8.97	NA	0.08	39570	TRUE	Dec 2016	Yes	FALSE	Increase			
78815	Positron emission tomography (PET) with concurrently February 2011	41	ACR, SNNM	Reaffirmed RUC recommendation MPC List	October 2010	XXX		0.00	NA	0	683960	FALSE				FALSE	Maintain			
79101	Radiopharmaceutical therapy , Radiopharmaceutical TI February 2010	31	SNNM, ACR	Article published Feb 2012	Different Performing Specialty frc October 2009	XXX		1.96	2.32	NA	0.08	17398	TRUE	Feb 2012	Yes	FALSE	Maintain			
80500	Clinical pathology consultation Pathology Clinical Cons January 2021	20	CAP	Deleted from CPT	CMS-Other - Utilization over 20,0 January 2021	XXX						FALSE	TRUE	In October 2018, the W October 2020	complete	TRUE	Deleted from CPT			
80502	Clinical pathology consultation Pathology Clinical Cons January 2021	20	CAP	Deleted from CPT	CMS-Other - Utilization over 20,0 January 2021	XXX						FALSE	FALSE	October 2020	complete	TRUE	Deleted from CPT			
80503	Pathology clinical consultation; Pathology Clinical Cons January 2021	20	CAP	0.50	CMS-Other - Utilization over 20,0 January 2021	XXX		0.43	0.36	0.20	0.02	22363	FALSE	October 2020	complete	TRUE	Decrease			
80504	Pathology clinical consultation; Pathology Clinical Cons January 2021	20	CAP	0.91	CMS-Other - Utilization over 20,0 January 2021	XXX		0.91	0.62	0.44	0.04	3904	FALSE	October 2020	complete	TRUE	Decrease			
80505	Pathology clinical consultation; Pathology Clinical Cons January 2021	20	CAP	1.80	CMS-Other - Utilization over 20,0 January 2021	XXX		1.71	1.06	0.84	0.1	6951	FALSE	October 2020	complete	TRUE	Decrease			
80506	Pathology clinical consultation; Pathology Clinical Cons January 2021	20	CAP	0.80	CMS-Other - Utilization over 20,0 January 2021	ZZZ		0.8	0.42	NA	0.04	13451	FALSE	October 2020	complete	TRUE	Decrease			
80506	Blood smear, peripheral, inter Blood Smear Interpret April 2017	30	CAP	0.45	CMS-Other - Utilization over 100,0 April 2016	XXX		0.45	NA	0.22	0.03	150972	FALSE			TRUE	Maintain			
805097	Bone marrow, smear interpret Bone Marrow Interpret April 2017	31	CAP	1.00	CMS-Other - Utilization over 100,0 April 2016	XXX		0.94	1.10	0.42	0.04	131648	FALSE			TRUE	Increase			
805390	Fibrinolysins or coagulopathy s Fibrinolysins Screen	January 2018	26		Negative IWPUT	April 2017	XXX		0.00	0.00	0	23501	FALSE			TRUE	Increase			
806077	Blood bank physician services; RAW	April 2025	14	September 2c RAW	Review action plan.	Different Performing Specialty frc April 2025	XXX		0.94	0.60	0.45	0.04	43315	FALSE		TRUE	FAUSE			
88104	Cytopathology, fluids, washing Cytopathology	April 2015	36	AUR, ASC, CAP	New PE Inputs. 0.56	Harvard Valued - Utilization over : October 2009	XXX		0.56	1.81	NA	0.03	30163	FALSE		TRUE	Maintain			
88106	Cytopathology, fluids, washing Cytopathology	April 2015	36	AUR, ASC, CAP	New PE Inputs. 0.56	Harvard Valued - Utilization over : February 2010	XXX		0.37	1.73	NA	0.03	884	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 October 2010	30 Complete	TRUE	Deleted from CPT			
88108	Cytopathology, concentration Cytopathology Concen April 2015	36	RUC	ACR, CAP	New PE Inputs. 0.56	Harvard Valued - Utilization over : February 2010	XXX		0.44	1.64	NA	0.02	172298	FALSE		TRUE	Maintain			
88112	Cytopathology, selective cellul Cytopathology Concen April 2015	36	RUC	ACR, CAP	New PE Inputs. 0.56	CMS High Expenditure Procedura September 2011	XXX		0.56	1.45	NA	0.02	741316	FALSE		TRUE	Decrease			
88120	Cytopathology, in situ hybridiz RAW review	October 2017	19		Utilization shift is appropriate.	CMS Request - Final Rule for 2013 November 2012	XXX		1.2	15.52	NA	0.05	42539	FALSE		TRUE	Maintain			
88121	Cytopathology, in situ hybridiz RAW review	October 2017	19		Utilization shift is appropriate.	CMS Request - Final Rule for 2013 November 2012	XXX		1	11.12	NA	0.04	18332	FALSE		TRUE	Maintain			
88141	Cytopathology, cervical or vagi Cytopathology Cervical April 2018	26	CAP	0.42	CMS-Other - Utilization over 30,0 October 2017	XXX		0.26	0.48	0.48	0.01	40110	FALSE			TRUE	Maintain			
88160	Cytopathology, smears, any ot Cytopathology Concen April 2015	36			New PE Inputs	CMS Request - Final Rule for 2015 April 2015	XXX		0.5	1.97	NA	0.03	4629	FALSE		TRUE	PE Only			
88161	Cytopathology, smears, any ot Cytopathology Concen April 2015	36			New PE Inputs	CMS Request - Final Rule for 2015 April 2015	XXX		0.5	1.99	NA	0.03	3913	FALSE		TRUE	PE Only			
88162	Cytopathology, smears, any ot Cytopathology Concen April 2015	36			New PE Inputs	CMS Request - Final Rule for 2015 April 2015	XXX		0.76	3.16	NA	0.04	403	FALSE		TRUE	PE Only			
88184	Flow cytometry, cell surface, c Flow Cytometry	January 2016	CAP		New PE Inputs. Removed from FR CMS High Expenditure Procedura July 2015	XXX		0.23	NA	0.03	92795	FALSE	FALSE			TRUE	PE Only			
88185	Flow cytometry, cell surface, c Flow Cytometry	January 2016	CAP		New PE Inputs. Removed from FR CMS High Expenditure Procedura July 2015	ZZZ		0.068	NA	0	2029865	FALSE	FALSE			TRUE	PE Only			
88187	Flow cytometry, interpretation Flow Cytometry Interpr January 2016	42	CAP	0.74	CMS High Expenditure Procedura July 2015	XXX		0.74	0.29	0.29	0.03	24389	FALSE			TRUE	Decrease			
88188	Flow cytometry, interpretation Flow Cytometry Interpr January 2016	42	CAP	1.40	CMS High Expenditure Procedura July 2015	XXX		1.2	0.55	0.55	0.05	42009	FALSE			TRUE	Decrease			
88189	Flow cytometry, interpretation Flow Cytometry Interpr January 2016	42	CAP	1.70	CMS High Expenditure Procedura July 2015	XXX		1.7	0.68	0.68	0.07	249420	FALSE			TRUE	Decrease			
88300	Level I - Surgical pathology, grc Pathology Consultation January 2012	24	AAD, AGA, CAP, ASGE	0.08 and new PE inputs	Harvard Valued - Utilization over 1 February 2009	XXX		0.08	0.40	NA	0.02	162101	FALSE			TRUE	Maintain			
88302	Level II - Surgical pathology, gr Pathology Consultation January 2012	24	AAD, AGA, CAP, ASGE	0.13 and new PE inputs	Harvard Valued - Utilization over 1 February 2009	XXX		0.13	0.85	NA	0.02	56973	FALSE			TRUE	Maintain			
88304	Level III - Surgical pathology, gr Pathology Consultation January 2012	24	AAD, AGA, CAP, ASGE	0.22 and new PE inputs	Harvard Valued - Utilization over 1 October 2008	XXX		0.22	1.04	NA	0.02	769848	FALSE			TRUE	Maintain			
88305	Level IV - Surgical pathology, gr Pathology Consultation January 2012	24	AAD, AGA, CAP, ASGE	0.75 and new PE inputs	Harvard Valued - Utilization over 1 October 2008	XXX		0.75	1.38	NA	0.02	16067106	FALSE			TRUE	Maintain			
88307	Level V - Surgical pathology, gr Pathology Consultation January 2012	24	AAD, AGA, CAP, ASGE	1.59 and new PE inputs	Harvard Valued - Utilization over 1 February 2009	XXX		1.59	6.94	NA	0.07	898969	FALSE			TRUE	Maintain			
88309	Level VI - Surgical pathology, gr Pathology Services January 2012	24	AAD, AGA, CAP, ASGE	2.80 and new PE inputs	Harvard Valued - Utilization over 1 February 2009	XXX		2.8	9.96	NA	0.08	128398	FALSE			TRUE	Maintain			
88312	Special stain including interpe Special Stains	January 2012	33	CAP	0.54	Harvard Valued - Utilization over 1 October 2008	XXX		0.54	2.78	NA	0.03	1200927	FALSE	TRUE	At the February 2010 Ri June 2010	12 Complete	TRUE	Maintain	
88313	Special stain including interpe Special Stains	February 2011	33	CAP	0.24	Harvard Valued - Utilization over 1 October 2008	XXX		0.24	2.20	NA	0.02	1258216	FALSE	TRUE	At the February 2010 Ri June 2010	12 Complete	TRUE	Maintain	
88314	Special stain including interpe Special Stains	February 2011	33	CAP	0.45	Harvard Valued - Utilization over 1 February 2009	XXX		0.45	2.09	NA	0.03	26516	FALSE	TRUE	At the February 2010 Ri June 2010	12 Complete	TRUE	Maintain	
88318	Deleted from CPT	Special Stains	February 2010	22	CAP, AAD	Deleted from CPT	Harvard Valued - Utilization over 1 Million					FALSE	TRUE	At the February 2010 Ri June 2010	12 Complete	TRUE	Deleted from CPT			
88319	Special stain including interpe Special Stains	February 2011	33	CAP	0.53	Harvard Valued - Utilization over 1 Million	XXX		0.53	3.50	NA	0.03	12847	FALSE	TRUE	At the February 2010 Ri June 2010	12 Complete	TRUE	Maintain	
88321	Consultation and report on ref Microslide Consultation January 2016	43	CAP, ASC	1.63	CMS High Expenditure Procedura July 2015	XXX		1.63	1.20	0.75	0.07	165401	FALSE			TRUE	Maintain			
88323	Consultation and report on ref Microslide Consultation January 2016	43	CAP, ASC	1.83	CMS High Expenditure Procedura July 2015	XXX		1.83	1.62	NA	0.03	31145	FALSE			TRUE	Maintain			
88325	Consultation, comprehensive, Microslide Consultation January 2016	43	CAP, ASC	2.85	CMS High Expenditure Procedura July 2015	XXX		2.85	1.72	1.00	0.13	11312	FALSE			TRUE	Increase			
88329	Pathology consultation during Pathology Consultation October 2010	18	CAP	0.67	Harvard Valued - Utilization over : February 2010	XXX		0.67	0.92	0.32	0.04	19229	FALSE			TRUE	Maintain			
88331	Pathology consultation during Pathology Consultation October 2010	18	CAP	1.19	Harvard Valued - Utilization over : October 2009	XXX		1.19	1.80	NA	0.03	319397	FALSE			TRUE	Maintain			
88332	Pathology consultation during Pathology Consultation October 2010	18	CAP	0.59	Harvard Valued - Utilization over : October 2009	XXX		0.59	1.03	NA	0.02	119898	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		1.2	1.50	NA	0.03	57998	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	0.93	NA	0.01	27033	FALSE			TRUE	Maintain			
88341	Immunohistochemistry or imm Morphometric Analysis April 2014	21	CAP	0.65	CMS Request - Final Rule for 2014 November 2013	ZZZ		0.56	2.32	NA	0.01	3461065	FALSE			TRUE	Decrease			
88342	Immunohistochemistry or imm Morphometric Analysis April 2014	21	CAP	0.70	CMS-Other - Utilization over 500,0 April 2011	XXX		0.7	2.65	NA	0.02	2174347	FALSE	TRUE	In Jan 2012, the speciali May 2012	Complete	TRUE	Decrease		
88343	Immunohistochemistry or imm Morphometric Analysis April 2014	21	CAP	Deleted from CPT	CMS Request - Final Rule for 2014 November 2013	XXX						FALSE	FALSE			TRUE	Deleted from CPT			
88344	Immunohistochemistry or imm Morphometric Analysis April 2014	21	CAP	0.77	CMS Request - Final Rule for 2014 November 2013	XXX		0.77	4.38	NA	0.02	175628	FALSE			TRUE	Decrease			
88346	Immunofluorescence, per spec Immunofluorescent St January 2015	17	CAP, ASC	0.74	CMS-Other - Utilization over 250,0 April 2013	XXX		0.74	3.56	NA	0.03	54878	FALSE	TRUE	In April 2013, the RUC is October 2014	45 Complete	TRUE	Decrease		
88347	Immunofluorescent study, eac Immunofluorescent St January 2015	17	CAP, ASC	Deleted from CPT	CMS-Other - Utilization over 250,0 October 2013	XXX						FALSE	TRUE	In April 2013, the RUC is October 2014	45 Complete	TRUE	Deleted from CPT			
88349	Electron microscopy, diagnost Electron Microscopy PI October 2013	14	CAP	New PE Inputs	Services With Stand-Alone PE Pro October 2012	XXX		1.51	13.12	NA	0.13	13572	FALSE	TRUE		TRUE	PE Only			
88350	Electron microscopy, scanning Electron Microscopy PI October 2013	14	CAP	Deleted from CPT	Services With Stand-Alone PE Pro October 2012	XXX						FALSE	TRUE	Refer to CPT to delete. Oct 2013	Complete	TRUE	Deleted from CPT			
88356	Immunofluorescence, per spec Immunofluorescent St January 2015	17	CAP, ASC	0.70	CMS-Other - Utilization over 250,0 October 2014	ZZZ		0.59	2.70	NA	0.02	234386	FALSE	TRUE	October 2014	45 Complete	TRUE	Decrease		
88356	Morphometric analysis, nerve RAW	April 2014	37	ASC, CAP	High Volume Growth2	April 2013	XXX		0.06	24.82	NA	0.06	24282	FALSE			TRUE	Decrease		
88360	Morphometric analysis, tumor Tumor Immunohisto April 2016	40	ASC, CAP	0.85	CMS High Expenditure Procedura July 2015	XXX		0.85	2.70	NA	0.02	660189	FALSE			TRUE	Decrease			
88361	Morphometric analysis, tumor Tumor Immunohisto April 2016	40	ASC, CAP	0.95	CMS High Expenditure Procedura July 2015	XXX		0.95	2.50	NA	0.02	138656	FALSE			TRUE	Decrease			
88364	In situ hybridization (eg, FISH), Morphometric Analysis April 2014	21	CAP, ASCP, ASC	0.88	CMS Request - Final Rule for 2014 November 2013	ZZZ		0.7	3.15	NA	0.02	39774	FALSE			TRUE	Decrease			
88365	In situ hybridization (eg, FISH), Morphometric Analysis April 2014	21	CAP	0.88	CMS Request - Final Rule for 2012 September 2011	XXX		0.88	4.31	NA	0.03	62947	TRUE	Dec 2011 & Yes	TRUE	In April 2013, the Colleg May 2013	Complete	TRUE	Decrease	
88366	In situ hybridization (eg, FISH), Morphometric Analysis April 2014	21	CAP, ASCP, ASC	1.24	CMS Request - Final Rule for 2017 May 2013	XXX		1.24	6.75	NA	0.05	3001	FALSE			TRUE	Decrease			
88367	Morphometric analysis, in situ Morphometric Analysis September 2014	18	CAP, ASCP, ASC	0.86	CMS Request - Final Rule for 2012 September 2011	XXX		0.86	2.75	2.51	NA	0.03	3872	TRUE	Dec 2011 & Yes	TRUE	In April 2013, the Colleg May 2013	Complete	TRUE	Decrease
88368	Morphometric analysis, in situ Morphometric Analysis September 2014	18	CAP, ASCP, ASC	0.88	CMS Request - Final Rule for 2012 September 2011	XXX		0.88	3.56	NA	0.03	16239	TRUE	Dec 2011 & Yes	TRUE	In April 2013, the Colleg May 2013	Complete	TRUE	Decrease	
88373	Morphometric analysis, in situ Morphometric Analysis April 2014	21	CAP, ASCP, ASC	0.86	CMS Request - Final Rule for 2014 November 2013	ZZZ		0.58	1.38	NA	0.01	5407	FALSE			TRUE	Decrease			
88374	Morphometric analysis, in situ Morphometric Analysis April 2014	21	CAP, ASCP, ASC	1.04	CMS Request - Final Rule for															

90913	Biofeedback training, perineal Biofeedback Training	April 2024	09	January 2026	RUC	ACOG, APTA, AUA	Refer to CPT. 0.50	Negative IWPUT	September 2018	ZZZ	0.5	0.44	0.18	0.03	19617	FALSE	TRUE	In April 2023, the Relati	September 2	5	2025: Tab	___	Sep2024: Tab	49	FALSE	Increase
90935	Hemodialysis procedure with s Hemodialysis-Dialysis	5 October 2009	30			RPA	1.48	Harvard Valued - Utilization over 1	October 2008	000	1.48	NA	0.54	0.08	591622	FALSE	FALSE							TRUE	Increase	
90937	Hemodialysis procedure requir Hemodialysis-Dialysis	5 October 2009	30			RPA	2.11	Harvard Valued - Utilization over 1	February 2009	000	2.11	NA	0.80	0.13	26555	FALSE	FALSE							TRUE	Maintain	
90945	Dialysis procedure other than l Hemodialysis-Dialysis	5 October 2009	30			RPA	1.56	Harvard Valued - Utilization over 1	February 2009	000	1.56	NA	0.91	0.1	110046	FALSE	TRUE							TRUE	Increase	
90947	Dialysis procedure other than l Hemodialysis-Dialysis	5 October 2009	30			RPA	2.52	Harvard Valued - Utilization over 1	February 2009	000	2.52	NA	0.94	0.17	8823	FALSE	FALSE							TRUE	Increase	
90951	End-stage renal disease (ESRD) End-Stage Renal Diseas	April 2009	29			RPA		RUC Recommended revised clinic CMS Request - Practice Expense F	February 2009	XXX	23.92	9.04	9.04	1.64	29	FALSE	TRUE							TRUE	PE Only	
90952	End-stage renal disease (ESRD) End-Stage Renal Diseas	April 2009	29			RPA		RUC Recommended revised clinic CMS Request - Practice Expense F	February 2009	XXX	0	0.00	0.00	0	2	FALSE	FALSE							TRUE	PE Only	
90953	End-stage renal disease (ESRD) End-Stage Renal Diseas	April 2009	29			RPA		RUC Recommended revised clinic CMS Request - Practice Expense F	February 2009	XXX	0	0.00	0.00	0	5	FALSE	TRUE							TRUE	PE Only	
90954	End-stage renal disease (ESRD) End-Stage Renal Diseas	April 2009	29			RPA		RUC Recommended revised clinic CMS Request - Practice Expense F	February 2009	XXX	20.86	7.60	7.60	1.35	398	FALSE	FALSE							TRUE	PE Only	
90955	End-stage renal disease (ESRD) End-Stage Renal Diseas	April 2009	29			RPA		RUC Recommended revised clinic CMS Request - Practice Expense F	February 2009	XXX	10.32	4.63	4.63	0.63	86	FALSE	TRUE							TRUE	PE Only	
90956	End-stage renal disease (ESRD) End-Stage Renal Diseas	April 2009	29			RPA		RUC Recommended revised clinic CMS Request - Practice Expense F	February 2009	XXX	6.64	3.39	3.39	0.39	107	FALSE	FALSE							TRUE	PE Only	
90957	End-stage renal disease (ESRD) End-Stage Renal Diseas	April 2009	29			RPA		RUC Recommended revised clinic CMS Request - Practice Expense F	February 2009	XXX	15.46	6.43	6.43	0.98	1356	FALSE	TRUE							TRUE	PE Only	
90958	End-stage renal disease (ESRD) End-Stage Renal Diseas	April 2009	29			RPA		RUC Recommended revised clinic CMS Request - Practice Expense F	February 2009	XXX	9.87	4.40	4.40	0.63	350	FALSE	FALSE							TRUE	PE Only	
90959	End-stage renal disease (ESRD) End-Stage Renal Diseas	April 2009	29			RPA		RUC Recommended revised clinic CMS Request - Practice Expense F	February 2009	XXX	6.19	3.15	3.15	0.39	225	FALSE	TRUE							TRUE	PE Only	
90960	End-stage renal disease (ESRD) End-Stage Renal Diseas	April 2009	29			RPA		RUC Recommended revised physio CMS Request - Practice Expense F	February 2009	XXX	6.77	3.41	3.41	0.42	1238509	FALSE	FALSE							TRUE	PE Only	
90961	End-stage renal disease (ESRD) End-Stage Renal Diseas	April 2009	29			RPA		RUC Recommended revised physio CMS Request - Practice Expense F	February 2009	XXX	5.52	2.94	2.94	0.34	434848	FALSE	TRUE							TRUE	PE Only	
90962	End-stage renal disease (ESRD) End-Stage Renal Diseas	April 2009	29			RPA		RUC Recommended revised clinic CMS Request - Practice Expense F	February 2009	XXX	3.57	2.30	2.30	0.21	137651	FALSE	FALSE							TRUE	PE Only	
90963	End-stage renal disease (ESRD) End-Stage Renal Diseas	April 2009	29			RPA		RUC Recommended revised clinic CMS Request - Practice Expense F	February 2009	XXX	12.09	5.15	5.15	0.77	79	FALSE	TRUE							TRUE	PE Only	
90964	End-stage renal disease (ESRD) End-Stage Renal Diseas	April 2009	29			RPA		RUC Recommended revised clinic CMS Request - Practice Expense F	February 2009	XXX	10.25	4.54	4.54	0.65	646	FALSE	FALSE							TRUE	PE Only	
90965	End-stage renal disease (ESRD) End-Stage Renal Diseas	April 2009	29			RPA		RUC Recommended revised clinic CMS Request - Practice Expense F	February 2009	XXX	9.8	4.44	4.44	0.63	872	FALSE	FALSE							TRUE	PE Only	
90966	End-stage renal disease (ESRD) End-Stage Renal Diseas	April 2009	29			RPA		RUC Recommended revised clinic CMS Request - Practice Expense F	February 2009	XXX	5.52	2.94	2.94	0.34	307423	FALSE	FALSE							TRUE	PE Only	
91038	Esophageal function test, gastr Gastroenterological Te	February 2010	23			AGA, ASGE	New PE Inputs	CMS Request - Practice Expense F	February 2010	000	1.1	10.43	NA	0.06	3765	FALSE	TRUE							TRUE	PE Only	
91110	Gastrointestinal tract imaging, Gastrointestinal Tract I	January 2016	44			ACG, AGA, ASGE	2.49	CMS High Expenditure Procedura	July 2015	XXX	2.24	18.58	NA	0.07	40626	FALSE	FALSE							TRUE	Decrease	
91111	Gastrointestinal tract imaging, Gastrointestinal Tract I	January 2016	44			ACG, AGA, ASGE	1.00	CMS High Expenditure Procedura	July 2015	XXX	0.9	23.90	NA	0.05	172	FALSE	FALSE							TRUE	Maintain	
91120	Rectal sensation, tone, and cor Colon Motility Services	September 2024	10			ACG, AGA, ASCRS, ASG	Deleted from CPT	Codes Reported Together 75% or April 2023	XXX	0.97	13.30	NA	0.05	10029	FALSE	TRUE	In April 2023, the RAW i	May 2024	34			Deleted	TRUE	Deleted from CPT		
91122	Anorectal manometry	Colon Motility Services	September 2024	10		ACG, AGA, ASCRS, ASG	Deleted from CPT	Codes Reported Together 75% or April 2023	000	1.77	6.29	NA	0.11	17915	FALSE	TRUE	In April 2023, the RAW i	May 2024	34			Deleted	TRUE	Deleted from CPT		
91132	Electrogastrography, diagnost Electrogastrography	February 2010	24			AGA, ACG, ASGE	New PE Inputs	CMS Request - Practice Expense Review	XXX	0.52	11.96	NA	0.03	23	FALSE	FALSE							TRUE	PE Only		
91133	Electrogastrography, diagnost Electrogastrography	February 2010	24			AGA, ACG, ASGE	New PE Inputs	CMS Request - Practice Expense Review	XXX	0.66	12.44	NA	0.03	30	FALSE	FALSE							TRUE	PE Only		
91XX1		Colon Motility Services	September 2024	10		ACG, AGA, ASCRS, ASG	3.05	Codes Reported Together 75% or May 2024	XXX							FALSE	FALSE							TRUE	Increase	
91XX2		Colon Motility Services	September 2024	10		ACG, AGA, ASCRS, ASG	2.70	Codes Reported Together 75% or May 2024	XXX							FALSE	FALSE							TRUE	Increase	
92065	Orthoptic training; performed Orthoptic Training	April 2025	14	September 2	RAW	AAO, AOA (optometry, Review action plan. 0.71		Harvard Valued - Utilization over : October 2019	XXX	0.71	0.47	0.25	0.01	23440	FALSE	TRUE	This service was identifi	February 202	35				Complete	FALSE	Increase	
92066	Orthoptic training; under supe Orthoptic Training	April 2025	14	September 2	RAW	AAO, AOA (optometry, Review action plans. New PE Input		Harvard Valued - Utilization over : February 2021	XXX	0	0.79	NA	0.01	6424	FALSE	FALSE								FALSE	PE Only	
92081	Visual field examination, unilateral Visual Field Examination	April 2010	42			AAO, AOA (optometric 0.30		Harvard Valued - Utilization over : October 2009	XXX	0.3	0.68	NA	0.02	80292	FALSE	FALSE								TRUE	Decrease	
92082	Visual field examination, unilateral Visual Field Examination	April 2010	42			AAO, AOA (optometric 0.40		Harvard Valued - Utilization over : October 2009	XXX	0.4	0.98	NA	0.02	102696	FALSE	FALSE								TRUE	Decrease	
92083	Visual field examination, unilateral Visual Field Examination	April 2012	46			AAO, AOA (optometric 0.50		MPC List / CMS High Expenditure	October 2010	XXX	0.5	1.37	NA	0.02	2679659	FALSE	FALSE							TRUE	Maintain	
92100	Serial tonometry (separate pro Serial Tonometry	September 2011	36			AAO, AOA (optometric 0.61		Harvard Valued - Utilization over : April 2011	XXX	0.61	1.91	0.32	0.02	23661	FALSE	FALSE								TRUE	Decrease	
92133	Scanning computerized ophth: Computerized Scanning	April 2010	23			AAO, AOA (eye) 0.50		CMS Fastest Growing	October 2009	XXX	0.31	0.59	NA	0.02	2698182	FALSE	FALSE							complete	TRUE	Decrease
92134	Scanning computerized ophth: Computerized Scanning	September 2022	13			AAO, AOA (eye) 0.50		CMS Fastest Growing / Codes Rep	October 2008	XXX	0.32	0.63	NA	0.02	7917138	FALSE	FALSE							complete	TRUE	Decrease
92135	Deleted from CPT	Ophthalmic Diagnostic	October 2009	31		AAO, AOA	Deleted from CPT	CMS Fastest Growing	October 2008	TRUE						FALSE	TRUE	Revise to specify optic r	October 2005	44			Code Deleted	TRUE	Deleted from CPT	
92136	Ophthalmic biometry by parti Ophthalmic Biometry	April 2016	36			AAO	0.54	CMS Fastest Growing / CMS High	October 2008	XXX	0.54	0.85	NA	0.02	1541492	FALSE	FALSE							TRUE	Maintain	
92140	Provocative tests for glaucoma Glaucoma Provocative	April 2016	41			AAO, AOA (optometry, Deleted from CPT		Harvard Valued - Utilization over : October 2015	FALSE							TRUE	The specialty societies r	May 2016	26				Complete	TRUE	Deleted from CPT	
92201	Ophthalmoscopy, extended; w Ophthalmoscopy	April 2018	05			AAO, AOA (Optometry 0.40		Negative IWPUT	February 2018	XXX	0.4	0.32	0.25	0.02	473745	FALSE	FALSE							complete	TRUE	Decrease
92202	Ophthalmoscopy, extended; w Ophthalmoscopy	April 2018	05			AAO, AOA (Optometry 0.26		Negative IWPUT	February 2018	XXX	0.26	0.19	0.16	0.01	668181	FALSE	FALSE							complete	TRUE	Decrease
92225	Ophthalmoscopy, extended; w Ophthalmoscopy	April 2018	05			AAO, AOA (Optometry Deleted from CPT		Negative IWPUT	April 2017							FALSE	TRUE	A RUC member request	February 201	22				complete	TRUE	Deleted from CPT
92226	Ophthalmoscopy, extended; w Ophthalmoscopy	April 2018	05			AAO, AOA (Optometry Deleted from CPT		Negative IWPUT	February 2018							FALSE	FALSE							Complete	TRUE	Deleted from CPT
92227	Imaging of retina for detection RAW	September 2023	22				Remove from screen	Work Neutrality 2021	April 2023	XXX	0	0.52	NA	0.01	1092	FALSE	FALSE							TRUE	Remove from Screen	
92228	Imaging of retina for detection RAW	September 2023	22				Remove from screen	Work Neutrality 2021	April 2023	XXX	0.32	0.55	NA	0.02	8707	FALSE	FALSE							TRUE	Remove from Screen	
92229	Imaging of retina for detection RAW	September 2023	22				Remove from screen	Work Neutrality 2021	April 2023	XXX	0	1.34	NA	0.01	3631	FALSE	FALSE							TRUE	Remove from Screen	
92235	Fluorescein angiography (inclu Ophthalmoscopic Angi	January 2016	21		RUC	AAO, ASRS	0.75	Harvard Valued - Utilization over : April 2011	XXX	0.75	3.95	NA	0.02	258142	FALSE	TRUE	In January 2015, the Joi	October 2015	55				Complete	TRUE	Decrease	
92240	Indocyanine-green angiograph Ophthalmoscopic Angi	January 2016	21		RUC	AAO, ASRS	0.80	Codes Reported Together 75% or January 2015	XXX	0.8	6.20	NA	0.08	7399	FALSE	TRUE	In January 2015, the Joi	October 2015	55				Complete	TRUE	Decrease	
92242	Fluorescein angiography and ir Ophthalmoscopic Angi	January 2016	21		RUC	AAO, ASRS	0.95	Codes Reported Together 75% or October 2015	XXX	0.95	8.73	NA	0.04	29620	FALSE	TRUE	In January 2015, the Joi	October 2015	55				Complete	TRUE	Decrease	
92250	Fundus photography with inte Fundus Photography	January 2016	45			AAO, ASRS, AOA (opto 0.40		MPC List / CMS High Expenditure	October 2010	XXX	0.4	0.68	NA	0.02	3366885	FALSE	FALSE							TRUE	Decrease	
92270	Electro-oculography with inter Electro-oculography	October 2017	19			AAO-HNS		CPT Assistant article published.	High Volume Growth1 / High Vol.	February 2008	XXX	0.81	2.76	NA	0.03	1210	TRUE	Aug 2008 ar	Yes				Complete	TRUE	Maintain	
92273	Electroretinography (ERG), wit Electroretinography	January 2024	16	April 2028	RAW	AAO, AOA (optometry, CPT Assistant article published. 0.		CMS High Expenditure Procedura	September 2017	XXX	0.69	2.98	NA	0.03	120334	TRUE	Aug 2024	Yes					FALSE	TRUE	Decrease	
92274	Electroretinography (ERG), wit Electroretinography	January 2024	16	April 2028	RAW	AAO, AOA (optometry, CPT Assistant article published. 0.		CMS High Expenditure Procedura	September 2017	XXX	0.61	2.05	NA	0.02	3745	TRUE	Aug 2024	Yes					FALSE	TRUE	Decrease	
92275	Electroretinography with inter Electroretinography	January 2018	17			AAO, ASRS, AOA (opto Deleted from CPT		CMS High Expenditure Procedura	July 2015							FALSE	TRUE	In January 2016, the spr	June 2017	24			complete	TRUE	Deleted from CPT	
92284F	Diagnostic dark adaptation exa Dark Adaptation Diagn	April 2024	05			AAO, AOA (optometry, 0.32		Harvard Valued - Utilization over : October 2020	XXX	0	0.90	NA	0.01	35164	TRUE	Jan 2026	Yes						Complete	TRUE	Decrease	
92285	External ocular photography w Ocular Photography	October 2009	32			AAO, AOA	0.05 and new PE inputs	CMS Fastest Growing / Harvard V	October 2008	XXX	0.05	0.62	NA	0.02	424170	FALSE	TRUE	The specialty noted tha	February 2010					Complete	TRUE	Decrease
92286	Anterior segment imaging with Anterior Segment Imag	April 2012	28			AAO, AOA (optometric 0.40		Harvard Valued - Utilization over : April 2011	XXX	0.4	0.74	NA	0.02	98566	FALSE	TRUE	The specialty societies i	October 2011	20				Complete	TRUE	Decrease	
92287	Anterior segment imaging with Anterior Segment Imag	April 2021	21			AAO, ASRS	0.40	Harvard Valued - Utilization over 30,000 / CPT Assistant	XXX	0.4	3.53	NA	0.02	5403	TRUE	Mar 2013	Yes						Complete	TRUE	Decrease	
922X1		Dark Adaptation Diagn	April 2024	05		AAO, AOA (optometry, 0.17		Harvard Valued - Utilization over : February 2024	FALSE							FALSE	FALSE							Complete	TRUE	Decrease
92504	Binocular microscopy (separat Binocular Microscopy	April 2010	43			AAO-HNS	0.18	Harvard Valued - Utilization over : October 2009	XXX	0.18	0.67	0.09	0.01	246160	FALSE	FALSE										

92920	Percutaneous transluminal cor	Percutaneous Coronary	January 2012	10	ACC	9.00	MPC List	October 2010	000	9.85	NA	3.42	2.22	18038	FALSE	TRUE	October 201121	Complete	TRUE	Decrease				
92921	Percutaneous transluminal cor	Percutaneous Coronary	January 2012	10	ACC	4.00	MPC List	October 2010	ZZZ	0	0.00	0.00	0		FALSE	TRUE	October 201121	Complete	TRUE	Decrease				
92924	Percutaneous transluminal cor	Percutaneous Coronary	January 2012	10	ACC	11.00	MPC List	October 2010	000	11.74	NA	4.07	2.64	1536	FALSE	TRUE	October 201121	Complete	TRUE	Decrease				
92925	Percutaneous transluminal cor	Percutaneous Coronary	January 2012	10	ACC	5.00	MPC List	October 2010	ZZZ	0	0.00	0.00	0		FALSE	TRUE	October 201121	Complete	TRUE	Decrease				
92928	Percutaneous transcatheter pl	Percutaneous Coronary	January 2012	10	ACC	10.49	MPC List	October 2010	000	10.96	NA	3.80	2.45	191554	FALSE	TRUE	October 201121	Complete	TRUE	Decrease				
92929	Percutaneous transcatheter pl	Percutaneous Coronary	January 2012	10	ACC	4.44	MPC List	October 2010	ZZZ	0	0.00	0.00	0		FALSE	TRUE	October 201121	Complete	TRUE	Decrease				
92933	Percutaneous transluminal cor	Percutaneous Coronary	January 2012	10	ACC	12.32	MPC List	October 2010	000	12.29	NA	4.26	2.77	13432	FALSE	TRUE	October 201121	Complete	TRUE	Decrease				
92934	Percutaneous transluminal cor	Percutaneous Coronary	January 2012	10	ACC	5.50	MPC List	October 2010	ZZZ	0	0.00	0.00	0		FALSE	TRUE	October 201121	Complete	TRUE	Decrease				
92937	Percutaneous transluminal rev	Percutaneous Coronary	January 2012	10	ACC	10.49	MPC List	October 2010	000	10.95	NA	3.80	2.45	10985	FALSE	TRUE	October 201121	Complete	TRUE	Decrease				
92938	Percutaneous transluminal rev	Percutaneous Coronary	January 2012	10	ACC	6.00	MPC List	October 2010	ZZZ	0	0.00	0.00	0		FALSE	TRUE	October 201121	Complete	TRUE	Decrease				
92941	Percutaneous transluminal rev	Percutaneous Coronary	January 2012	10	ACC	12.32	MPC List	October 2010	000	12.31	NA	4.27	2.76	28212	FALSE	TRUE	October 201121	Complete	TRUE	Decrease				
92943	Percutaneous transluminal rev	Percutaneous Coronary	January 2012	10	ACC	12.32	MPC List	October 2010	000	12.31	NA	4.26	2.77	6992	FALSE	TRUE	October 201121	Complete	TRUE	Decrease				
92944	Percutaneous transluminal rev	Percutaneous Coronary	January 2012	10	ACC	6.00	MPC List	October 2010	ZZZ	0	0.00	0.00	0		FALSE	TRUE	October 201121	Complete	TRUE	Decrease				
92960	Cardioversion, elective, electri	Cardioversion	October 2017	19	ACC	2.25	Harvard Valued - Utilization over	October 2009	000	2	2.42	1.05	0.16	210188	FALSE	FALSE			TRUE	Maintain				
92973	Percutaneous transluminal cor	RAW	October 2017	19			Remove from screen	High Volume Growth2	April 2013	ZZZ	3.28	NA	1.14	0.73	2246	FALSE	FALSE			TRUE	Maintain			
92978	Endoluminal imaging of coron	RAW	April 2025	14	September 2C RAW		Review action plan.	High Volume Growth11	April 2025	ZZZ	0.00	NA		0	94036	FALSE	FALSE			FALSE				
92980	Transcatheter placement of an	Percutaneous Coronary	January 2012	10	ACC		Deleted from CPT	MPC List	October 2010						FALSE	TRUE	Specialty society is plan	October 201121	Deleted from C	TRUE	Deleted from CPT			
92981	Transcatheter placement of an	Percutaneous Coronary	January 2012	10	ACC		Deleted from CPT	MPC List	October 2010						FALSE	TRUE	Specialty society is plan	October 201121	Deleted from C	TRUE	Deleted from CPT			
92982	Percutaneous transluminal cor	Percutaneous Coronary	January 2012	10	ACC		Deleted from CPT	MPC List / Harvard-Valued Annua	October 2010						FALSE	TRUE	Specialty society is plan	October 201121	Deleted from C	TRUE	Deleted from CPT			
92984	Percutaneous transluminal cor	Percutaneous Coronary	January 2012	10	ACC		Deleted from CPT	MPC List	October 2010						FALSE	TRUE	Specialty society is plan	October 201121	Deleted from C	TRUE	Deleted from CPT			
92986	Percutaneous balloon valvulop	Valvuloplasty	October 2008	26	ACC		Deleted from CPT	CMS Fastest Growing	October 2008	090	22.6	NA	11.39	5.1	2050	FALSE	FALSE			TRUE	Remove from Screen			
92992	Atrial septectomy or septostom	Atrial Septostomy	January 2020	13			Deleted from CPT	CMS Request - Final Rule for 2015	October 2018						FALSE	TRUE	In January 2019, the RU	September 2C 16	complete	TRUE	Deleted from CPT			
92993	Atrial septectomy or septostom	Atrial Septostomy	January 2020	13			Deleted from CPT	CMS Request - Final Rule for 2015	October 2018						FALSE	TRUE	In January 2019, the RU	September 2C 16	complete	TRUE	Deleted from CPT			
92995	Percutaneous transluminal cor	Percutaneous Coronary	January 2012	10	ACC		Deleted from CPT	MPC List	October 2010						FALSE	TRUE	Specialty society is plan	October 201121	Deleted from C	TRUE	Deleted from CPT			
92996	Percutaneous transluminal cor	Percutaneous Coronary	January 2012	10	ACC		Deleted from CPT	MPC List	October 2010						FALSE	TRUE	Specialty society is plan	October 201121	Deleted from C	TRUE	Deleted from CPT			
93000	Electrocardiogram, routine ECI	Complete Electrocardic	April 2019	20	ACC	0.17	CMS High Expenditure Procedura	September 2011	XXX	0.17	0.24	NA	0.02	10269471	FALSE	FALSE				TRUE	Maintain			
93005	Electrocardiogram, routine ECI	Complete Electrocardic	April 2019	20	ACC	0.00	High Volume Growth1 / CMS Hig	February 2008	XXX	0	0.18	NA	0.01	422271	FALSE	FALSE				TRUE	PE Only			
93010	Electrocardiogram, routine ECI	Complete Electrocardic	April 2019	20	ACC	0.17	MPC List / CMS High Expenditure	October 2010	XXX	0.17	0.06	0.06	0.01	15241115	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 201 57	Complete	TRUE	Deleted from CPT			
93014	Deleted from CPT	External Cardiovascular	April 2010	25	ACC		Deleted from CPT	Harvard Valued - Utilization over	October 2009						FALSE	FALSE		February 201 57	Complete	TRUE	Deleted from CPT			
93015	Cardiovascular stress test usin	Cardiovascular Stress T	April 2012	47	ACC	0.75	CPT Assistant published.	Codes Reported Together 75% or	February 2010	XXX	0.75	1.40	NA	0.04	816351	TRUE	Jan 2010	Yes	TRUE	The RUC accepted the s	October 201C 42	Complete	TRUE	Maintain
93016	Cardiovascular stress test usin	Cardiovascular Stress T	September 2024	14	ACC		Remove from screen. 0.45	Codes Reported Together 75% or	February 2010	XXX	0.45	0.16	0.16	0.01	771513	FALSE				TRUE	Maintain			
93017	Cardiovascular stress test usin	Cardiovascular Stress T	September 2024	45	ACC		New PE inputs	High Volume Growth1 / CMS Req	February 2008	XXX	0	1.13	NA	0.02	75937	FALSE				TRUE	PE Only			
93018	Cardiovascular stress test usin	Cardiovascular Stress T	September 2024	14	ACC		Review action plan. 0.30	Codes Reported Together 75% or	February 2010	XXX	0.3	0.11	0.11	0.01	915348	TRUE	Jan 2010	Yes	TRUE	The RUC accepted the s	October 201C 42	Complete	TRUE	Maintain
93025	Microvolt T-wave alternans for	Microvolt T-Wave Asses	October 2008	18	ACC		New PE inputs	CMS Request - Practice Expense FNA	October 2008	XXX	0.75	3.04	NA	0.04	118	FALSE				TRUE	PE Only			
93040	Rhythm ECG, 1-3 leads; with in	Rhythm EKG	October 2009	34	ACC	0.15	Harvard Valued - Utilization over	1 February 2009	XXX	0.15	0.23	NA	0.02	80679	FALSE	FALSE				TRUE	Decrease			
93041	Rhythm ECG, 1-3 leads; tracing	Rhythm EKG	October 2009	34	ACC	0.00	(PE only)	Harvard Valued - Utilization over	1 February 2009	XXX	0	0.19	NA	0.01	10739	FALSE	FALSE				TRUE	Maintain		
93042	Rhythm ECG, 1-3 leads; interpr	Rhythm EKG	October 2009	34	ACC, ACEP	0.15	Harvard Valued - Utilization over	1 October 2008	XXX	0.15	0.04	0.04	0.01	254371	FALSE	FALSE				TRUE	Decrease			
93050	Arterial pressure waveform an	RAW	April 2023	15			Remove from screen	Different Performing Specialty frc	April 2023	XXX	0.17	0.30	NA	0.02	10655	FALSE	FALSE				TRUE	Remove from Screen		
93150	Therapy activation of implants	Phrenic Nerve Stimulat	January 2023	06	April 2028 RAW		Review action Plan	Low Survey Response	January 2023	XXX	0.85	2.13	0.34	0.05		FALSE	FALSE				FALSE			
93151	Interrogation and programmin	Phrenic Nerve Stimulat	January 2023	06	April 2028 RAW		Review action Plan	Low Survey Response	January 2023	XXX	0.8	1.80	0.32	0.05		FALSE	FALSE				FALSE			
93152	Interrogation and programmin	Phrenic Nerve Stimulat	January 2023	06	April 2028 RAW		Review action Plan	Low Survey Response	January 2023	XXX	1.82	2.27	0.66	0.13		FALSE	FALSE				FALSE			
93153	Interrogation without program	Phrenic Nerve Stimulat	January 2023	06	April 2028 RAW		Review action Plan	Low Survey Response	January 2023	XXX	0.43	1.12	0.18	0.03		FALSE	FALSE				FALSE			
93224	External electrocardiographic r	External Cardiovascular	September 2023	22	ACC	0.52	Harvard Valued - Utilization over	October 2009	XXX	0.39	1.69	NA	0.03	140499	FALSE	TRUE	The ACC and the Heart I	February 201 57	Revised	TRUE	Maintain			
93225	External electrocardiographic r	External Cardiovascular	September 2023	22	ACC	N/A	no physician work	Harvard Valued - Utilization over	October 2009	XXX	0	0.53	NA	0.01	55226	FALSE	FALSE		February 201 57	complete	TRUE	Maintain		
93226	External electrocardiographic r	External Cardiovascular	September 2023	22	ACC	N/A	no physician work	Harvard Valued - Utilization over	October 2009	XXX	0	1.02	NA	0.01	92549	FALSE	FALSE		February 201 57	complete	TRUE	Maintain		
93227	External electrocardiographic r	External Cardiovascular	September 2023	22	ACC	0.52	Harvard Valued - Utilization over	October 2009	XXX	0.39	0.14	0.14	0.01	183173	FALSE	TRUE	The ACC and the Heart I	February 201 57	Revised	TRUE	Remove from Screen			
93228	External mobile cardiovascular	External Cardiovascular	October 2020	20	ACC, HRS	0.52	Harvard Valued - Utilization over	October 2009	XXX	0.48	0.24	0.24	0.03	291765	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	22.94	NA	0.08	374720	FALSE	FALSE				TRUE	PE Only			
93230	Deleted from CPT	Cardiac Device Monitor	April 2009	31	ACC		Deleted from CPT	CMS Request - 2009 Final Rule / I	NA						FALSE	TRUE	CMS stated that 93230 ;	February 201 57	Deleted	TRUE	Deleted from CPT			
93231	Deleted from CPT	External Cardiovascular	April 2010	25			Deleted from CPT	Harvard Valued - Utilization over	October 2009						FALSE	TRUE		February 201 57	Complete	TRUE	Deleted from CPT			
93232	Deleted from CPT	External Cardiovascular	April 2010	25			Deleted from CPT	Harvard Valued - Utilization over	October 2009						FALSE	FALSE		February 201 57	Complete	TRUE	Deleted from CPT			
93233	Deleted from CPT	Cardiac Device Monitor	April 2009	31	ACC		Deleted from CPT	CMS Request - 2009 Final Rule / I	NA						FALSE	TRUE	CMS stated that 93230 ;	February 201 57	Deleted	TRUE	Deleted from CPT			
93235	Deleted from CPT	External Cardiovascular	April 2010	25			Deleted from CPT	Harvard Valued - Utilization over	October 2009						FALSE	FALSE		February 201 57	Complete	TRUE	Deleted from CPT			
93236	Deleted from CPT	Cardiovascular Stress T	April 2009	38	ACC		Deleted from CPT	Harvard Valued - Utilization over	February 2008						FALSE	TRUE	In February 2008 the W	February 201 57	Deleted	TRUE	Deleted from CPT			
93237	Deleted from CPT	Wearable Cardiac Devi	February 2010	31	ACC		Deleted from CPT	Harvard Valued - Utilization over	October 2009						FALSE	TRUE	The ACC and the Heart I	February 201 57	Complete	TRUE	Deleted from CPT			
93241	External electrocardiographic r	RAW	September 2023	22			Remove from screen	Work Neutrality 2021	April 2023	XXX	0.5	7.49	NA	0.04	24686	FALSE	FALSE				TRUE	Remove from Screen		
93242	External electrocardiographic r	RAW	September 2023	22			Remove from screen	Work Neutrality 2021	April 2023	XXX	0	0.34	NA	0.01	139998	FALSE	FALSE				TRUE	Remove from Screen		
93243	External electrocardiographic r	RAW	September 2023	22			Remove from screen	Work Neutrality 2021	April 2023	XXX	0	6.99	NA	0.01	238020	FALSE	FALSE				TRUE	Remove from Screen		
93244	External electrocardiographic r	RAW	September 2023	22			Remove from screen	Work Neutrality 2021	April 2023	XXX	0.5	0.16	0.16	0.02	235248	FALSE	FALSE				TRUE	Remove from Screen		
93245	External electrocardiographic r	RAW	September 2023	22			Remove from screen	Work Neutrality 2021	April 2023	XXX	0.55	7.77	NA	0.04	8992	FALSE	FALSE				TRUE	Remove from Screen		
93246	External electrocardiographic r	RAW	September 2023	22			Remove from screen	Work Neutrality 2021	April 2023	XXX	0	0.34	NA	0.01	138128	FALSE	FALSE				TRUE	Remove from Screen		
93247	External electrocardiographic r	RAW	September 2023	22			Remove from screen	Work Neutrality 2021	April 2023	XXX	0	7.25	NA	0.01	337061	FALSE	FALSE				TRUE	Remove from Screen		
93248	External electrocardiographic r	RAW	September 2023	22			Remove from screen	Work Neutrality 2021	April 2023	XXX	0.55	0.18	0.18	0.02	297449	FALSE	FALSE				TRUE	Remove from Screen		
93268	External patient and, when per	External Cardiovascular	April 2010	25	ACC	0.52	Harvard Valued - Utilization over	October 2009	XXX	0.52	4.49	NA	0.04	9131	FALSE	FALSE		February 201 57	complete	TRUE	Maintain			
93270	External patient and, when per	External Cardiovascular	April 2010	25	ACC		New PE inputs	Harvard Valued - Utilization over	October 2009	XXX	0	0.23	NA	0.01	28890	FALSE	FALSE		February 201 57	complete	TRUE	PE Only		
93271	External patient and, when per	External Cardiovascular	April 2024	12	ACC, HRS	PE Only	Harvard Valued - Utilization over	October 2009	XXX	0	4.09	NA	0.01	34746	FALSE	FALSE		February 201 57	complete	TRUE	PE Only			
93272	External patient and, when per	External Cardiovascular	April 2010	25	ACC	0.52	Harvard Valued - Utilization over	October 2009	XXX	0.52	0.17	0.17	0.02	79697	FALSE	FALSE		February 201 57	complete	TRUE	Maintain			
93279	Programming device evaluation	Cardiac Electrophysiolc	October 2016	25	ACC, HRS	0.65	CMS High Expenditure Procedura	July 2015	XXX	0.65	1.31	NA	0.03	104038	FALSE	TRUE	In the NPRM for 2016 C</							

33	Insertion and placement of catheter	April 2018	33	ACR, ASA	2.00	CMS High Expenditure Procedura July 2015	000	2 NA	0.41	0.17	48353	FALSE				TRUE	Decrease		
93508	Deleted from CPT	Cardiac Catheterization April 2010	26	ACC	Deleted from CPT	Codes Reported Together 95% or February 2008	XXX					FALSE	TRUE	Referred to the CPT Edi October 2009 13	Deleted	TRUE	Deleted from CPT		
93510	Deleted from CPT	Cardiac Catheterization February 2009	31	ACC	Deleted from CPT	Codes Reported Together 95% or February 2008	XXX					FALSE	TRUE	Referred to the CPT Edi October 2009 13	Deleted	TRUE	Deleted from CPT		
93511	Deleted from CPT	Cardiac Catheterization April 2010	26	ACC	Deleted from CPT	Codes Reported Together 95% or February 2008	XXX					FALSE	TRUE	Referred to the CPT Edi October 2009 13	Deleted	TRUE	Deleted from CPT		
93514	Deleted from CPT	Cardiac Catheterization April 2010	26	ACC	Deleted from CPT	Codes Reported Together 95% or February 2008	XXX					FALSE	TRUE	Referred to the CPT Edi October 2009 13	Deleted	TRUE	Deleted from CPT		
93524	Deleted from CPT	Cardiac Catheterization April 2010	26	ACC	Deleted from CPT	Codes Reported Together 95% or February 2008	XXX					FALSE	TRUE	Referred to the CPT Edi October 2009 13	Deleted	TRUE	Deleted from CPT		
93526	Deleted from CPT	Cardiac Catheterization February 2008	5	ACC	Deleted from CPT	Codes Reported Together 95% or February 2008	XXX					FALSE	TRUE	Referred to the CPT Edi October 2009 13	Deleted	TRUE	Deleted from CPT		
93527	Deleted from CPT	Cardiac Catheterization April 2010	26	ACC	Deleted from CPT	Codes Reported Together 95% or February 2008	XXX					FALSE	TRUE	Referred to the CPT Edi October 2009 13	Deleted	TRUE	Deleted from CPT		
93528	Deleted from CPT	Cardiac Catheterization April 2010	26	ACC	Deleted from CPT	Codes Reported Together 95% or February 2008	XXX					FALSE	TRUE	Referred to the CPT Edi October 2009 13	Deleted	TRUE	Deleted from CPT		
93529	Deleted from CPT	Cardiac Catheterization April 2010	26	ACC	Deleted from CPT	Codes Reported Together 95% or February 2008	XXX					FALSE	TRUE	Referred to the CPT Edi October 2009 13	Deleted	TRUE	Deleted from CPT		
93539	Deleted from CPT	Cardiac Catheterization February 2008	5	ACC	Deleted from CPT	Codes Reported Together 95% or February 2008	XXX					FALSE	TRUE	Referred to the CPT Edi October 2009 13	Deleted	TRUE	Deleted from CPT		
93540	Deleted from CPT	Cardiac Catheterization February 2008	5	ACC	Deleted from CPT	Codes Reported Together 95% or February 2008	XXX					FALSE	TRUE	Referred to the CPT Edi October 2009 13	Deleted	TRUE	Deleted from CPT		
93541	Deleted from CPT	Cardiac Catheterization April 2010	26	ACC	Deleted from CPT	Codes Reported Together 95% or February 2008	XXX					FALSE	TRUE	Referred to the CPT Edi October 2009 13	Deleted	TRUE	Deleted from CPT		
93542	Deleted from CPT	Cardiac Catheterization April 2010	26	ACC	Deleted from CPT	Codes Reported Together 95% or February 2008	XXX					FALSE	TRUE	Referred to the CPT Edi October 2009 13	Deleted	TRUE	Deleted from CPT		
93543	Deleted from CPT	Cardiac Catheterization February 2009	31	ACC	Deleted from CPT	Codes Reported Together 95% or February 2008	XXX					FALSE	TRUE	Referred to the CPT Edi October 2009 13	Deleted	TRUE	Deleted from CPT		
93544	Deleted from CPT	Cardiac Catheterization February 2008	5	ACC	Deleted from CPT	Codes Reported Together 95% or February 2008	XXX					FALSE	TRUE	Referred to the CPT Edi October 2009 13	Deleted	TRUE	Deleted from CPT		
93545	Deleted from CPT	Cardiac Catheterization February 2009	31	ACC	Deleted from CPT	Codes Reported Together 95% or February 2008	XXX					FALSE	TRUE	Referred to the CPT Edi October 2009 13	Deleted	TRUE	Deleted from CPT		
93555	Deleted from CPT	Cardiac Catheterization February 2009	31	ACC	Deleted from CPT	Codes Reported Together 95% or February 2008	XXX					FALSE	TRUE	Referred to the CPT Edi October 2009 13	Deleted	TRUE	Deleted from CPT		
93556	Deleted from CPT	Cardiac Catheterization February 2009	31	ACC	Deleted from CPT	Codes Reported Together 95% or February 2008	XXX					FALSE	TRUE	Referred to the CPT Edi October 2009 13	Deleted	TRUE	Deleted from CPT		
93561	Indicator dilution studies such	Cardiac Output Measur January 2018	27		0.77. Deleted from CPT for 2022.	Negative IWP/UT	ZZZ					FALSE	FALSE		Complete	TRUE	Deleted from CPT		
93562	Indicator dilution studies such	Cardiac Output Measur January 2018	27		0.95. Deleted from CPT for 2022.	Negative IWP/UT	ZZZ					FALSE	FALSE		Complete	TRUE	Deleted from CPT		
93563	Injection procedure during car	Diagnostic Cardiac Cath April 2011	28	ACC	2.00	Codes Reported Together 95% or More	ZZZ	1	0.35	0.35	0.16	127	FALSE		October 2009 13	Complete	TRUE	Decrease	
93564	Injection procedure during car	Pulmonary Angiograph/ October 2021	08	ACC, SCAI	Review action plan	Codes Reported Together 95% or October 2021	ZZZ	1.03	0.36	0.36	0.23	2	FALSE		October 2009 13	Complete	FALSE	Decrease	
93565	Injection procedure during car	Diagnostic Cardiac Cath April 2011	28	ACC	1.90	Codes Reported Together 95% or More	ZZZ	0.5	0.17	0.17	0.13	51	FALSE		October 2009 13	Complete	TRUE	Decrease	
93566	Injection procedure during car	Diagnostic Cardiac Cath April 2011	28	ACC	0.96	Codes Reported Together 95% or More	ZZZ	0.5	0.18	0.18	0.08	153	FALSE		October 2009 13	Complete	TRUE	Decrease	
93567	Injection procedure during car	Diagnostic Cardiac Cath April 2011	28	ACC	0.97	Codes Reported Together 95% or More	ZZZ	0.7	0.24	0.24	0.16	15013	FALSE		October 2009 13	Complete	TRUE	Decrease	
93568	Injection procedure during car	Diagnostic Cardiac Cath April 2011	28	ACC	0.98	Codes Reported Together 95% or More	ZZZ	0.88	0.31	0.31	0.18	780	FALSE		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 NA	NA	0	61493	FALSE				TRUE	Decrease	
93572	Intravascular Doppler velocity	Coronary Flow Reserve October 2017	13	ACC, SCAI	1.00	High Volume Growth4	October 2017	ZZZ	0 NA	NA	0	11662	FALSE				TRUE	Decrease	
93613	Intracardiac electrophysiologic Cardiac Ablation Service	April 2025	14	ACC, HRS	Review action plan. 5.23	CMS Fastest Growing / High Volu October 2008	ZZZ	5.23 NA	2.11		1.17	1512	FALSE				FALSE	Decrease	
93620	Comprehensive electrophysiol Intracardiac Catheter A	April 2010	45	ACC	11.57	Codes Reported Together 95% or February 2010	000	0	0.00	NA	0	5952	FALSE				TRUE	Maintain	
93621	Comprehensive electrophysiol Cardiac Ablation Service	April 2025	14	ACC, HRS	Review action plan. 1.75	High Volume Growth6 / Work Ne October 2019	ZZZ	0	0.00	NA	0	2064	FALSE				FALSE	Decrease	
93622	Comprehensive electrophysiol RAW	April 2025	14	ACC	Review action plan.	Work Neutrality 2023	April 2025	ZZZ	0	0.00	NA	0	10294	FALSE			FALSE	Decrease	
93623	Programmed stimulation and pPacing Heart Stimulatio	April 2019	22	ACC, HRS	Referral to CPT for parenthetical.	CMS-Other - Utilization over 30,0 October 2018	ZZZ	0	0.00	NA	0	39674	FALSE				TRUE	Decrease	
93641	Electrophysiologic evaluation cInsertion/Removal of P	September 2014	21	ACC	Maintain work RVU and adjust th	Codes Reported Together 75% or February 2010	000	0	0.00	NA	0	6127	FALSE				TRUE	Maintain	
93651	Intracardiac catheter ablation cBundling EPS with Tran	January 2012	11	ACC, HRS	Deleted from CPT	Codes Reported Together 75% or February 2010	XXX					FALSE	TRUE	33213 - This code, wher February 201 13	Complete	TRUE	Maintain		
93652	Intracardiac catheter ablation cBundling EPS with Tran	January 2012	11	ACC, HRS	Deleted from CPT	CMS Fastest Growing/ Codes Rep October 2008	XXX					FALSE	TRUE	The Workgroup recom October 2011 22	Complete	TRUE	Deleted from CPT		
93653	Comprehensive electrophysiol Cardiac Ablation Service	April 2025	14	ACC, HRS	Review action plan. 15.00	Codes Reported Together 75% or October 2011	000	15 NA	6.08		3.38	27226	FALSE				TRUE	Decrease	
93654	Comprehensive electrophysiol Cardiac Ablation Service	April 2025	14	ACC, HRS	Review action plan. 18.10	Codes Reported Together 75% or October 2011	000	18.1 NA	7.29		4.09	8237	FALSE				TRUE	Decrease	
93655	Intracardiac catheter ablation cCardiac Ablation Service	April 2025	14	ACC, HRS	Review action plan. 7.00	Codes Reported Together 75% or October 2011	ZZZ	5.5 NA	2.23		1.25	51240	FALSE				TRUE	Decrease	
93656	Comprehensive electrophysiol Cardiac Ablation Service	April 2025	14	ACC, HRS	Review action plan. 17.00	Codes Reported Together 75% or October 2011	000	17 NA	6.91		3.81	76119	FALSE				TRUE	Decrease	
93657	Additional linear or focal intrac Cardiac Ablation Service	April 2025	14	ACC, HRS	Review action plan. 7.00	Codes Reported Together 75% or October 2011	ZZZ	5.5 NA	2.24		1.25	43537	FALSE				TRUE	Decrease	
93662	Intracardiac echocardiography Cardiac Ablation Service	April 2025	14	ACC, HRS	Review action plan. 2.53	High Volume Growth1 / High Vol February 2008	ZZZ	0	0.00	NA	0	25053	FALSE				FALSE	Decrease	
93668	Peripheral arterial disease (PAT Peripheral Artery Disea	January 2018	28		PE Only	CMS Request - Final Rule for 2018 July 2017	XXX	0	0.43	NA	0.01	568	FALSE				TRUE	PE Only	
93701	Bioimpedance-derived physiologic cardiovascular anal	February 2011	41	AATS, ACC, STS	0.85	High Volume Growth5	October 2018	XXX	0.75	0.66	0.32	75065	FALSE				FALSE	Remove from Screen	
93731	Deleted from CPT	Cardiology Services	October 2008	ACC	Deleted from CPT	CMS Fastest Growing	October 2008	XXX					FALSE			Complete	TRUE	Deleted from CPT	
93732	Deleted from CPT	Cardiology Services	October 2008	ACC	Deleted from CPT	CMS Fastest Growing	October 2008	XXX					FALSE			Complete	TRUE	Deleted from CPT	
93733	Deleted from CPT	Cardiology Services	October 2008	ACC	Deleted from CPT	CMS Fastest Growing	October 2008	XXX					FALSE			Complete	TRUE	Deleted from CPT	
93743	Deleted from CPT	Cardiology Services	October 2008	ACC	Deleted from CPT	CMS Fastest Growing	October 2008	XXX					FALSE			Complete	TRUE	Deleted from CPT	
93744	Deleted from CPT	Cardiology Services	October 2008	ACC	Deleted from CPT	CMS Fastest Growing	October 2008	XXX					FALSE			Complete	TRUE	Deleted from CPT	
93750	Interrogation of ventricular ass Ventricular Assist Devic	April 2019	24	AATS, ACC, STS	0.85	High Volume Growth5	October 2018	XXX	0.75	0.66	0.32	75065	FALSE				FALSE	Decrease	
93792	Patient/caregiver training for i Home INR Monitoring	January 2025	27		PE Only	High Volume Growth3 / Work Ne September 2016	XXX	0	2.03	NA	0.03	595	FALSE		September 21 08	Complete	TRUE	PE Only	
93793	Anticoagulant management fo Home INR Monitoring	January 2025	27		0.18	High Volume Growth3 / Work Ne September 2016	XXX	0	0.18	0.15	NA	0.01	1375628	FALSE		September 21 08	Complete	TRUE	Maintain
93875	Deleted from CPT	Noninvasive Vascular D April 2010	45	AAN, ACC, ACR, SIR, SV	Deleted from CPT	Codes Reported Together 75% or February 2010	XXX					TRUE	SS in proces Yes			Complete	TRUE	Deleted from CPT	
93880	Duplex scan of extracranial art Duplex Scans	April 2014	33	ACR, ACC, SVS	0.80	Codes Reported Together 75% or February 2010	XXX	0.8	4.73	NA	0.09	1660674	TRUE		Addressed i Yes	Complete	TRUE	Increase	
93882	Duplex scan of extracranial art Duplex Scans	April 2014	33	ACC, ACR, SVS	0.50	CMS High Expenditure Procedura January 2012	XXX	0.5	3.11	NA	0.07	27662	FALSE			Complete	TRUE	Increase	
93886	Transcranial Doppler study of t Transcranial Doppler St	September 2023	09	AAN, ACR, ASNR	0.90	Codes Reported Together 75% or February 2010	XXX	0.9	6.71	NA	0.07	77276	FALSE				TRUE	Decrease	
93888	Transcranial Doppler study of t Transcranial Doppler St	September 2023	09	AAN, ACC, ACR, SVS	0.73	Codes Reported Together 75% or February 2010	XXX	0.73	4.04	NA	0.06	8007	FALSE				TRUE	Increase	
93890	Transcranial Doppler study of t Transcranial Doppler St	September 2023	09	AAN, ACR, ASNR	Deleted from CPT 2025.	High Volume Growth6 / Codes Re October 2019	XXX					35135	FALSE				TRUE	Deleted from CPT	
93892	Transcranial Doppler study of t Transcranial Doppler St	September 2023	09	AAN, ACR, ASNR	1.15	High Volume Growth6 / Codes Re October 2019	XXX	1.15	7.53	NA	0.09	37355	FALSE				TRUE	Maintain	
93893	Transcranial Doppler study of t Transcranial Doppler St	September 2023	09	AAN, ACR, ASNR	1.15	Codes Reported Together 75% or May 2023	XXX	1.15	8.76	NA	0.1	1896	FALSE				TRUE	Maintain	
93896	Vasoreactivity study performe Transcranial Doppler St	September 2023	09	AAN, ACR, ASNR	0.81	Codes Reported Together 75% or May 2023	ZZZ		0.81	4.48	NA	0.06	FALSE				FALSE	Decrease	
93897	Emboli detection without intra Transcranial Doppler St	September 2023	09	AAN, ACR, ASNR	0.73	Codes Reported Together 75% or May 2023	ZZZ		0.73	5.93	NA	0.07	FALSE				FALSE	Decrease	
93898	Venous-arterial shunt detecto Transcranial Doppler St	September 2023	09	AAN, ACR, ASNR	0.85	Codes Reported Together 75% or May 2023	ZZZ		0.85	6.13	NA	0.07	FALSE				FALSE	Decrease	
93922	Limited bilateral noninvasive p Extremity Non-Invasive	April 2010	27	SVS, ACR, ACC	0.25	CMS Fastest Growing	October 2008	XXX	0.25	2.15	NA	0.05	593425	FALSE			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	3.36	NA	0.08	326957	FALSE			TRUE	Maintain	
93924	Noninvasive physiologic studie Extremity Non-Invasive	April 2010	27	SVS, ACR, ACC	0.50	CMS Fastest Growing	February 2009	XXX	0.5	4.19	NA	0.08	40594	FALSE			TRUE	Maintain	
93925	Duplex scan of lower extremity Duplex Scans	April 2014	33	ACC, ACR, SVS	0.80	CMS-Other - Utilization over 500, April 2011	XXX	0.8	6.18	NA	0.1	610788	FALSE				TRUE	Maintain	
93926	Duplex scan of lower extremity Duplex Scans	April 2014	33	ACC, ACR, SVS	0.60	CMS-Other - Utilization over 500, April 2011	XXX	0.5	3.68	NA	0.07	214589	FALSE				TRUE	Increase	
93930	Duplex scan of upper extremity Duplex Scans	April 2014	33	AAN, ACC, ACR, SIR, SV	0.80	CMS Request - Final Rule for 2014 November 2013	XXX	0.8	4.99	NA	0.11	22558	FALSE				TRUE	Increase	
93931	Duplex scan of upper extremity Duplex Scans	April 2014	33	AAN, ACC, ACR, SIR, SV	0.50	Codes Reported Together 75% or February 2010	XXX	0.5	3.10	NA	0.06	40860	FALSE				TRUE	Increase	
93965	Noninvasive physiologic studie Non-invasive Physiolog	January 2016	47	ACC, ACC, SCAI, SVS	Deleted from CPT	CMS High Expenditure Procedura July 2015	XXX	0.7	4.75	NA	0.08	1434856	FALSE				TRUE	Deleted from CPT	
93975	Duplex scan of extremity veins Duplex Scans	April 2014	33	ACC, ACR, SVS	0.70	CMS-Other - Utilization over 500, April 2011	XXX	0.7	4.75	NA	0.08	1434856	FALSE				TRUE	Maintain	
93971	Duplex scan of extremity veins Duplex Scans	April 2014	33	ACC, SVS, ACC	0.40	Low Value-High Volume / CMS Re October 2010	XXX	0.45	3.04	NA	0.05	1479817	FALSE				TRUE	Maintain	
93975	Duplex scan of arterial inflow a Duplex Scans	April 2014	33	ACC, SVS, ACC	1.30	CMS Request - Final Rule for 2014 November 2013	XXX	1.16	6.53	NA	0.12	205701	FALSE				TRUE	Decrease	
93976	Duplex scan of arterial inflow a Duplex Scans	April 2014	33	ACC	1.00	CMS Fastest Growing / CMS Requ October 2008	XXX	0.8	3.86	NA	0.07	145778	FALSE				FALSE	Decrease	
93978	Duplex scan of aorta, inferior v Duplex Scans	April 2014	33	ACC	0.97	CMS-Other - Utilization over 250, April 2013	XXX	0.8	4.43	NA	0.15	243136	FALSE						

95975	Electronic analysis of implantsNeurostimulator Serv	October 2017	07		AAN, AANS/CNS, ACNS Deleted from CPT	CMS Request - Final Rule for 2016 July 2015					TRUE	Jul 2016	Yes	TRUE	In January 2016, the sp	June 2017	31	Complete	TRUE	Deleted from CPT		
95976	Electronic analysis of implantsNeurostimulator Serv	September 2022	13		AAN, AANS/CNS, ACNS 0.95	High Volume Growth2 / CMS Req June 2017	XXX	0.73	0.35	0.33	0.05	11487	TRUE	February 2C Yes	FALSE	June 2017	31	complete	TRUE	Maintain		
95977	Electronic analysis of implantsNeurostimulator Serv	September 2022	13		AAN, AANS/CNS, ACNS 1.19	High Volume Growth2 / CMS Req June 2017	XXX	0.97	0.46	0.44	0.08	6942	TRUE	February 2C Yes	FALSE	June 2017	31	complete	TRUE	Maintain		
95978	Electronic analysis of implantsNeurostimulator Serv	October 2017	07		AAN, AANS/CNS, ACNS Deleted from CPT	CMS Request - Final Rule for 2016 July 2015							TRUE	Jul 2016	Yes	TRUE	In January 2016, the sp	June 2017	31	Complete	TRUE	Deleted from CPT
95979	Electronic analysis of implantsNeurostimulator Serv	October 2017	07		AAN, AANS/CNS, ACNS Deleted from CPT	CMS Request - Final Rule for 2016 July 2015							TRUE	Jul 2016	Yes	TRUE	In January 2016, the sp	June 2017	31	Complete	TRUE	Deleted from CPT
95980	Electronic analysis of implantsNeurostimulator Serv	October 2017	07		No Interest	Not part of family	XXX	0.8	NA	0.36	0.18	417	FALSE		FALSE	June 2017	31	Complete	TRUE	Maintain		
95981	Electronic analysis of implantsNeurostimulator Serv	October 2017	07		No Interest	Not part of family	XXX	0.3	0.84	0.18	0.05	560	FALSE		FALSE	June 2017	31	Complete	TRUE	Maintain		
95982	Electronic analysis of implantsNeurostimulator Serv	January 2016	07		No Interest	Not part of family	XXX	0.65	1.02	0.32	0.13	802	FALSE		FALSE	June 2017	31	Complete	TRUE	Maintain		
95983	Electronic analysis of implantsNeurostimulator Serv	September 2022	13		AAN, AANS/CNS, ACNS 1.25	High Volume Growth2 / CMS Req June 2017	XXX	0.91	0.49	0.46	0.08	43262	TRUE	February 2C Yes	FALSE	June 2017	31	complete	TRUE	Maintain		
95984	Electronic analysis of implantsNeurostimulator Serv	September 2022	13		AAN, AANS/CNS, ACNS 1.00	High Volume Growth2 / CMS Req June 2017	ZZZ	0.8	0.42	0.41	0.07	55744	TRUE	February 2C Yes	FALSE	June 2017	31	complete	TRUE	Maintain		
95990	Refilling and maintenance of in Electronic Analysis Imp	February 2011	07		ASA, AAPM, NASS, AAP 0.00	Different Performing Specialty frc April 2010	XXX	0	2.57	NA	0.04	452	FALSE		TRUE	Identified through the	October 2010	Complete	TRUE	Maintain		
95991	Refilling and maintenance of in Electronic Analysis Imp	February 2011	07		ASA, AAPM	High Volume Growth1 / Codes Re February 2008	XXX	0.77	2.42	0.32	0.08	7681	FALSE		TRUE	October 2010	Complete	TRUE	Maintain			
95992	Canalith repositioning procedure(s) (eg, Epley manuev	April 2018	33		Remove from Modifier -51 Exempt	Modifier -51 Exempt	January 2018	XXX	0.75	0.49	0.28	0.03	121272	FALSE		FALSE		Complete	TRUE	Maintain		
95X18	Unattended Sleep Test	April 2025	08		AAN, AASM, ATS, CHES PE Only	High Volume Growth10							FALSE			February 2024	40	complete	TRUE	PE Only		
95X19	Unattended Sleep Test	April 2025	08		AAN, AASM, ATS, CHES PE Only	High Volume Growth10							FALSE			February 2024	40	complete	TRUE	PE Only		
95X20	Unattended Sleep Test	April 2025	08		AAN, AASM, ATS, CHES PE Only	High Volume Growth10							FALSE			February 2024	40	complete	TRUE	PE Only		
95X21	Unattended Sleep Test	April 2025	08		AAN, AASM, ATS, CHES 0.83	High Volume Growth10							FALSE			February 2024	40	complete	TRUE	Decrease		
95X22	Unattended Sleep Test	April 2025	08		AAN, AASM, ATS, CHES 1.08	High Volume Growth10							FALSE			February 2024	40	complete	TRUE	Increase		
95X23	Unattended Sleep Test	April 2025	08		AAN, AASM, ATS, CHES 1.60	High Volume Growth10							FALSE			February 2024	40	complete	TRUE	Increase		
95XX4	Autonomic Function Te	April 2025	09		AAN, AANEM, ACP	Codes Reported Together 75% or February 2025							FALSE			February 2023	30	complete	TRUE	Increase		
95XX5	Autonomic Function Te	April 2025	09		AAN, AANEM, ACP	Codes Reported Together 75% or February 2025							FALSE			February 2023	30	complete	TRUE	Increase		
95XX6	Autonomic Function Te	April 2025	09		AAN, AANEM, ACP	Codes Reported Together 75% or February 2025							FALSE			February 2023	30	complete	TRUE	Decrease		
95XX7	Autonomic Function Te	April 2025	09		AAN, AANEM, ACP	Codes Reported Together 75% or February 2025							FALSE			February 2023	30	complete	TRUE	Increase		
95XX8	Autonomic Function Te	April 2025	09		AAN, AANEM, ACP	Codes Reported Together 75% or February 2025							FALSE			February 2023	30	complete	TRUE	Increase		
95XX9	Autonomic Function Te	April 2025	09		AAN, AANEM, ACP	Codes Reported Together 75% or February 2025							FALSE			February 2023	30	complete	TRUE	Increase		
96101	Psychological testing (includes Psychological and Neur	October 2017	08		APA (psychology), AAP Deleted from CPT	CMS High Expenditure Procedura July 2015							FALSE		TRUE	In the July 2015 Propos	June 2017	32	complete	TRUE	Deleted from CPT	
96102	Psychological testing (includes Psychological and Neur	October 2017	08		APA (psychology), AAP Deleted from CPT	CMS High Expenditure Procedura July 2015							FALSE		TRUE	In the July 2015 Propos	June 2017	32	complete	TRUE	Deleted from CPT	
96103	Psychological testing (includes Psychological and Neur	October 2017	08		APA (psychology), AAP Deleted from CPT	High Volume Growth2 / Different April 2013							FALSE		TRUE	In the July 2015 Propos	June 2017	32	complete	TRUE	Deleted from CPT	
96105	Assessment of aphasia (includes Psychological and Neur	October 2017	20		APA (psychology), AAP 1.75	CMS Request/Speech Language P January 2016	XXX	1.75	1.09	NA	0.06	1835	FALSE		TRUE	In the July 2015 Propos	June 2017	32	complete	TRUE	Decrease	
96110	Developmental screening (eg, Psychological and Neur	October 2017	08		APA (psychology), AAP New PE Inputs	CMS High Expenditure Procedura January 2017	XXX	0	0.34	NA	0.01		FALSE		TRUE	In the July 2015 Propos	June 2017	32	complete	TRUE	PE Only	
96111	Developmental testing, (includes Psychological and Neur	October 2017	08		APA (psychology), AAP Deleted from CPT	CMS High Expenditure Procedura January 2017							FALSE		TRUE	In the July 2015 Propos	June 2017	32	complete	TRUE	Deleted from CPT	
96112	Developmental test administ	Psychological and Neur	September 2024	14	September 2C RAW	APA (psychology), AAP Review in 3 years. 2.50	XXX	2.56	1.21	0.90	0.16	14066	FALSE		TRUE	In the July 2015 Propos	June 2017	32	complete	FALSE	Decrease	
96113	Developmental test administ	Psychological and Neur	October 2017	08		APA (psychology), AAP 1.10	CMS High Expenditure Procedura June 2017	ZZZ	1.16	0.45	0.29	0.04	552	FALSE		TRUE	In the July 2015 Propos	June 2017	32	complete	TRUE	Decrease
96116	Neurobehavioral status exam (Psychological and Neur	October 2017	08		APA (psychology), AAP 1.86	CMS High Expenditure Procedura July 2015	XXX	1.86	0.81	0.43	0.07	133582	FALSE		TRUE	In the July 2015 Propos	June 2017	32	complete	TRUE	Maintain	
96118	Neuropsychological testing (eg Psychological and Neur	October 2017	08		APA (psychology), AAP Deleted from CPT	CMS High Expenditure Procedura July 2015							FALSE		TRUE	In the July 2015 Propos	June 2017	32	complete	TRUE	Deleted from CPT	
96119	Neuropsychological testing (eg Psychological and Neur	October 2017	08		APA (psychology), AAP Deleted from CPT	CMS High Expenditure Procedura July 2015							FALSE		TRUE	In the July 2015 Propos	June 2017	32	complete	TRUE	Deleted from CPT	
96120	Neuropsychological testing (eg Psychological and Neur	October 2017	08		APA (psychology), AAP Deleted from CPT	High Volume Growth2 / CMS High April 2013							FALSE		TRUE	In the July 2015 Propos	June 2017	32	complete	TRUE	Deleted from CPT	
96121	Neurobehavioral status exam (Psychological and Neur	October 2017	08		APA (psychology), AAP 1.71	CMS High Expenditure Procedura June 2017	ZZZ	1.71	0.50	0.22	0.04	30799	FALSE		TRUE	In the July 2015 Propos	June 2017	32	complete	TRUE	Decrease	
96125	Standardized cognitive perform	Psychological and Neur	October 2017	20		APA (psychology), AAP 1.70	CMS High Expenditure Procedura January 2016	XXX	1.7	1.33	NA	0.05	8287	FALSE		TRUE	In the July 2015 Propos	June 2017	32	complete	TRUE	Maintain
96127	Brief emotional/behavioral ass	Psychological and Neur	April 2025	14	September 2C RAW	APA (psychology), AAP Review action plan. New PE Input	XXX	0	0.13	NA	0.01	746103	FALSE		TRUE	In the July 2015 Propos	June 2017	32	complete	FALSE	PE Only	
96130	Psychological testing evaluat	Psychological and Neur	October 2017	20		APA (psychology), AAP 2.50	CMS High Expenditure Procedura June 2017	XXX	2.56	0.94	0.59	0.13	99190	FALSE		TRUE	In the July 2015 Propos	June 2017	32	complete	TRUE	Decrease
96131	Psychological testing evaluat	Psychological and Neur	October 2017	20		APA (psychology), AAP 1.90	CMS High Expenditure Procedura June 2017	ZZZ	1.96	0.56	0.24	0.04	65642	FALSE		TRUE	In the July 2015 Propos	June 2017	32	complete	TRUE	Decrease
96132	Neuropsychological testing evi	Psychological and Neur	October 2017	08		APA (psychology), AAP 2.50	CMS High Expenditure Procedura June 2017	XXX	2.56	1.21	0.52	0.1	243228	FALSE		TRUE	In the July 2015 Propos	June 2017	32	complete	TRUE	Decrease
96133	Neuropsychological testing evi	Psychological and Neur	October 2017	08		APA (psychology), AAP 1.90	CMS High Expenditure Procedura June 2017	ZZZ	1.96	0.89	0.25	0.04	378535	FALSE		TRUE	In the July 2015 Propos	June 2017	32	complete	TRUE	Decrease
96136	Psychological or neuropsychol	Psychological and Neur	October 2017	20		APA (psychology), AAP 0.55	CMS High Expenditure Procedura June 2017	XXX	0.55	0.68	0.12	0.03	167880	FALSE	FALSE	June 2017	32	complete	TRUE	Decrease		
96137	Psychological or neuropsychol	Psychological and Neur	October 2017	20		APA (psychology), AAP 0.46	CMS High Expenditure Procedura June 2017	ZZZ	0.46	0.64	0.06	0.01	338546	FALSE	FALSE	June 2017	32	complete	TRUE	Decrease		
96138	Psychological or neuropsychol	Psychological and Neur	October 2017	20		APA (psychology), AAP New PE Inputs	CMS High Expenditure Procedura June 2017	XXX	0	1.03	NA	0.01	178634	FALSE	FALSE	June 2017	32	complete	TRUE	PE Only		
96139	Psychological or neuropsychol	Psychological and Neur	October 2017	20		APA (psychology), AAP New PE Inputs	CMS High Expenditure Procedura June 2017	ZZZ	0	1.03	NA	0.01	372550	FALSE	FALSE	June 2017	32	complete	TRUE	PE Only		
96146	Psychological or neuropsychol	Psychological and Neur	October 2017	20		APA (psychology), AAP New PE Inputs	CMS High Expenditure Procedura June 2017	XXX	0	0.06	NA	0.01	6636	FALSE	FALSE	June 2017	32	complete	TRUE	PE Only		
96150	Health and behavior assessme	Health and Behavior As	January 2019	41		Deleted from CPT	Negative IWPUT	September 2018					FALSE		FALSE	September 2C 40		Complete	TRUE	Deleted from CPT		
96151	Health and behavior assessme	Health and Behavior As	January 2019	41		Deleted from CPT	Negative IWPUT	September 2018					FALSE		FALSE	September 2C 40		Complete	TRUE	Deleted from CPT		
96152	Health and behavior interventi	Health and Behavior As	January 2019	41		Deleted from CPT	Negative IWPUT	September 2018					FALSE		FALSE	September 2C 40		Complete	TRUE	Deleted from CPT		
96153	Health and behavior interventi	Health and Behavior As	January 2019	41		Deleted from CPT	Negative IWPUT	September 2018					FALSE		FALSE	September 2C 40		Complete	TRUE	Deleted from CPT		
96154	Health and behavior interventi	Health and Behavior As	January 2019	41		Deleted from CPT	Negative IWPUT	September 2018					FALSE		FALSE	September 2C 40		Complete	TRUE	Deleted from CPT		
96155	Health and behavior interventi	Health and Behavior As	January 2019	41		Deleted from CPT	Negative IWPUT	September 2018					FALSE		TRUE	In October 2017, the sp	September 2C 40	Complete	TRUE	Deleted from CPT		
96156	Health behavior assessment, o	Health and Behavior As	January 2019	41		Deleted from CPT	Negative IWPUT	September 2018	XXX	2.3	0.70	0.32	0.06	18359	FALSE	FALSE	September 2C 40	Complete	TRUE	Increase		
96158	Health behavior intervention, i	Health and Behavior As	January 2019	41		2.10	Negative IWPUT	September 2018	XXX	1.59	0.47	0.21	0.04	29623	FALSE	FALSE	September 2C 40	Complete	TRUE	Increase		
96159	Health behavior intervention, i	Health and Behavior As	January 2019	41		1.45	Negative IWPUT	September 2018	XXX	0.55	0.16	0.07	0.01	28461	FALSE	FALSE	September 2C 40	Complete	TRUE	Increase		
96164	Health behavior intervention, i	Health and Behavior As	January 2019	41		0.50	Negative IWPUT	September 2018	XXX	0.23	0.08	0.05	0.01	12239	FALSE	FALSE	September 2C 40	Complete	TRUE	Increase		
96165	Health behavior intervention, i	Health and Behavior As	January 2019	41		0.21	Negative IWPUT	September 2018	XXX	0.11	0.04	0.02	0	38639	FALSE	FALSE	September 2C 40	Complete	TRUE	Increase		
96167	Health behavior intervention, i	Health and Behavior As	January 2019	41		0.10	Negative IWPUT	September 2018	XXX	1.7	0.49	0.21	0.04	1622	FALSE	FALSE	September 2C 40	Complete	TRUE	Increase		
96168	Health behavior intervention, i	Health and Behavior As	January 2019	41		1.55	Negative IWPUT	September 2018	XXX	0.6	0.18	0.08	0.02	1344	FALSE	FALSE	September 2C 40	Complete	TRUE	Increase		
96170	Health behavior intervention, i	Health and Behavior As	January 2019	41		0.55	Negative IWPUT	September 2018	XXX	1.5	0.74	0.59	0.08		FALSE	FALSE	September 2C 40	Complete	TRUE	Increase		
96171	Health behavior intervention, i	Health and Behavior As	January 2019	41		1.50	Negative IWPUT	September 2018	XXX	0.54	0.27	0.21	0.03		FALSE	FALSE	September 2C 40	Complete	TRUE	Increase		
96360	Intravenous infusion, hydratio	IV Hydration	January 2017	25		0.54	Negative IWPUT	September 2018	ZZZ	0.17	0.75	NA	0.01	220850	FALSE	TRUE	These services were ide	N/A	N/A	TRUE	Maintain	
96361	Intravenous infusion, hydratio	IV Hydration	January 2017	25		0.17	CMS High Expenditure Procedura July 2015	XXX	0.09	0.26	NA	0.01	344257	FALSE	TRUE	These services were ide	N/A	N/A	TRUE	Maintain		
96365	Intravenous infusion, for ther	Intravenous Infusion T1	January 2013	28		0.09	CMS High Expenditure Procedura July 2015	ZZZ	0.21	1.54	NA	0.04	1405436	FALSE	FALSE				TRUE	Maintain		
96366	Intravenous infusion, for ther	Intravenous Infusion T1	January 2013	28		ACRrh, ASCO, ASH, ISD/ 0.21	CMS High Expenditure Procedura September 2011	XXX	0.18	0.41	NA	0.01	628076	FALSE	FALSE				TRUE	Maintain		
96367	Intravenous infusion, for ther	Intravenous Infusion T1	January 2013	28		ACRrh, ASCO, ASH, ISD/ 0.18	CMS High Expenditure Procedura April 2013	ZZZ	0.19	0.62	NA	0.01	957741	FALSE	FALSE				TRUE	Maintain		
96368	Intravenous infusion, for ther	Intravenous Infusion T1	January 2013	28		ACRrh, ASCO, ASH, ISD/ 0.19	CMS High Expenditure Procedura September 2011	ZZZ	0.17	0.39	NA	0.01	129890	FALSE								

97161	Physical therapy evaluation: lo Physical Medicine and I	October 2015	17		HCPAC	AOTA, APTA	0.75		CMS High Expenditure Procedura	February 2015	XXX	1.54	1.45	NA	0.04	1665113	FALSE	FALSE	February 201 88	Complete	TRUE	Decrease	
97162	Physical therapy evaluation: m Physical Medicine and I	October 2015	17		HCPAC	AOTA, APTA	1.18		CMS High Expenditure Procedura	February 2015	XXX	1.54	1.45	NA	0.04	1462691	FALSE	FALSE	February 201 88	Complete	TRUE	Decrease	
97163	Physical therapy evaluation: hi Physical Medicine and I	October 2015	17		HCPAC	AOTA, APTA	1.50		CMS High Expenditure Procedura	February 2015	XXX	1.54	1.45	NA	0.04	284110	FALSE	FALSE	February 201 88	Complete	TRUE	Maintain	
97164	Re-evaluation of physical thera Physical Medicine and I	October 2015	17		HCPAC	AOTA, APTA	0.75		CMS High Expenditure Procedura	February 2015	XXX	0.96	1.11	NA	0.02	540956	FALSE	FALSE	February 201 88	Complete	TRUE	Increase	
97165	Occupational therapy evaluati Physical Medicine and I	October 2015	17		HCPAC	AOTA, APTA	0.88		CMS High Expenditure Procedura	February 2015	XXX	1.54	1.53	NA	0.04	175240	FALSE	FALSE	February 201 88	Complete	TRUE	Decrease	
97166	Occupational therapy evaluati Physical Medicine and I	October 2015	17		HCPAC	AOTA, APTA	1.20		CMS High Expenditure Procedura	February 2015	XXX	1.54	1.53	NA	0.04	155362	FALSE	FALSE	February 201 88	Complete	TRUE	Maintain	
97167	Occupational therapy evaluati Physical Medicine and I	October 2015	17		HCPAC	AOTA, APTA	1.70		CMS High Expenditure Procedura	February 2015	XXX	1.54	1.53	NA	0.04	26831	FALSE	FALSE	February 201 88	Complete	TRUE	Increase	
97168	Re-evaluation of occupational Physical Medicine and I	October 2015	17		HCPAC	AOTA, APTA	0.80		CMS High Expenditure Procedura	February 2015	XXX	0.96	1.16	NA	0.03	38416	FALSE	FALSE	February 201 88	Complete	TRUE	Increase	
97530	Therapeutic activities, direct o Physical Medicine and I	January 2024	18			APTA, AOTA	New PE Inputs. 0.44		CMS High Expenditure Procedura	September 2011	XXX	0.44	0.62	NA	0.01	37058204	FALSE	FALSE		survey existing c	TRUE	Maintain	
97532	Development of cognitive skills: Cognitive Function Inte	January 2017	29			APTA, AOTA, ASHA, AP	Deleted from CPT		High Volume Growth2 / High Volu	April 2013							FALSE	TRUE	In April 2016 the Relativ	September 2018	complete	TRUE	Deleted from CPT
97533	Sensory integrative techniques Physical Medicine and I	January 2024	18			APTA, AOTA	New PE Inputs. 0.48		Physical Medicine and Rehabilitat	April 2016	XXX	0.48	1.38	NA	0.01	58176	FALSE	FALSE		survey existing c	TRUE	Increase	
97535	Self-care/home management t Physical Medicine and I	January 2024	18			APTA, AOTA	New PE Inputs. 0.45		Codes Reported Together 75% or October	2012	XXX	0.45	0.53	NA	0.01	3619830	TRUE	Article no lo Yes	FALSE	survey existing c	TRUE	Maintain	
97537	Community/work reintegrator Physical Medicine and I	January 2024	18			APTA, AOTA	New PE Inputs. 0.48		Physical Medicine and Rehabilitat	April 2016	XXX	0.48	0.49	NA	0.01	11348	FALSE	FALSE		survey existing c	TRUE	Increase	
97542	Wheelchair management (eg, i Physical Medicine and I	January 2024	18			APTA, AOTA	New PE Inputs. 0.48		High Volume Growth2 / CMS Req	April 2013	XXX	0.48	0.46	NA	0.01	116758	FALSE	FALSE		survey existing c	TRUE	Increase	
97597	Debridement (eg, high pressur Open Wound Debriden	October 2018	23			AAFP, ACS, APMA	0.88		Site of Service Anomaly / High Vo	September 2007	000	0.77	2.17	0.23	0.05	681783	FALSE	TRUE	In January 2018, the RUC recommended that 97598 alon	N/A	TRUE	Increase	
97598	Debridement (eg, high pressur Open Wound Debriden	October 2018	23			AAFP, ACS, APMA	0.50		Site of Service Anomaly / High Vo	September 2007	ZZZ	0.5	0.79	0.17	0.05	149122	FALSE	TRUE	In January 2018, the RUC recommended that 97598 alon	N/A	TRUE	Increase	
97602	Removal of devitalized tissue f Physical Medicine and I	April 2016	47			AAOS, ACS, APMA, ASF	Maintain		Physical Medicine and Rehabilitat	April 2016	XXX	0	0.00	0.00	0		FALSE	FALSE			TRUE	Maintain	
97605	Negative pressure wound ther Negative Pressure Wou	April 2016	47			AAOS, ACS, APMA, ASF	0.55		High Volume Growth2	April 2013	XXX	0.55	0.74	0.17	0.01	39217	FALSE	FALSE			TRUE	Maintain	
97606	Negative pressure wound ther Negative Pressure Wou	April 2016	47			APMA, ACS, AAOS, ASF	0.60		High Volume Growth2	April 2013	XXX	0.6	0.94	0.18	0.01	14328	FALSE	FALSE			TRUE	Maintain	
97607	Negative pressure wound ther Negative Pressure Wou	April 2016	47			APMA, ACS, AAOS, ASF	0.11		High Volume Growth2	May 2013	XXX	0.41	9.53	0.17	0.05	10695	FALSE	FALSE			TRUE	Decrease	
97608	Negative pressure wound ther Negative Pressure Wou	April 2016	47			APMA, ACS, AAOS, ASF	0.46		High Volume Growth2	May 2013	XXX	0.46	9.88	0.19	0.08	1813	FALSE	FALSE			TRUE	Decrease	
97610	Low frequency, non-contact, n Physical Medicine and I	April 2016	47				Maintain		Physical Medicine and Rehabilitat	April 2016	XXX	0.4	11.87	0.12	0.01	109756	FALSE	FALSE			TRUE	Maintain	
97755	Assistive technology assessmei Physical Medicine and I	April 2016	47			APTA, AOTA	Remove from screen		High Volume Growth1	February 2008	XXX	0.62	0.52	NA	0.02	2664	FALSE	FALSE			TRUE	Remove from Screen	
97760	Orthotic(s) management and t Orthotic Management	January 2017	29			APTA, AOTA	0.50		Physical Medicine and Rehabilitat	April 2016	XXX	0.5	0.91	NA	0.01	58920	FALSE	TRUE	In April 2016 the RAW r	September 2018	complete	TRUE	Increase
97761	Prosthetic(s) training, upper an Orthotic Management	January 2017	29			APTA	0.50		Physical Medicine and Rehabilitat	April 2016	XXX	0.5	0.74	NA	0.01	3561	FALSE	TRUE	In April 2016 the RAW r	September 2018	complete	TRUE	Increase
97762	Checkout for orthotic/prosthe Orthotic Management	January 2017	29			APTA	Deleted from CPT		Physical Medicine and Rehabilitat	April 2016							FALSE	TRUE	In April 2016 the RAW r	September 2018	complete	TRUE	Deleted from CPT
97763	Orthotic(s)/prosthetic(s) mana Orthotic Management	January 2017	29			APTA, AOTA	0.48		Physical Medicine and Rehabilitat	April 2016	XXX	0.48	1.06	NA	0.01	47419	FALSE	FALSE			TRUE	Increase	
97802	Medical nutrition therapy; initi Medical Nutrition Ther	April 2008	53			ADA, AGA, AACE	0.53		CMS Request - Medical Nutrition	NA	XXX	0.53	0.56	0.43	0.01	193951	FALSE	FALSE			TRUE	Increase	
97803	Medical nutrition therapy; re-e Medical Nutrition Ther	April 2008	53			ADA, AGA, AACE	0.45		CMS Request - Medical Nutrition	NA	XXX	0.45	0.50	0.36	0.01	177565	FALSE	FALSE			TRUE	Increase	
97810	Acupuncture, 1 or more needl Acupuncture/Electroac	April 2023	09	April 2029	RAW	AAFP, AAPM&R, ACA	Flag for re-review. 0.61		Different Performing Specialty frc	September 2022	ZZZ	0.61	0.73	0.28	0.04	80126	FALSE	FALSE			TRUE	Increase	
97811	Acupuncture, 1 or more needl Acupuncture/Electroac	April 2023	09	April 2029	RAW	AAFP, AAPM&R, ACA	Flag for re-review. 0.46		Different Performing Specialty frc	September 2022	ZZZ	0.46	0.30	0.22	0.03	91991	FALSE	FALSE			TRUE	Increase	
97813	Acupuncture, 1 or more needl Acupuncture/Electroac	April 2023	09	April 2029	RAW	AAFP, AAPM&R, ACA	Flag for re-review. 0.74		Different Performing Specialty frc	September 2022	XXX	0.74	0.81	0.34	0.04	71678	FALSE	FALSE			TRUE	Increase	
97814	Acupuncture, 1 or more needl Acupuncture/Electroac	April 2023	09	April 2029	RAW	AAFP, AAPM&R, ACA	Flag for re-review. 0.47		Different Performing Specialty frc	September 2022	ZZZ	0.47	0.39	0.22	0.03	91224	FALSE	FALSE			TRUE	Increase	
98000	Synchronous audio-video visit Telemedicine E/M Serv	September 2023	11	April 2029	RAW		0.93		CPT/RUC Telemedicine Office Visi	June 2022	XXX	0.93	0.56	0.37	0.05		FALSE	FALSE			TRUE	Maintain	
98001	Synchronous audio-video visit Telemedicine E/M Serv	September 2023	11	April 2029	RAW		1.60		CPT/RUC Telemedicine Office Visi	June 2022	XXX	1.6	0.84	0.63	0.1		FALSE	FALSE			TRUE	Maintain	
98002	Synchronous audio-video visit Telemedicine E/M Serv	September 2023	11	April 2029	RAW		2.60		CPT/RUC Telemedicine Office Visi	June 2022	XXX	2.6	1.29	1.02	0.16		FALSE	FALSE			TRUE	Maintain	
98003	Synchronous audio-video visit Telemedicine E/M Serv	September 2023	11	April 2029	RAW		3.50		CPT/RUC Telemedicine Office Visi	June 2022	XXX	3.5	1.66	1.37	0.21		FALSE	FALSE			TRUE	Maintain	
98004	Synchronous audio-video visit Telemedicine E/M Serv	September 2023	11	April 2029	RAW		0.70		CPT/RUC Telemedicine Office Visi	June 2022	XXX	0.7	0.45	0.27	0.04		FALSE	FALSE			TRUE	Maintain	
98005	Synchronous audio-video visit Telemedicine E/M Serv	September 2023	11	April 2029	RAW		1.30		CPT/RUC Telemedicine Office Visi	June 2022	XXX	1.3	0.71	0.51	0.07		FALSE	FALSE			TRUE	Maintain	
98006	Synchronous audio-video visit Telemedicine E/M Serv	September 2023	11	April 2029	RAW		1.92		CPT/RUC Telemedicine Office Visi	June 2022	XXX	1.92	1.02	0.75	0.13		FALSE	FALSE			TRUE	Maintain	
98007	Synchronous audio-video visit Telemedicine E/M Serv	September 2023	11	April 2029	RAW		2.60		CPT/RUC Telemedicine Office Visi	June 2022	XXX	2.6	1.31	1.02	0.16		FALSE	FALSE			TRUE	Decrease	
98008	Synchronous audio-only visit f Telemedicine E/M Serv	September 2023	11	April 2029	RAW		0.90		CPT/RUC Telemedicine Office Visi	June 2022	XXX	0.9	0.52	0.35	0.04		FALSE	FALSE			TRUE	Decrease	
98009	Synchronous audio-only visit f Telemedicine E/M Serv	September 2023	11	April 2029	RAW		1.55		CPT/RUC Telemedicine Office Visi	June 2022	XXX	1.55	0.79	0.61	0.08		FALSE	FALSE			TRUE	Decrease	
98010	Synchronous audio-only visit f Telemedicine E/M Serv	September 2023	11	April 2029	RAW		2.42		CPT/RUC Telemedicine Office Visi	June 2022	XXX	2.42	1.19	0.95	0.16		FALSE	FALSE			TRUE	Decrease	
98011	Synchronous audio-only visit f Telemedicine E/M Serv	September 2023	11	April 2029	RAW		3.20		CPT/RUC Telemedicine Office Visi	June 2022	XXX	3.2	1.52	1.26	0.18		FALSE	FALSE			TRUE	Decrease	
98012	Synchronous audio-only visit f Telemedicine E/M Serv	September 2023	11	April 2029	RAW		0.65		CPT/RUC Telemedicine Office Visi	June 2022	XXX	0.65	0.40	0.26	0.04		FALSE	FALSE			TRUE	Decrease	
98013	Synchronous audio-only visit f Telemedicine E/M Serv	September 2023	11	April 2029	RAW		1.20		CPT/RUC Telemedicine Office Visi	June 2022	XXX	1.2	0.64	0.47	0.06		FALSE	FALSE			TRUE	Decrease	
98014	Synchronous audio-only visit f Telemedicine E/M Serv	September 2023	11	April 2029	RAW		1.75		CPT/RUC Telemedicine Office Visi	June 2022	XXX	1.75	0.91	0.69	0.12		FALSE	FALSE			TRUE	Decrease	
98015	Synchronous audio-only visit f Telemedicine E/M Serv	September 2023	11	April 2029	RAW		2.60		CPT/RUC Telemedicine Office Visi	June 2022	XXX	2.6	1.28	1.02	0.16		FALSE	FALSE			TRUE	Decrease	
98016	Brief communication technolo Telemedicine E/M Serv	September 2023	11	April 2029	RAW		0.30		CPT/RUC Telemedicine Office Visi	June 2022	XXX	0.3	0.17	0.13	0.02		FALSE	FALSE			TRUE	Increase	
98925	Osteopathic manipulative treat Osteopathic Manipulat	February 2011	34			AOA	0.50		Harvard Valued - Utilization over	February 2010	000	0.46	0.45	0.19	0.03	45598	FALSE	FALSE			TRUE	Increase	
98926	Osteopathic manipulative treat Osteopathic Manipulat	February 2011	34			AOA	0.75		Harvard Valued - Utilization over	October 2009	000	0.71	0.61	0.28	0.04	85544	FALSE	FALSE			TRUE	Increase	
98927	Osteopathic manipulative treat Osteopathic Manipulat	February 2011	34			AOA	1.00		Harvard Valued - Utilization over	October 2009	000	0.96	0.76	0.36	0.05	79670	FALSE	FALSE			TRUE	Increase	
98928	Osteopathic manipulative treat Osteopathic Manipulat	February 2011	34			AOA	1.25		Harvard Valued - Utilization over	February 2010	000	1.21	0.88	0.46	0.06	86075	FALSE	FALSE			TRUE	Increase	
98929	Osteopathic manipulative treat Osteopathic Manipulat	February 2011	34			AOA	1.50		Harvard Valued - Utilization over	February 2010	000	1.46	1.00	0.53	0.07	85644	FALSE	FALSE			TRUE	Increase	
98940	Chiropractic manipulative treat Chiropractic Manipulat	October 2012	25			ACA	0.46		CMS High Expenditure Procedura	September 2011	000	0.46	0.35	0.19	0.01	4054617	FALSE	FALSE			TRUE	Increase	
98941	Chiropractic manipulative treat Chiropractic Manipulat	October 2012	25			ACA	0.71		CMS High Expenditure Procedura	September 2011	000	0.71	0.47	0.29	0.01	13040018	FALSE	FALSE			TRUE	Increase	
98942	Chiropractic manipulative treat Chiropractic Manipulat	October 2012	25			ACA	0.96		CMS High Expenditure Procedura	September 2011	000	0.96	0.57	0.39	0.01	919003	FALSE	FALSE			TRUE	Increase	
98943	Chiropractic manipulative treat Chiropractic Manipulat	October 2012	25			ACA	0.46		CMS High Expenditure Procedura	September 2011	XXX	0.46	0.28	0.18	0.03		FALSE	FALSE			TRUE	Increase	
98970	Nonphysician qualified health r Online Digital Evaluatio	April 2025	14	April 2028	RAW		Refer to CPT Assistant then review	New Technology/New Services	April 2025	XXX	0.25	0.09	0.09	0.01	1164	TRUE	FALSE			FALSE			
98971	Nonphysician qualified health r Online Digital Evaluatio	April 2025	14	April 2028	RAW		Refer to CPT Assistant then review	New Technology/New Services	April 2025	XXX	0.44	0.19	0.19	0.03	769	TRUE	FALSE			FALSE			
98972	Nonphysician qualified health r Online Digital Evaluatio	April 2025	14	April 2028	RAW		Refer to CPT Assistant then review	New Technology/New Services	April 2025	XXX	0.69	0.28	0.27	0.03	973	TRUE	FALSE			FALSE			
98975	Remote therapeutic monitorin Remote Monitoring	January 2025	20	April 2030	RUC	AAPM&R, APTA	PE Only		Different Performing Specialty frc	September 2024	XXX	0	0.59	NA	0.02	31765	FALSE	FALSE			TRUE	PE Only	
98976	Remote therapeutic monitorin Remote Monitoring	January 2025	20	April 2030	RUC	ATS, CHEST	Contractor Price		Different Performing Specialty frc	September 2024	XXX	0	1.32	NA	0.01	19286	FALSE	FALSE			TRUE	Contractor Price	
98977	Remote therapeutic monitorin Remote Monitoring	January 2025	20	April 2030	RUC	AAPM&R, APTA	PE Only		Different Performing Specialty frc	September 2024	XXX	0	1.32	NA	0.01	92434	FALSE	FALSE			TRUE	PE Only	
98978	Remote therapeutic monitorin Remote Monitoring	January 2025	20	April 2030	RUC																		

99495	Transitional care management Transitional Care Mana	September 2022	09			AGS, ANA	Withdrawn	Codes Increased by CMS Indepen	October 2021	XXX	2.78	3.27	1.20	0.17	676659	FALSE				FALSE	TRUE	Increase					
99496	Transitional care management Transitional Care Mana	September 2022	09			AGS, ANA	Withdrawn	Codes Increased by CMS Indepen	October 2021	XXX	3.79	4.40	1.61	0.24	663948	FALSE				FALSE	TRUE	Increase					
99497	Advance care planning includi	Advance Care Planning	April 2022	10		AAHPM, CHEST, AGS, / 1.50		CPT Assistant Analysis	January 2014	XXX	1.5	0.86	0.64	0.1	2409015	TRUE	Dec 2014	Yes		FALSE	TRUE	Maintain					
99498	Advance care planning includi	Advance Care Planning	April 2022	10		AAHPM, CHEST, AGS, / 1.40		CPT Assistant Analysis	January 2014	ZZZ	1.4	0.63	0.62	0.1	83439	TRUE	Dec 2014	Yes		FALSE	TRUE	Maintain					
99XX4	Remote Monitoring	January 2025	20	January 2028	RUC	AAFP, ACC, ACP	PE Only	Different Performing Specialty frc	September 2024						FALSE					FALSE	TRUE	PE Only					
99XX5	Remote Monitoring	January 2025	20	January 2028	RUC	AAFP, ACC, ACP	0.39	Different Performing Specialty frc	September 2024						FALSE					FALSE	TRUE	Maintain					
G0008	Administration of influenza viri	Immunization Administ	April 2021	19		AAFP, AAP, ACOG, ACP 0.17		CMS Request-Final Rule for 2021	July 2020	XXX	0	0.00	0.00		0	FALSE				FALSE	TRUE	Maintain					
G0009	Administration of pneumococc	Immunization Administ	April 2021	19		AAFP, AAP, ACOG, ACP 0.17		CMS Request-Final Rule for 2021	July 2020	XXX	0	0.00	0.00		0	FALSE				FALSE	TRUE	Maintain					
G0010	Administration of hepatitis b v	Immunization Administ	April 2021	19		AAFP, AAP, ACOG, ACP 0.17		CMS Request-Final Rule for 2021	July 2020	XXX	0	0.00	0.00		0	FALSE				FALSE	TRUE	Maintain					
G0101	Cervical or vaginal cancer screening; pelvic and clinical	October 2016	35			ACOG	Remove from screen	Low Value-High Volume / CMS-Of	October 2010	XXX	0.45	0.66	0.30	0.06	760482	FALSE				FALSE	TRUE	Remove from Screen					
G0102	Prostate cancer screening; digi	RAW	January 2017	30			Remove from screen	High Volume Growth4	October 2016	XXX	0.18	0.51	0.07	0.01	10521	FALSE				FALSE	TRUE	Remove from Screen					
G0104	Colorectal cancer screening; fl	Flexible Sigmoidoscopy	January 2014	09		AGA, ASGE, ACG, ASCR 0.84		MPC List	January 2014	000	0.84	4.60	0.74	0.12	2763	FALSE		October 2013 16		Complete	TRUE	Decrease					
G0105	Colorectal cancer screening; c	Colonoscopy	September 2022	13		AGA, ASGE, ACG, ASCR 3.36		MPC List / CMS-Other Utilization	September 2011	000	3.26	6.44	1.79	0.43	266258	FALSE				FALSE	TRUE	Decrease					
G0108	Diabetes outpatient self-manag	Diabetes Management	April 2017	41iv		AND	0.90	CMS-Other - Utilization over 100,	April 2016	XXX	0.9	0.70	NA	0.04	137277	FALSE				FALSE	TRUE	Maintain					
G0109	Diabetes outpatient self-manag	Diabetes Management	April 2017	41iv		AND	0.25	CMS-Other - Utilization over 100,	April 2016	XXX	0.25	0.21	NA	0.01	44319	FALSE				FALSE	TRUE	Maintain					
G0121	Colorectal cancer screening; c	Colonoscopy	September 2022	13		AGA, ASGE, ACG, ASCR 3.36		MPC List /CMS-Other Utilization c	September 2011	000	3.26	6.44	1.79	0.44	192725	FALSE				FALSE	TRUE	Decrease					
G0124	Screening cytopathology, cervi	Cytopathology Cervical	April 2018	26		CAP	0.42	CMS-Other - Utilization over 30,	October 2017	XXX	0.26	0.48	0.48	0.01	35413	FALSE				FALSE	TRUE	Maintain					
G0127	Trimming of dystrophic nails, any	number	September 2011	51		APMA	Remove from screen	CMS-Other - Utilization over 500,	April 2011	000	0.17	0.54	0.04	0.01	1182316	FALSE				FALSE	TRUE	Remove from Screen					
G0141	Screening cytopathology smeas	Cytopathology Cervical	April 2018	26		CAP	0.42	CMS-Other - Utilization over 30,	October 2017	XXX	0.26	0.48	0.48	0.01	1779	FALSE				FALSE	TRUE	Maintain					
G0166	External counterpulsation, per	External Counterpulsat	October 2019	14		ACC	0.00 (PE Only)	CMS-Other - Utilization over 100,	April 2016	XXX	0	2.96	NA	0.04	45389	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 Reg	July 2016	000	0.31	2.60	0.07	0.05	32978	FALSE				FALSE	TRUE	Maintain					
G0179	Physician or allowed praction	Physician Recertificatio	April 2016	47		No Interest		RUC recommended to survey but	CMS Fastest Growing / CMS-Ofthe	October 2008	XXX	0.45	0.79	NA	0.03	593505	FALSE				FALSE	TRUE	Remove from Screen				
G0180	Physician or allowed praction	Physician Recertificatio	April 2016	47		No Interest		RUC recommended to survey but	CMS Fastest Growing / CMS-Ofthe	October 2008	XXX	0.67	0.90	NA	0.04	926862	FALSE				FALSE	TRUE	Remove from Screen				
G0181	Physician or allowed praction	Home Healthcare Supe	April 2016	47		No Interest		Recommend deletion after review	CMS Fastest Growing / CMS-Ofthe	October 2008	XXX	1.73	1.30	NA	0.13	417017	FALSE				FALSE	TRUE	Remove from Screen				
G0182	Physician supervision of a pati	Home Healthcare Supe	April 2016	47		No Interest		Recommend deletion after review	CMS-Other - Utilization over 250,	April 2016	XXX	1.73	1.27	NA	0.12	32952	FALSE				FALSE	TRUE	Remove from Screen				
G0202	Screening mammography, bila	Mammography	January 2016	20		ACR	CMS Deleted for 2018	CMS Fastest Growing / CMS-Ofthe	February 2008						FALSE					TRUE	In the NPRM for 2015, October 2015 38	Complete	TRUE	Deleted from CPT			
G0204	Diagnostic mammography, incl	Mammography	January 2016	20		ACR	CMS Deleted for 2018	CMS Fastest Growing / CMS-Ofthe	February 2008						FALSE					TRUE	In the NPRM for 2015, October 2015 38	Complete	TRUE	Deleted from CPT			
G0206	Therapeutic procedures to inci	Mammography	January 2016	20		ACR	CMS Deleted for 2018	CMS Fastest Growing / CMS-Ofthe	February 2008						FALSE					TRUE	In the NPRM for 2015, October 2015 38	Complete	TRUE	Deleted from CPT			
G0237	Therapeutic procedures to inci	Respiratory Therapy	February 2009	38		ACCP/ATS	Remove from screen - RUC articu	CMS Fastest Growing	February 2008	XXX	0	0.34	NA	0.01	23505	FALSE				FALSE				TRUE	Remove from Screen		
G0238	Therapeutic procedures to inci	Respiratory Therapy	February 2009	38		ACCP/ATS	Remove from screen - RUC articu	CMS Fastest Growing	February 2008	XXX	0	0.30	NA	0.01	58730	FALSE				FALSE				TRUE	Remove from Screen		
G0248	Demonstration, prior to initiati	Home INR Monitoring	January 2017	19		ACC	Created Category I code, recom	High Volume Growth3	January 2016	XXX	0	2.95	NA	0.04	13867	FALSE				TRUE	In October 2015, AMA 5 September 2018	complete	TRUE	Request CMS Delete			
G0249	Provision of test materials and	Home INR Monitoring	January 2017	19		ACC	Created Category I code, recom	CMS Fastest Growing / High Volu	February 2008	XXX	0	1.87	NA	0.01	891988	FALSE				TRUE	In October 2015, AMA 5 September 2018	complete	TRUE	Request CMS Delete			
G0250	Physician review, interpretatio	Home INR Monitoring	January 2017	19		ACC	Created Category I code, recom	CMS Fastest Growing / High Volu	February 2008	XXX	0.18	0.07	NA	0.01	102272	FALSE				TRUE	In October 2015, AMA 5 September 2018	complete	TRUE	Request CMS Delete			
G0268	Removal of impacted cerumen	Removal of Impacted C	April 2017	35		AAO-HNS	0.61	CMS Fastest Growing / CMS 000-1	October 2008	000	0.61	0.87	0.29	0.08	160387	FALSE				FALSE				TRUE	Maintain		
G0270	Medical nutrition therapy, res	Medical Nutrition Ther	April 2025	14	September 20 RAW	ADA	Review action plan. Maintain/Ren	CMS Fastest Growing / CMS-Ofthe	February 2008	XXX	0.45	0.50	0.36	0.01	59157	FALSE				FALSE				TRUE	Maintain		
G0277	Hyperbaric oxygen under pres	Hyperbaric Oxygen Uti	January 2025	27		AAFP, UHMS	PE Inputs	High Volume Growth8	April 2022	XXX	0	5.22	NA	0.04	150377	FALSE				TRUE	In January 2023, the RU September 2015 7	Withdrawn by r	TRUE	PE Only			
G0279	Diagnostic digital breast tomos	RAW	January 2018	31			Recommend CMS delete	CMS-Other - Utilization over 30,	October 2017	ZZZ	0.6	0.69	NA	0.03	959916	FALSE				FALSE				TRUE	Remove from Screen		
G0283	Electrical stimulation (unattenc	Physical Medicine and	January 2024	18		APTA	New PE Inputs. 0.18	Low Value-High Volume / CMS-Of	October 2010	XXX	0.18	0.19	NA	0.01	5721037	FALSE				FALSE				TRUE	Maintain		
G0296	Counseling visit to discuss nee	Counseling Visit for	January 2022	20			Maintain	CMS-Other - Utilization over 20,	January 2019	XXX	0.52	0.28	0.20	0.03	62298	FALSE				FALSE				TRUE	Maintain		
G0297	Low dose ct scan (ldct) for lung	Screening CT of Thorax	October 2019	07			CMS Deleted for 2021. Recommen	CMS-Other - Utilization over 30,	October 2018						FALSE					TRUE	In October 2018, AMA s May 2019	12	Complete	TRUE	Deleted from CPT		
G0340	Image-guided robotic linear ac	RAW	April 2025	14	September 20 RAW		Review action plan.	Contractor Priced High Volume4	April 2025	XXX			0.00	0	11924	FALSE				FALSE				TRUE	Complete	TRUE	Deleted from CPT
G0364	Bone marrow aspiration perfor	RAW	January 2018	31			Deleted from CPT	CMS-Other - Utilization over 30,	October 2017						FALSE					FALSE				Complete	TRUE	Deleted from CPT	
G0365	Vessel mapping of vessels for	Duplex Scan Arterial Inf	January 2019	17		ACR, SIR, SVS	Deleted from CPT	CMS-Other - Utilization over 30,	October 2017						FALSE					TRUE	In October 2017, the RA September 2016 36	complete	TRUE	Deleted from CPT			
G0389	Ultrasound b-scan and/or real	Abdominal Aorta Ultras	October 2015	12		ACC, ACP, ACR, SCAI, s	CPT Assistant article published	Final Rule for 2015 / High Volume	July 2014						TRUE		Jan 2017	Yes		TRUE	When Medicare began May 2015	23	Complete	TRUE	Deleted from CPT		
G0396	Alcohol and/or substance (othe	r than tobacco) misuse	January 2018	31	September 20 RAW	AAFP, ASA	Refer to CPT	CMS-Other - Utilization over 30,	October 2017	XXX	0.65	0.34	0.25	0.05	50385	FALSE				TRUE	In October 2017, the RA Time Uncertain			FALSE			
G0398	Home sleep study test (hst) w	Unattended Sleep Test	April 2025	08		AAN, AASM, ATS, CHES	Request CMS Delete	High Volume Growth10	April 2025	XXX	0	0.00	NA	0	5591	FALSE				FALSE				TRUE	Request CMS Delete		
G0399	Home sleep test (hst) with typ	Unattended Sleep Test	April 2025	08		AAN, AASM, ATS, CHES	Request CMS Delete	High Volume Growth5 / Contracts	October 2018	XXX	0	0.00	NA	0	68326	FALSE				FALSE				TRUE	Request CMS Delete		
G0400	Home sleep test (hst) with typ	Unattended Sleep Test	April 2025	08		AAN, AASM, ATS, CHES	Request CMS Delete	High Volume Growth10	April 2025	XXX	0	0.00	NA	0	12949	FALSE				FALSE				TRUE	Request CMS Delete		
G0402	Initial preventive physical exa	n Initial Preventive Exam	October 2016	35			No Specialty Society In RUC recommended to survey but	CMS-Other - Utilization over 100,	April 2016	XXX	2.6	2.21	1.13	0.16	505038	FALSE				FALSE				TRUE	Maintain		
G0403	Electrocardiogram, routine ecg	EKG for Initial Prevent	October 2016	35			No Specialty Society In RUC recommended to survey but	CMS-Other - Utilization over 100,	April 2016	XXX	0.17	0.24	NA	0.02	108795	FALSE				FALSE				TRUE	Maintain		
G0407	Follow-up inpatient consultati	n Inpatient Consult Follo	April 2025	14	April 2028 RAW	AAN, ANA, APA (psych	Review April 2028	CMS-Other - Utilization over 20,	October 2020	XXX	1.39	NA	0.64	0.13	26094	FALSE				FALSE				FALSE			
G0408	Follow-up inpatient consultati	n Inpatient Consult Follo	April 2025	14	April 2028 RAW	AAN, ANA, APA (psych	Review April 2028	CMS-Other - Utilization over 20,	October 2020	XXX	2	NA	0.95	0.17	21451	FALSE				FALSE				FALSE			
G0416	Surgical pathology, gross and	n Prostate Biopsy - Patho	October 2015	16		ASC, CAP	4.00	Final Rule for 2015	July 2014	XXX	3.6	7.27	NA	0.09	132950	FALSE				FALSE				TRUE	Increase		
G0422	Intensive cardiac rehabilitation; with or without contin	January 2021	29				Maintain	CMS-Other - Utilization over 20,	October 2020	XXX	1.99	1.79	1.79	0.12	70834	FALSE				FALSE				TRUE	Remove from Screen		
G0423	Intensive cardiac rehabilitation; with or without contin	January 2021	29				Maintain	CMS-Other - Utilization over 20,	October 2020	XXX	1.99	1.79	1.79	0.12	53693	FALSE				FALSE				TRUE	Remove from Screen		
G0425	Telehealth consultation, emerg	Telehealth Consultatio	April 2025	14	April 2028 RAW		Review April 2028. No recommen	CMS-Other - Utilization over 20,	April 2022	XXX	1.92	NA	0.66	0.17	32138	FALSE				FALSE				FALSE			
G0426	Telehealth consultation, emerg	Telehealth Consultatio	April 2025	14	April 2028 RAW		Review April 2028. No recommen	CMS-Other - Utilization over 20,	September 2022	XXX	2.61	NA	1.06	0.22	37693	FALSE				FALSE				FALSE			
G0427	Telehealth consultation, emerg	Telehealth Consultatio	April 2025	14	April 2028 RAW		Review April 2028. No recommen	CMS-Other - Utilization over 20,	September 2022	XXX	3.86	NA	1.39	0.28	26613	FALSE				FALSE				FALSE			
G0436	Smoking and tobacco cessation	RAW	October 2016	35			Deleted from CPT	CMS-Other - Utilization over 100,	April 2016						FALSE					FALSE		Complete	TRUE	Deleted from CPT			
G0438	Annual wellness visit; includes	RAW	April 2016	47		No Interest	RUC recommended to survey but	CMS-Other - Utilization over 250,	April 2013	XXX	2.6	2.20	NA	0.16	698250	FALSE				FALSE				TRUE	Remove from Screen		
G0439	Annual wellness visit; includes	RAW	April 2016	47		No Interest	RUC recommended to survey but	CMS-Other - Utilization over 250,	April 2013	XXX	1.92	1.86	NA	0.13	9929057	FALSE				FALSE				TRUE	Remove from Screen		
G0442	Annual alcohol misuse screeni	n Annual Alcohol Screeni	September 2023	15		AAFP, ACP, ANA	0.18	CMS-Other - Utilization over 100,	April 2016	XXX	0.18	0.34	0.08	0.01	897345	FALSE				FALSE				TRUE	Maintain		
G0443	Brief face-to-face behavioral c	n Annual Alcohol Screeni	September 2023	15		AAFP, ACP, ANA	0.63	High Volume Growth8	September 2022	XXX	0.6	0.34	0.26	0.04	2250	FALSE				FALSE				TRUE	Increase		
G0444	Annual depression screening, 1	Annual Depression Scr	September 2023	16		AAFP, ACP, ANA	0.18	CMS-Other - Utilization over 100,	April 2016	XXX	0.18	0.34	0.08	0.01	2426489	FALSE				FALSE				TRUE	Maintain		

RUC Referrals to CPT Editorial Panel - Outstanding Issues

22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	Screen CMS Request - Final Rule for 2025	RUC Meeting January 2025	Specialty Society: AANS, AAOS, CNS, NASS	CPT Meeting September 2025

Background: In the NPRM for 2025, CPT codes 22210, 22212, 22214 and 22216 were nominated as potentially misvalued services for the following reasons (1) incorrect global period; (2) incorrect inpatient days; (3) incorrect intra-service work description; (4) overvalued intra-service times; (5) changed surgical practice; and (6) incorrect use of posterior osteotomy codes. CMS notes that these services were last reviewed in 1995 and all but CPT code 22216 did not have a description of work or vignettes describing the typical patient. CMS also noted that there may be the need for potential bundling of these services, such as CPT code 22210 and 22600 Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment. The nominator suggested two options to address this concern: (1) developing add-on codes to differentiate between the number of vertebral segments involved in the osteotomy procedure and whether it occurs in the cervical, thoracic, or lumbar regions; and (2) removing the current posterior osteotomy codes and incorporating osteotomies into new deformity fusion codes, both with and without osteotomy. CMS is proposed to consider this code family as potentially misvalued. The RUC considered these services at the January 2025 RUC meeting. The specialty societies submitted a detailed letter on why they disagreed with issues identified by the nominator. The specialties indicated that there is no evidence that these services have an incorrect global period. They also noted that the nominator did not provide a comprehensive list of literature to support the claim that incorrect inpatient days are represented in these services, provided no evidence that the intra-service time is incorrect or that these services have changed in adults. The specialty societies did not conduct a survey of these codes and requested that the RUC refer this issue to the CPT Editorial Panel for revision. The specialties will consult with pediatric spine surgeons specializing in scoliosis surgery to submit a CPT Code Change Application (CCA). The RUC recommends that CPT codes 22210-22216 be referred to the September 2025 CPT Editorial Panel meeting for the CPT 2027 cycle.

22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	Screen CMS Request - Final Rule for 2025	RUC Meeting January 2025	Specialty Society: AANS, AAOS, CNS, NASS	CPT Meeting September 2025

Background: In the NPRM for 2025, CPT codes 22210, 22212, 22214 and 22216 were nominated as potentially misvalued services for the following reasons (1) incorrect global period; (2) incorrect inpatient days; (3) incorrect intra-service work description; (4) overvalued intra-service times; (5) changed surgical practice; and (6) incorrect use of posterior osteotomy codes. CMS notes that these services were last reviewed in 1995 and all but CPT code 22216 did not have a description of work or vignettes describing the typical patient. CMS also noted that there may be the need for potential bundling of these services, such as CPT code 22210 and 22600 Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment. The nominator suggested two options to address this concern: (1) developing add-on codes to differentiate between the number of vertebral segments involved in the osteotomy procedure and whether it occurs in the cervical, thoracic, or lumbar regions; and (2) removing the current posterior osteotomy codes and incorporating osteotomies into new deformity fusion codes, both with and without osteotomy. CMS is proposed to consider this code family as potentially misvalued. The RUC considered these services at the January 2025 RUC meeting. The specialty societies submitted a detailed letter on why they disagreed with issues identified by the nominator. The specialties indicated that there is no evidence that these services have an incorrect global period. They also noted that the nominator did not provide a comprehensive list of literature to support the claim that incorrect inpatient days are represented in these services, provided no evidence that the intra-service time is incorrect or that these services have changed in adults. The specialty societies did not conduct a survey of these codes and requested that the RUC refer this issue to the CPT Editorial Panel for revision. The specialties will consult with pediatric spine surgeons specializing in scoliosis surgery to submit a CPT Code Change Application (CCA). The RUC recommends that CPT codes 22210-22216 be referred to the September 2025 CPT Editorial Panel meeting for the CPT 2027 cycle.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	Screen CMS Fastest Growing / CMS Request - Final Rule for 2025	RUC Meeting January 2025	Specialty Society: AANS, AAOS, CNS, NASS	CPT Meeting September 2025

Background: In the NPRM for 2025, CPT codes 22210, 22212, 22214 and 22216 were nominated as potentially misvalued services for the following reasons (1) incorrect global period; (2) incorrect inpatient days; (3) incorrect intra-service work description; (4) overvalued intra-service times; (5) changed surgical practice; and (6) incorrect use of posterior osteotomy codes. CMS notes that these services were last reviewed in 1995 and all but CPT code 22216 did not have a description of work or vignettes describing the typical patient. CMS also noted that there may be the need for potential bundling of these services, such as CPT code 22210 and 22600 Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment. The nominator suggested two options to address this concern: (1) developing add-on codes to differentiate between the number of vertebral segments involved in the osteotomy procedure and whether it occurs in the cervical, thoracic, or lumbar regions; and (2) removing the current posterior osteotomy codes and incorporating osteotomies into new deformity fusion codes, both with and without osteotomy. CMS is proposed to consider this code family as potentially misvalued. The RUC considered these services at the January 2025 RUC meeting. The specialty societies submitted a detailed letter on why they disagreed with issues identified by the nominator. The specialties indicated that there is no evidence that these services have an incorrect global period. They also noted that the nominator did not provide a comprehensive list of literature to support the claim that incorrect inpatient days are represented in these services, provided no evidence that the intra-service time is incorrect or that these services have changed in adults. The specialty societies did not conduct a survey of these codes and requested that the RUC refer this issue to the CPT Editorial Panel for revision. The specialties will consult with pediatric spine surgeons specializing in scoliosis surgery to submit a CPT Code Change Application (CCA). The RUC recommends that CPT codes 22210-22216 be referred to the September 2025 CPT Editorial Panel meeting for the CPT 2027 cycle.

22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)	Screen CMS Request - Final Rule for 2025	RUC Meeting January 2025	Specialty Society: AANS, AAOS, CNS, NASS	CPT Meeting September 2025

Background: In the NPRM for 2025, CPT codes 22210, 22212, 22214 and 22216 were nominated as potentially misvalued services for the following reasons (1) incorrect global period; (2) incorrect inpatient days; (3) incorrect intra-service work description; (4) overvalued intra-service times; (5) changed surgical practice; and (6) incorrect use of posterior osteotomy codes. CMS notes that these services were last reviewed in 1995 and all but CPT code 22216 did not have a description of work or vignettes describing the typical patient. CMS also noted that there may be the need for potential bundling of these services, such as CPT code 22210 and 22600 Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment. The nominator suggested two options to address this concern: (1) developing add-on codes to differentiate between the number of vertebral segments involved in the osteotomy procedure and whether it occurs in the cervical, thoracic, or lumbar regions; and (2) removing the current posterior osteotomy codes and incorporating osteotomies into new deformity fusion codes, both with and without osteotomy. CMS is proposed to consider this code family as potentially misvalued. The RUC considered these services at the January 2025 RUC meeting. The specialty societies submitted a detailed letter on why they disagreed with issues identified by the nominator. The specialties indicated that there is no evidence that these services have an incorrect global period. They also noted that the nominator did not provide a comprehensive list of literature to support the claim that incorrect inpatient days are represented in these services, provided no evidence that the intra-service time is incorrect or that these services have changed in adults. The specialty societies did not conduct a survey of these codes and requested that the RUC refer this issue to the CPT Editorial Panel for revision. The specialties will consult with pediatric spine surgeons specializing in scoliosis surgery to submit a CPT Code Change Application (CCA). The RUC recommends that CPT codes 22210-22216 be referred to the September 2025 CPT Editorial Panel meeting for the CPT 2027 cycle.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

36557	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age	Screen Site of Service Anomaly - 2023	RUC Meeting January 2024	Specialty Society: ACR, ACS, APSA, OEIS, SIR, SVS	CPT Meeting September 2025

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. In September 2024 the applicants withdrew the CCA citing that the specialties that most frequently use these codes were not involved in development of the code structure. The applicants requested a workgroup to be formed to develop a unified code structure.

36558	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older	Screen Site of Service Anomaly - 2023	RUC Meeting January 2024	Specialty Society: ACR, ACS, APSA, OEIS, SIR, SVS	CPT Meeting September 2025

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. In September 2024 the applicants withdrew the CCA citing that the specialties that most frequently use these codes were not involved in development of the code structure. The applicants requested a workgroup to be formed to develop a unified code structure.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

36560	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age	Screen Site of Service Anomaly - 2023	RUC Meeting January 2024	Specialty Society: ACR, ACS, APSA, OEIS, SIR, SVS	CPT Meeting September 2025

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. In September 2024 the applicants withdrew the CCA citing that the specialties that most frequently use these codes were not involved in development of the code structure. The applicants requested a workgroup to be formed to develop a unified code structure.

36561	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	Screen Site of Service Anomaly - 2023	RUC Meeting January 2024	Specialty Society: ACR, ACS, APSA, OEIS, SIR, SVS	CPT Meeting September 2025

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. In September 2024 the applicants withdrew the CCA citing that the specialties that most frequently use these codes were not involved in development of the code structure. The applicants requested a workgroup to be formed to develop a unified code structure.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

36563	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump	Screen Site of Service Anomaly - 2023	RUC Meeting January 2024	Specialty Society: ACR, ACS, OEIS, SIR, SVS	CPT Meeting September 2025

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. In September 2024 the applicants withdrew the CCA citing that the specialties that most frequently use these codes were not involved in development of the code structure. The applicants requested a workgroup to be formed to develop a unified code structure.

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)	Screen Site of Service Anomaly - 2023	RUC Meeting January 2024	Specialty Society: ACR, ACS, OEIS, SIR, SVS	CPT Meeting September 2025

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. In September 2024 the applicants withdrew the CCA citing that the specialties that most frequently use these codes were not involved in development of the code structure. The applicants requested a workgroup to be formed to develop a unified code structure.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

36566	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)	<u>Screen</u> Site of Service Anomaly - 2023	<u>RUC Meeting</u> January 2024	<u>Specialty Society:</u> OEIS, SIR, SVS	<u>CPT Meeting</u> September 2025

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. In September 2024 the applicants withdrew the CCA citing that the specialties that most frequently use these codes were not involved in development of the code structure. The applicants requested a workgroup to be formed to develop a unified code structure.

55705	Biopsy, prostate, any approach, nonimaging-guided	<u>Screen</u> Codes Reported Together 75% or More- Part5	<u>RUC Meeting</u> September 2024	<u>Specialty Society:</u> ACR, AUA, OEIS, SIR	<u>CPT Meeting</u> September 2025; February 2025 (Tab 16); May 2024 (Tab 15)

Background: In September 2024, the RUC recommended to refer this entire code family to the CPT Editorial Panel for restructuring in the CPT 2027 cycle. Specifically, to ensure that the long descriptor language and related guidelines appropriately describe the services and number of biopsies performed per service. Additionally, the language of "first targeted lesion" was not clear to RUC members and the survey respondents as indicated by the identical intra-service times for services were few biopsies were obtained and services were numerous biopsies were obtained. Another RUC member noted that the language "Biopsy" and "Biopsies" was confusing as well. Additionally, the add-on code was thought to present a potential issue for improper coding due to lack of clarity on the number of biopsies performed, per service. The societies informed the RUC that they have a Coding Change Application prepared for the February 2025 CPT Editorial Panel meeting for the CPT 2027 cycle. The specialties submitted a CCA for the Feb 2025 CPT meeting but it was withdrawn for restructuring. A new CCA is expected for September 2025.

55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	<u>Screen</u> 010-Day Global Post-Operative Visits / Codes Reported Together 75% or More- Part5	<u>RUC Meeting</u> September 2024	<u>Specialty Society:</u> ACR, AUA, OEIS, SIR	<u>CPT Meeting</u> September 2025; February 2025 (Tab 16); May 2024 (Tab 15)

Background: In September 2024, the RUC recommended to refer this entire code family to the CPT Editorial Panel for restructuring in the CPT 2027 cycle. Specifically, to ensure that the long descriptor language and related guidelines appropriately describe the services and number of biopsies performed per service. Additionally, the language of "first targeted lesion" was not clear to RUC members and the survey respondents as indicated by the identical intra-service times for services were few biopsies were obtained and services were numerous biopsies were obtained. Another RUC member noted that the language "Biopsy" and "Biopsies" was confusing as well. Additionally, the add-on code was thought to present a potential issue for improper coding due to lack of clarity on the number of biopsies performed, per service. The societies informed the RUC that they have a Coding Change Application prepared for the February 2025 CPT Editorial Panel meeting for the CPT 2027 cycle. The specialties submitted a CCA for the Feb 2025 CPT meeting but it was withdrawn for restructuring. A new CCA is expected for September 2025.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

5XX00	<u>Screen</u> Codes Reported Together 75% or More- Part5	<u>RUC Meeting</u> September 2024	<u>Specialty Society:</u> ACR, AUA, OEIS, SIR	<u>CPT Meeting</u> September 2025; February 2025 (Tab 16); May 2024 (Tab 15)

Background: In September 2024, the RUC recommended to refer this entire code family to the CPT Editorial Panel for restructuring in the CPT 2027 cycle. Specifically, to ensure that the long descriptor language and related guidelines appropriately describe the services and number of biopsies performed per service. Additionally, the language of "first targeted lesion" was not clear to RUC members and the survey respondents as indicated by the identical intra-service times for services where few biopsies were obtained and services where numerous biopsies were obtained. Another RUC member noted that the language "Biopsy" and "Biopsies" was confusing as well. Additionally, the add-on code was thought to present a potential issue for improper coding due to lack of clarity on the number of biopsies performed, per service. The societies informed the RUC that they have a Coding Change Application prepared for the February 2025 CPT Editorial Panel meeting for the CPT 2027 cycle. The specialties submitted a CCA for the Feb 2025 CPT meeting but it was withdrawn for restructuring. A new CCA is expected for September 2025.

5XX01	<u>Screen</u> Codes Reported Together 75% or More- Part5	<u>RUC Meeting</u> September 2024	<u>Specialty Society:</u> ACR, AUA, OEIS, SIR	<u>CPT Meeting</u> September 2025; February 2025 (Tab 16); May 2024 (Tab 15)

Background: In September 2024, the RUC recommended to refer this entire code family to the CPT Editorial Panel for restructuring in the CPT 2027 cycle. Specifically, to ensure that the long descriptor language and related guidelines appropriately describe the services and number of biopsies performed per service. Additionally, the language of "first targeted lesion" was not clear to RUC members and the survey respondents as indicated by the identical intra-service times for services where few biopsies were obtained and services where numerous biopsies were obtained. Another RUC member noted that the language "Biopsy" and "Biopsies" was confusing as well. Additionally, the add-on code was thought to present a potential issue for improper coding due to lack of clarity on the number of biopsies performed, per service. The societies informed the RUC that they have a Coding Change Application prepared for the February 2025 CPT Editorial Panel meeting for the CPT 2027 cycle. The specialties submitted a CCA for the Feb 2025 CPT meeting but it was withdrawn for restructuring. A new CCA is expected for September 2025.

5XX02	<u>Screen</u> Codes Reported Together 75% or More- Part5	<u>RUC Meeting</u> September 2024	<u>Specialty Society:</u> ACR, AUA, OEIS, SIR	<u>CPT Meeting</u> September 2025; February 2025 (Tab 16); May 2024 (Tab 15)

Background: In September 2024, the RUC recommended to refer this entire code family to the CPT Editorial Panel for restructuring in the CPT 2027 cycle. Specifically, to ensure that the long descriptor language and related guidelines appropriately describe the services and number of biopsies performed per service. Additionally, the language of "first targeted lesion" was not clear to RUC members and the survey respondents as indicated by the identical intra-service times for services where few biopsies were obtained and services where numerous biopsies were obtained. Another RUC member noted that the language "Biopsy" and "Biopsies" was confusing as well. Additionally, the add-on code was thought to present a potential issue for improper coding due to lack of clarity on the number of biopsies performed, per service. The societies informed the RUC that they have a Coding Change Application prepared for the February 2025 CPT Editorial Panel meeting for the CPT 2027 cycle. The specialties submitted a CCA for the Feb 2025 CPT meeting but it was withdrawn for restructuring. A new CCA is expected for September 2025.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

5XX03	<u>Screen</u> Codes Reported Together 75% or More- Part5	<u>RUC Meeting</u> September 2024	<u>Specialty Society:</u> ACR, AUA, OEIS, SIR	<u>CPT Meeting</u> September 2025; February 2025 (Tab 16); May 2024 (Tab 15)

Background: In September 2024, the RUC recommended to refer this entire code family to the CPT Editorial Panel for restructuring in the CPT 2027 cycle. Specifically, to ensure that the long descriptor language and related guidelines appropriately describe the services and number of biopsies performed per service. Additionally, the language of "first targeted lesion" was not clear to RUC members and the survey respondents as indicated by the identical intra-service times for services where few biopsies were obtained and services where numerous biopsies were obtained. Another RUC member noted that the language "Biopsy" and "Biopsies" was confusing as well. Additionally, the add-on code was thought to present a potential issue for improper coding due to lack of clarity on the number of biopsies performed, per service. The societies informed the RUC that they have a Coding Change Application prepared for the February 2025 CPT Editorial Panel meeting for the CPT 2027 cycle. The specialties submitted a CCA for the Feb 2025 CPT meeting but it was withdrawn for restructuring. A new CCA is expected for September 2025.

5XX04	<u>Screen</u> Codes Reported Together 75% or More- Part5	<u>RUC Meeting</u> September 2024	<u>Specialty Society:</u> ACR, AUA, OEIS, SIR	<u>CPT Meeting</u> September 2025; February 2025 (Tab 16); May 2024 (Tab 15)

Background: In September 2024, the RUC recommended to refer this entire code family to the CPT Editorial Panel for restructuring in the CPT 2027 cycle. Specifically, to ensure that the long descriptor language and related guidelines appropriately describe the services and number of biopsies performed per service. Additionally, the language of "first targeted lesion" was not clear to RUC members and the survey respondents as indicated by the identical intra-service times for services where few biopsies were obtained and services where numerous biopsies were obtained. Another RUC member noted that the language "Biopsy" and "Biopsies" was confusing as well. Additionally, the add-on code was thought to present a potential issue for improper coding due to lack of clarity on the number of biopsies performed, per service. The societies informed the RUC that they have a Coding Change Application prepared for the February 2025 CPT Editorial Panel meeting for the CPT 2027 cycle. The specialties submitted a CCA for the Feb 2025 CPT meeting but it was withdrawn for restructuring. A new CCA is expected for September 2025.

5XX07	<u>Screen</u> Codes Reported Together 75% or More- Part5	<u>RUC Meeting</u> September 2024	<u>Specialty Society:</u> ACR, AUA, OEIS, SIR	<u>CPT Meeting</u> September 2025; February 2025 (Tab 16); May 2024 (Tab 15)

Background: In September 2024, the RUC recommended to refer this entire code family to the CPT Editorial Panel for restructuring in the CPT 2027 cycle. Specifically, to ensure that the long descriptor language and related guidelines appropriately describe the services and number of biopsies performed per service. Additionally, the language of "first targeted lesion" was not clear to RUC members and the survey respondents as indicated by the identical intra-service times for services where few biopsies were obtained and services where numerous biopsies were obtained. Another RUC member noted that the language "Biopsy" and "Biopsies" was confusing as well. Additionally, the add-on code was thought to present a potential issue for improper coding due to lack of clarity on the number of biopsies performed, per service. The societies informed the RUC that they have a Coding Change Application prepared for the February 2025 CPT Editorial Panel meeting for the CPT 2027 cycle. The specialties submitted a CCA for the Feb 2025 CPT meeting but it was withdrawn for restructuring. A new CCA is expected for September 2025.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

5XX08	<u>Screen</u> Codes Reported Together 75% or More- Part5	<u>RUC Meeting</u> September 2024	<u>Specialty Society:</u> ACR, AUA, OEIS, SIR	<u>CPT Meeting</u> September 2025; February 2025 (Tab 16); May 2024 (Tab 15)

Background: In September 2024, the RUC recommended to refer this entire code family to the CPT Editorial Panel for restructuring in the CPT 2027 cycle. Specifically, to ensure that the long descriptor language and related guidelines appropriately describe the services and number of biopsies performed per service. Additionally, the language of "first targeted lesion" was not clear to RUC members and the survey respondents as indicated by the identical intra-service times for services where few biopsies were obtained and services where numerous biopsies were obtained. Another RUC member noted that the language "Biopsy" and "Biopsies" was confusing as well. Additionally, the add-on code was thought to present a potential issue for improper coding due to lack of clarity on the number of biopsies performed, per service. The societies informed the RUC that they have a Coding Change Application prepared for the February 2025 CPT Editorial Panel meeting for the CPT 2027 cycle. The specialties submitted a CCA for the Feb 2025 CPT meeting but it was withdrawn for restructuring. A new CCA is expected for September 2025.

5XX09	<u>Screen</u> Codes Reported Together 75% or More- Part5	<u>RUC Meeting</u> September 2024	<u>Specialty Society:</u> ACR, AUA, OEIS, SIR	<u>CPT Meeting</u> September 2025; February 2025 (Tab 16); May 2024 (Tab 15)

Background: In September 2024, the RUC recommended to refer this entire code family to the CPT Editorial Panel for restructuring in the CPT 2027 cycle. Specifically, to ensure that the long descriptor language and related guidelines appropriately describe the services and number of biopsies performed per service. Additionally, the language of "first targeted lesion" was not clear to RUC members and the survey respondents as indicated by the identical intra-service times for services where few biopsies were obtained and services where numerous biopsies were obtained. Another RUC member noted that the language "Biopsy" and "Biopsies" was confusing as well. Additionally, the add-on code was thought to present a potential issue for improper coding due to lack of clarity on the number of biopsies performed, per service. The societies informed the RUC that they have a Coding Change Application prepared for the February 2025 CPT Editorial Panel meeting for the CPT 2027 cycle. The specialties submitted a CCA for the Feb 2025 CPT meeting but it was withdrawn for restructuring. A new CCA is expected for September 2025.

5XX10	<u>Screen</u> Codes Reported Together 75% or More- Part5	<u>RUC Meeting</u> September 2024	<u>Specialty Society:</u> ACR, AUA, OEIS, SIR	<u>CPT Meeting</u> September 2025; February 2025 (Tab 16); May 2024 (Tab 15)

Background: In September 2024, the RUC recommended to refer this entire code family to the CPT Editorial Panel for restructuring in the CPT 2027 cycle. Specifically, to ensure that the long descriptor language and related guidelines appropriately describe the services and number of biopsies performed per service. Additionally, the language of "first targeted lesion" was not clear to RUC members and the survey respondents as indicated by the identical intra-service times for services where few biopsies were obtained and services where numerous biopsies were obtained. Another RUC member noted that the language "Biopsy" and "Biopsies" was confusing as well. Additionally, the add-on code was thought to present a potential issue for improper coding due to lack of clarity on the number of biopsies performed, per service. The societies informed the RUC that they have a Coding Change Application prepared for the February 2025 CPT Editorial Panel meeting for the CPT 2027 cycle. The specialties submitted a CCA for the Feb 2025 CPT meeting but it was withdrawn for restructuring. A new CCA is expected for September 2025.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

70544	Magnetic resonance angiography, head; without contrast material(s)	<u>Screen</u> CMS High Expenditure Procedural Codes2 / Codes Reported Together 75% or More-Part5	<u>RUC Meeting</u> April 2024	<u>Specialty Society:</u> ACR, ASNR, SIR	<u>CPT Meeting</u> September 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.

70547	Magnetic resonance angiography, neck; without contrast material(s)	<u>Screen</u> CMS High Expenditure Procedural Codes2 / Codes Reported Together 75% or More-Part5	<u>RUC Meeting</u> April 2024	<u>Specialty Society:</u> ACR, ASNR, SIR	<u>CPT Meeting</u> September 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.

90901	Biofeedback training by any modality	<u>Screen</u> High Volume Growth9	<u>RUC Meeting</u> April 2024	<u>Specialty Society:</u> ACOG, APTA, AUA	<u>CPT Meeting</u> September 2025; 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. In September 2024, the CPT Editorial Panel postponed this issue and indicated clarifications necessary for the submitters to address prior to the next submission.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

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	Screen Negative IWPUT	RUC Meeting April 2024	Specialty Society: ACOG, APTA, AUA	CPT Meeting September 2025; 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.

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)	Screen Negative IWPUT	RUC Meeting April 2024	Specialty Society: ACOG, APTA, AUA	CPT Meeting September 2025; 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.

RUC Referrals to CPT Editorial Panel - Outstanding Issues

92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	<u>Screen</u> CMS Request/Speech Language Pathology Request / High Volume Growth 3 / High Volume Growth10	<u>RUC Meeting</u> September 2024	<u>Specialty Society:</u> ASHA	<u>CPT Meeting</u> September 2025

Background: In April 2024, this service was identified via the high volume growth screen, with Medicare utilization of 10,000 or more that has increased by at least 100% from 2017 through 2022. The Workgroup requests that the specialty societies submit an action plan for codes for September 2024. In September 2024, the RUC recommended referral to CPT to reflect current practice patterns and modernize the descriptions of treatment services currently captured under CPT code 92507.

G0396	Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes	<u>Screen</u> CMS-Other - Utilization over 30,000	<u>RUC Meeting</u> January 2018	<u>Specialty Society:</u> AAFP, ASA	<u>CPT Meeting</u> 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.

RUC Recommendations to Develop CPT Assistant Articles - Outstanding Issues

60240 Thyroidectomy, total or complete

Screen:

CPT Referral to the RUC

RUC Meeting:

January 2025

RUC Rec:

Refer to CPT Assistant

Specialty Society:

AAO-HNS, ACS

CPT Asst Status:

August 2025

Background: At the October 2021, CPT Editorial Panel meeting, the CPT Executive Committee (EC) referrals were presented to the CPT Editorial Panel. The recommendations of the Executive Committee were accepted through a consent calendar, with the following single extraction: Tab I: Other Business - Issue 2: Tab 28 - Thyroidectomy 60260 Parenthetical Deletion. The Panel Chair provided an overview of the issue, which was derived from a previous CPT Assistant Editorial Board recommendation regarding proper coding for CPT code 60260. Specifically, the Editorial Board was seeking clarity on whether the code referred to removal of a lobe of the thyroid, or to removal of all remaining thyroid tissue. The AAO-HNS attempted to address this issue via a CCA (Tab 28) submitted for the October 2021 meeting. However, based on additional feedback from the ACS Advisors and Panel reviewers, it was withdrawn prior to the meeting. Given the withdraw, the EC, during their deliberations, discussed potential next steps. The Panel discussed precedent for sending something back to the RUC. The EC members noted that while this may be rare, it provided an opportunity for the RUC to potentially address an issue that goes beyond just code structure. Furthermore, having the issue tracked as part of a RUC screen/issue may ensure the issue gets addressed through additional mechanisms for tracking and feedback. The Panel approved the EC recommendation to refer this issue to the RUC to further consider whether CPT codes 60240 and 60260 represent a rank order anomaly. In July 2024, AMA RUC staff were asked the status of this issue and noted that they missed this referral. The Relativity Assessment Workgroup should discuss this issue at the September 2024 meeting to determine how to address it. The Workgroup reviewed this referral and recommends that the specialty societies submit an action plan for the January 2025 meeting for CPT codes 60240 and 60260 on how to address these services. In January 2025, the Workgroup discussed the possible work order anomaly with 60240 and 60260. The specialties explained that there is not a rank order anomaly between 60240 and 60260. The pre/intra/post service times are relatively the same, but the post-operative visits are quite different. CPT code 60260 requires post-operative hospital visits, whereas CPT 60240 does not, which is primary reason for the difference in work RVU. The post-operative hospital visits in CPT code 60260 (1-99231 and 1-99232) are necessary to monitor the patient's calcium levels every few hours. Patient's who have had a previous operation on the neck must be monitored to ensure that the parathyroid glands were not disrupted, in turn disrupting the patient's regulation of calcium levels. Therefore, the patient must stay in the hospital longer to ensure they are stable. The Workgroup agreed with the specialty societies that there is not a rank order anomaly between 60240 and 60260 and will notify the CPT Editorial Panel/CPT Assistant Board and agreed that this issue be referred to CPT Assistant to develop an article that revises the 2010 CPTA Q&A guidance and includes numerous clinical examples to support education about correct coding for thyroidectomy procedures.

60260 Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid

Screen:

CPT Referral to the RUC

RUC Meeting:

January 2025

RUC Rec:

Refer to CPT Assistant

Specialty Society:

AAO-HNS, ACS

CPT Asst Status:

August 2025

Background: At the October 2021, CPT Editorial Panel meeting, the CPT Executive Committee (EC) referrals were presented to the CPT Editorial Panel. The recommendations of the Executive Committee were accepted through a consent calendar, with the following single extraction: Tab I: Other Business - Issue 2: Tab 28 - Thyroidectomy 60260 Parenthetical Deletion. The Panel Chair provided an overview of the issue, which was derived from a previous CPT Assistant Editorial Board recommendation regarding proper coding for CPT code 60260. Specifically, the Editorial Board was seeking clarity on whether the code referred to removal of a lobe of the thyroid, or to removal of all remaining thyroid tissue. The AAO-HNS attempted to address this issue via a CCA (Tab 28) submitted for the October 2021 meeting. However, based on additional feedback from the ACS Advisors and Panel reviewers, it was withdrawn prior to the meeting. Given the withdraw, the EC, during their deliberations, discussed potential next steps. The Panel discussed precedent for sending something back to the RUC. The EC members noted that while this may be rare, it provided an opportunity for the RUC to potentially address an issue that goes beyond just code structure. Furthermore, having the issue tracked as part of a RUC screen/issue may ensure the issue gets addressed through additional mechanisms for tracking and feedback. The Panel approved the EC recommendation to refer this issue to the RUC to further consider whether CPT codes 60240 and 60260 represent a rank order anomaly. In July 2024, AMA RUC staff were asked the status of this issue and noted that they missed this referral. The Relativity Assessment Workgroup should discuss this issue at the September 2024 meeting to determine how to address it. The Workgroup reviewed this referral and recommends that the specialty societies submit an action plan for the January 2025 meeting for CPT codes 60240 and 60260 on how to address these services. In January 2025, the Workgroup discussed the possible work order anomaly with 60240 and 60260. The specialties explained that there is not a rank order anomaly between 60240 and 60260. The pre/intra/post service times are relatively the same, but the post-operative visits are quite different. CPT code 60260 requires post-operative hospital visits, whereas CPT 60240 does not, which is primary reason for the difference in work RVU. The post-operative hospital visits in CPT code 60260 (1-99231 and 1-99232) are necessary to monitor the patient's calcium levels every few hours. Patient's who have had a previous operation on the neck must be monitored to ensure that the parathyroid glands were not disrupted, in turn disrupting the patient's regulation of calcium levels. Therefore, the patient must stay in the hospital longer to ensure they are stable. The Workgroup agreed with the specialty societies that there is not a rank order anomaly between 60240 and 60260 and will notify the CPT Editorial Panel/CPT Assistant Board and agreed that this issue be referred to CPT Assistant to develop an article that revises the 2010 CPTA Q&A guidance and includes numerous clinical examples to support education about correct coding for thyroidectomy procedures.

RUC Recommendations to Develop CPT Assistant Articles - Outstanding Issues

98970	Nonphysician qualified 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	<u>Screen:</u> New Technology/New Services	<u>RUC Meeting:</u> April 2025	<u>RUC Rec:</u> Refer to CPT Assistant then review action plan to see if CPT Assistant article was effective.	<u>Specialty Society:</u>	<u>CPT Asst Status:</u>

Background: In April 2025, the RUC recommended refer to CPT Assistant to develop an article to inform who should be reporting QHP codes 98970-98972 versus the physician codes 99421-99423. The Workgroup questioned why the 2023 Medicare claims data indicate the QHP codes are primarily performed by family medicine, internal medicine and gastroenterology. Review again three years after the CPT Assistant article is published (April 2028).

98971	Nonphysician qualified 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	<u>Screen:</u> New Technology/New Services	<u>RUC Meeting:</u> April 2025	<u>RUC Rec:</u> Refer to CPT Assistant then review action plan to see if CPT Assistant article was effective.	<u>Specialty Society:</u>	<u>CPT Asst Status:</u>

Background: In April 2025, the RUC recommended refer to CPT Assistant to develop an article to inform who should be reporting QHP codes 98970-98972 versus the physician codes 99421-99423. The Workgroup questioned why the 2023 Medicare claims data indicate the QHP codes are primarily performed by family medicine, internal medicine and gastroenterology. Review again three years after the CPT Assistant article is published (April 2028).

98972	Nonphysician qualified 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	<u>Screen:</u> New Technology/New Services	<u>RUC Meeting:</u> April 2025	<u>RUC Rec:</u> Refer to CPT Assistant then review action plan to see if CPT Assistant article was effective.	<u>Specialty Society:</u>	<u>CPT Asst Status:</u>

Background: In April 2025, the RUC recommended refer to CPT Assistant to develop an article to inform who should be reporting QHP codes 98970-98972 versus the physician codes 99421-99423. The Workgroup questioned why the 2023 Medicare claims data indicate the QHP codes are primarily performed by family medicine, internal medicine and gastroenterology. Review again three years after the CPT Assistant article is published (April 2028).

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	<u>Screen:</u> New Technology/New Services	<u>RUC Meeting:</u> April 2025	<u>RUC Rec:</u> Refer to CPT Assistant then review action plan to see if CPT Assistant article was effective.	<u>Specialty Society:</u>	<u>CPT Asst Status:</u>

Background: In April 2025, the RUC recommended refer to CPT Assistant to develop an article to inform who should be reporting QHP codes 98970-98972 versus the physician codes 99421-99423. The Workgroup questioned why the 2023 Medicare claims data indicate the QHP codes are primarily performed by family medicine, internal medicine and gastroenterology. Review again three years after the CPT Assistant article is published (April 2028).

RUC Recommendations to Develop CPT Assistant Articles - Outstanding Issues

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	<u>Screen:</u> New Technology/New Services	<u>RUC Meeting:</u> April 2025	<u>RUC Rec:</u> Refer to CPT Assistant then review action plan to see if CPT Assistant article was effective.	<u>Specialty Society:</u>	<u>CPT Asst Status:</u>

Background: In April 2025, the RUC recommended refer to CPT Assistant to develop an article to inform who should be reporting QHP codes 98970-98972 versus the physician codes 99421-99423. The Workgroup questioned why the 2023 Medicare claims data indicate the QHP codes are primarily performed by family medicine, internal medicine and gastroenterology. Review again three years after the CPT Assistant article is published (April 2028).

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	<u>Screen:</u> New Technology/New Services	<u>RUC Meeting:</u> April 2025	<u>RUC Rec:</u> Refer to CPT Assistant then review action plan to see if CPT Assistant article was effective.	<u>Specialty Society:</u>	<u>CPT Asst Status:</u>

Background: In April 2025, the RUC recommended refer to CPT Assistant to develop an article to inform who should be reporting QHP codes 98970-98972 versus the physician codes 99421-99423. The Workgroup questioned why the 2023 Medicare claims data indicate the QHP codes are primarily performed by family medicine, internal medicine and gastroenterology. Review again three years after the CPT Assistant article is published (April 2028).

Physician Time from RUC Meeting:
April 2025 (CPT 2027)

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
20985	ZZZ Global Code				25	ZZZ Global Code														25
42808	3-FAC Straightforward Patient/Difficult Procedure	25	3	10	32	9A General Anes or Complex Reg Blk/Strghtforw Proc	20		1							0.5				125
61782	ZZZ Global Code				20	ZZZ Global Code														20
61783	ZZZ Global Code				30	ZZZ Global Code														30
95921	XXX Global Code	5			15	XXX Global Code	5													25
95922	XXX Global Code	6			20	XXX Global Code	10													36
95923	XXX Global Code	8			15	Select Post-Service Package	9													32
95924	XXX Global Code	10			25	XXX Global Code	12													47
96920	5-NF Proc w minimal anes care (if no deduct 1 min)	7	2	1	10	N/A Survey Code is Non-Facility	3													23
96921	5-NF Proc w minimal anes care (if no deduct 1 min)	7	2	1	12	N/A Survey Code is Non-Facility	3													25
96922	5-NF Proc w minimal anes care (if no deduct 1 min)	7	2	1	18	N/A Survey Code is Non-Facility	3													31
209XX	ZZZ Global Code				25	ZZZ Global Code														25
39XX1	4-FAC Difficult Patient/Difficult Procedure	40	3	15	160	9B General Anes or Complex Regional Blk/Cmplx Proc	30			1	1		2	1	1		1			501
39XX2	4-FAC Difficult Patient/Difficult Procedure	40	15	10	180	9B General Anes or Complex Regional Blk/Cmplx Proc	30			1	1		1	1		1				436
42XX1	4-FAC Difficult Patient/Difficult Procedure	40	20	15	120	9B General Anes or Complex Regional Blk/Cmplx Proc	30			3				3			1			469
42XX2	4-FAC Difficult Patient/Difficult Procedure	40	20	15	120	9B General Anes or Complex Regional Blk/Cmplx Proc	30			3				3			1			469
95X21	XXX Global Code	5			15	XXX Global Code	6													26
95X22	XXX Global Code	5			18	XXX Global Code	8													31
95X23	XXX Global Code	9			20	XXX Global Code	10													39
95XX4	ZZZ Global Code				15	ZZZ Global Code														15
95XX5	XXX Global Code	10			20	XXX Global Code	10													40
95XX6	XXX Global Code	5			10	XXX Global Code	5													20
95XX7	XXX Global Code	10			20	XXX Global Code	10													40
95XX8	XXX Global Code	10			30	XXX Global Code	10													50
95XX9	XXX Global Code	10			30	XXX Global Code	12													52

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
20985	20985
42808	42808
61782	61782
61783	61783
95921	95921
95922	95922
95923	95923
95924	95924
96920	96920
96921	96921
96922	96922
209XX	20702
39XX1	35281
39XX2	35281
42XX1	31365
42XX2	31365
95X18	95805
95X19	95805
95X20	95810
95X21	95800
95X22	95806
95X23	95806
95XX4	95924
95XX5	95816
95XX6	95870
95XX7	95816
95XX8	95816
95XX9	95924

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
20985	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
42808	PPO0	P	Procedure	PO	Other Organ Systems	0	No RBCS Family
61782	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
61783	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
95921	TTN0	T	Test	TN	Neurologic	0	No RBCS Family
95922	TTN0	T	Test	TN	Neurologic	0	No RBCS Family
95923	TTN0	T	Test	TN	Neurologic	0	No RBCS Family
95924	TTN0	T	Test	TN	Neurologic	0	No RBCS Family
96920	PPS0	P	Procedure	PS	Skin	0	No RBCS Family
96921	PPS0	P	Procedure	PS	Skin	0	No RBCS Family
96922	PPS0	P	Procedure	PS	Skin	0	No RBCS Family
209XX	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
39XX1	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
39XX2	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
42XX1	PPO0	P	Procedure	PO	Other Organ Systems	0	No RBCS Family
42XX2	PPO0	P	Procedure	PO	Other Organ Systems	0	No RBCS Family
95X18	TTN7	T	Test	TN	Neurologic	7	Sleep Study
95X19	TTN7	T	Test	TN	Neurologic	7	Sleep Study
95X20	TTN7	T	Test	TN	Neurologic	7	Sleep Study
95X21	TTN7	T	Test	TN	Neurologic	7	Sleep Study
95X22	TTN7	T	Test	TN	Neurologic	7	Sleep Study
95X23	TTN7	T	Test	TN	Neurologic	7	Sleep Study
95XX4	TTN0	T	Test	TN	Neurologic	0	No RBCS Family
95XX5	TTN0	T	Test	TN	Neurologic	0	No RBCS Family
95XX6	TTN0	T	Test	TN	Neurologic	0	No RBCS Family
95XX7	TTN0	T	Test	TN	Neurologic	0	No RBCS Family
95XX8	TTN0	T	Test	TN	Neurologic	0	No RBCS Family
95XX9	TTN0	T	Test	TN	Neurologic	0	No RBCS Family

CPT Source	Deleted	Source 2023 Utilization	New/ Revised Code	New/Revised Code Utilization (reference 2023)	Percent	Source RVU	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs
20982		1,656	20982	1,275	0.770	7.02	7.02	04 Ablation Therapy-Bone Tumors	8,951	8,951
20982		1,656	209XX	381	0.230	7.02	2.78	04 Ablation Therapy-Bone Tumors	1,059	2,675
20983		262	20983	230	0.878	6.88	6.88	04 Ablation Therapy-Bone Tumors	1,582	1,582
20983		262	209XX	32	0.122	6.88	2.78	04 Ablation Therapy-Bone Tumors	89	220
20999		581	209XX	50	0.086	0.00	2.78	04 Ablation Therapy-Bone Tumors	139	0
20999		581	20999	531	0.914	0.00	0.00	04 Ablation Therapy-Bone Tumors	0	0
27599		639	209XX	50	0.078	0.00	2.78	04 Ablation Therapy-Bone Tumors	139	0
27599		639	27599	589	0.922	0.00	0.00	04 Ablation Therapy-Bone Tumors	0	0
20985		71,832	20985	71,832	1.000	2.50	2.50	05 Computer Assisted Surgical Navigation	179,580	179,580
27130		174,976	27130	174,976	1.000	19.60	19.60	05 Computer Assisted Surgical Navigation	3,429,530	3,429,530
27446		12,117	27446	12,117	1.000	17.13	17.13	05 Computer Assisted Surgical Navigation	207,564	207,564
27447		313,723	27447	313,723	1.000	19.60	19.60	05 Computer Assisted Surgical Navigation	6,148,971	6,148,971
39599		358	39XX1	20	0.056	0.00	27.09	06 Division of Median Arcuate Ligament	542	0
39599		358	39XX2	30	0.084	0.00	26.60	06 Division of Median Arcuate Ligament	798	0
39599		358	39599	308	0.860	0.00	0.00	06 Division of Median Arcuate Ligament	0	0
42808		517	42808	517	1.000	2.35	2.35	07 Transoral Oropharyngeal Procedures	1,215	1,215
42999		208	42XX1	125	0.601	0.00	20.00	07 Transoral Oropharyngeal Procedures	2,500	0
42999		208	42XX2	83	0.399	0.00	20.05	07 Transoral Oropharyngeal Procedures	1,664	0
95800-26 Only	D	32,144	95X22	32,144	1.000	0.85	1.08	08 Unattended Sleep Testing	34,716	27,322
95800-Global Only	D	108,721	95X22	108,721	1.000	0.85	1.08	08 Unattended Sleep Testing	117,419	92,413
95800-Global Only	D	108,721	95X19	108,721	1.000	0.00	0.00	08 Unattended Sleep Testing	0	0
95800-TC Only	D	13,112	95X19	13,112	1.000	0.85	0.00	08 Unattended Sleep Testing	0	11,145
95801-Global Only	D	81	95X19	81	1.000	0.00	0.00	08 Unattended Sleep Testing	0	0
95801-TC Only	D	2	95X19	2	1.000	0.85	0.00	08 Unattended Sleep Testing	0	2
95801-26 Only	D	213	95X22	213	1.000	0.85	1.08	08 Unattended Sleep Testing	230	181
95801-Global Only	D	81	95X22	81	1.000	0.85	1.08	08 Unattended Sleep Testing	87	69
G0400-Global Only	D	9,595	95X19	9,595	1.000	0.00	0.00	08 Unattended Sleep Testing	0	0
G0400-TC Only	D	959	95X19	959	1.000	0.00	0.00	08 Unattended Sleep Testing	0	0
G0400-Global Only	D	9,595	95X22	9,595	1.000	0.00	1.08	08 Unattended Sleep Testing	10,363	0
G0400-26 Only	D	3,354	95X22	3,354	1.000	0.00	1.08	08 Unattended Sleep Testing	3,622	0
95806-Global Only	D	24,112	95X18	24,112	1.000	0.00	0.00	08 Unattended Sleep Testing	0	0
95806-TC Only	D	3,292	95X18	3,292	1.000	0.93	0.00	08 Unattended Sleep Testing	0	3,062
95806-Global Only	D	24,112	95X21	24,112	1.000	0.93	0.83	08 Unattended Sleep Testing	20,013	22,424
95806- 26 Only	D	66,862	95X21	66,862	1.000	0.93	0.83	08 Unattended Sleep Testing	55,495	62,182
G0399-Global Only	D	37,195	95X18	37,195	1.000	0.00	0.00	08 Unattended Sleep Testing	0	0
G0399-TC Only	D	8,775	95X18	8,775	1.000	0.00	0.00	08 Unattended Sleep Testing	0	0
G0399-Global Only	D	37,195	95X21	37,195	1.000	0.00	0.83	08 Unattended Sleep Testing	30,872	0
G0399-26 Only	D	31,131	95X21	31,131	1.000	0.00	0.83	08 Unattended Sleep Testing	25,839	0
G0398-Global Only	D	3,764	95X20	3,764	1.000	0.00	0.00	08 Unattended Sleep Testing	0	0
G0398-TC Only	D	327	95X20	327	1.000	0.00	0.00	08 Unattended Sleep Testing	0	0
G0398-Global Only	D	3,764	95X23	3,764	1.000	0.00	1.60	08 Unattended Sleep Testing	6,022	0
G0398-26 Only	D	1,827	95X23	1,827	1.000	0.00	1.60	08 Unattended Sleep Testing	2,923	0
95921		60,466	95921	60,466	1.000	0.90	0.90	09 Autonomic Function Testing	54,419	54,419
Not separately reported			95XX4	3,023	1.000	0.00	0.35	09 Autonomic Function Testing	1,058	0
95922		2,524	95922	2,524	1.000	0.96	0.96	09 Autonomic Function Testing	2,423	2,423
95923		100,495	95923	10,050	0.100	0.90	0.90	09 Autonomic Function Testing	9,045	9,045

CPT Source	Deleted	Source 2023 Utilization	New/ Revised Code	New/Revised Code Utilization (reference 2023)	Percent	Source RVU	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs
95923		100,495	95XX5	5,025	0.050	0.90	1.00	09 Autonomic Function Testing	5,025	4,523
95923		100,495	95XX6	25,124	0.250	0.90	0.50	09 Autonomic Function Testing	12,562	22,612
95923		100,495	95XX7	3,015	0.030	0.90	1.20	09 Autonomic Function Testing	3,618	2,714
95923		100,495	95XX8	3,015	0.030	0.90	1.75	09 Autonomic Function Testing	5,276	2,714
95923		100,495	95XX9	40,198	0.400	0.90	1.91	09 Autonomic Function Testing	76,778	36,178
95923		100,495	SAVINGS	14,069	0.140	0.90	0.00	09 Autonomic Function Testing	0	12,662
95924		21,874	95XX9	15,312	0.700	1.73	1.91	09 Autonomic Function Testing	29,246	26,490
95924		21,874	95924	6,562	0.300	1.73	1.50	09 Autonomic Function Testing	9,843	11,352
96920		63,808	96920	63,808	1.000	0.83	0.83	10 Laser Treatment - Skin	52,961	52,961
96921		21,718	96921	21,718	1.000	0.90	0.90	10 Laser Treatment - Skin	19,546	19,546
96922		13,536	96922	13,536	1.000	1.15	1.15	10 Laser Treatment - Skin	15,566	15,566
61782		19,013	61782	19,013	1.000	3.18	2.50	11 Stereotactic Computer Assisted Voumetric Na	47,533	60,461
61783		29,281	61783	29,281	1.000	3.75	3.50	11 Stereotactic Computer Assisted Voumetric Na	102,484	109,804
									10,739,307	10,642,556

Total Source RVUs	10,642,556
Total New/Revised RVUs	10,739,307
RVU Difference	(96,751)
CF	32.3465
CF Redistribution	(3,129,548)

New Technology/New Services List

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re- Review</i>	<i>RUC Rec</i>	<i>Complete</i>
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	☒

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re- Review</i>	<i>RUC Rec</i>	<i>Complete</i>
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	☑

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re- Review</i>	<i>RUC Rec</i>	<i>Complete</i>
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	☑

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re- Review</i>	<i>RUC Rec</i>	<i>Complete</i>
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	☑

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re- Review</i>	<i>RUC Rec</i>	<i>Complete</i>
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	☒

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re- Review</i>	<i>RUC Rec</i>	<i>Complete</i>
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	☒

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re- Review</i>	<i>RUC Rec</i>	<i>Complete</i>
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.	☑

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re- Review</i>	<i>RUC Rec</i>	<i>Complete</i>
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.	☒
15011	Harvest of skin for skin cell suspension autograft; first 25 sq cm or less	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15011-15018 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.	☐

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15012	Harvest of skin for skin cell suspension autograft; each additional 25 sq cm or part thereof (List separately in addition to code for primary procedure)	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15011-15018 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.	☐

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15013	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; first 25 sq cm or less of harvested skin	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15011-15018 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.	☐

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15014	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; each additional 25 sq cm of harvested skin or part thereof (List separately in addition to code for primary procedure)	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15011-15018 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.	☐

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15015	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15011-15018 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.	☐

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15016	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure)	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15011-15018 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.	☐

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15017	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 480 sq cm or less	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15011-15018 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.	☐

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15018	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure)	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15011-15018 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.	☐
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.	☒

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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.	☑
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.	☑

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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	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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.	☑
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.	☑

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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.	☒
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	☒

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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.	☒

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20703	Removal of drug-delivery device(s), intramedullary (list separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	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.	☒

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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	☒
209XX		April 2025	Ablation Therapy – Bone Tumors	04	CPT 2027	April 2031	In April 2025, the RUC placed CPT code 209XX on the New Technology/New Services list to be re-reviewed by the RUC after three years of data are available. The specialty societies expect this to be a low-volume service. Given that this procedure describes open cryosurgery and involves liquid nitrogen, the technology utilized, and the technique involved with these supplies are not widely practiced and are unfamiliar to most orthopaedic surgeons at this time.	☐

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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.	☒
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.	☒

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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.	☒
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.	☒

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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.	☒
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.	☒

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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.	☒
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.	☒

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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.	☒
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.	☒

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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.	☒
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.	☒

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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	☒
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		☐

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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 osteophylectomy 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 osteophylectomy 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		☐
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	☒

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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.	☒

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22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☒
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.	☒

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22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☒
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.	☒

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23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☒
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.	☒

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23076	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☒
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.	☒

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23200	Radical resection of tumor; clavicle	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☒
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.	☒

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24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☒
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.	☒

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24079	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☒
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.	☒

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25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☒
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.	☒

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25077	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☒
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.	☒

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26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.		☒
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.		☒

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26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☒
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.	☒

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26250	Radical resection of tumor, metacarpal	Feb 2009	Excision of Soft Tissue and Bone Tumors	CPT 2010		October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☒
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.	☒

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27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☒
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.	☒

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27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☒
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.	☒

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27077	Radical resection of tumor; innominate bone, total	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☒
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 from 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.	☒

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27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☒
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.	☒

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27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☒
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.	☒

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27615	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☒
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.	☒

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27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☒
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.	☒

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27645	Radical resection of tumor; tibia	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☒
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.	☒
27XX0		Sep 2024	Limb Lengthening/Shortening-Femur	04	CPT 2026	April 2030		☐
27XX1		Sep 2024	Limb Lengthening/Shortening-Tibia	05	CPT 2026	April 2030		☐

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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.	☒
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.	☒

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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.	☒
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.	☒

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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.	☑
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.	☑

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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.	☒

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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).	☒

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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.	☒

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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	☒
32XX2		Jan 2025	Thoracic Branch Endograft Services	05	CPT 2026	April 2030		☐

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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	☒
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		☐

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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.	☒

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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.	☐

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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.	☐

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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.	☐

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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.	☒

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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.	☐

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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.	☒

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33361	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; percutaneous femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 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	☐

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							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. In April 2025, the RUC recommended to survey for September 2025. The patient population has changed on who is receiving these services and it is no longer the sickest, most complicated patients, but will be available to more candidates and these services may be used to treat aortic regurgitation. The Workgroup indicated if National Coverage Determinations (NCDs) for these services having a co-surgery designation, the specialties could submit a CCA if any code descriptor changes are necessary.	

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33362	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 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	☐

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33363	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open axillary artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 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	☐

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33364	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open iliac artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 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	☐

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33365	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 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	☐

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33366	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transapical exposure (eg, left thoracotomy)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	September 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	☐

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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.	☒
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.	☒

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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.	☒
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.	☒

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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). In April 2025, the RUC recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☒
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). In April 2025, the RUC recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☒
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.	☒

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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.	☒

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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). In April 2025, the RUC recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☒
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		☐

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33903	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		☐
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	Artificial 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	Artificial 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	Artificial 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.	☒

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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.	☒
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.	☒

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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.	☒
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.	☒

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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.	☑
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.	☑

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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	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☒
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	In April 2025, the RUC recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense. These services have extremely low volume with minimal growth.	☒

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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	In April 2025, the RUC recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense. These services have extremely low volume with minimal growth.	☒
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. In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services include high-cost supply items SD324 Varithena (foam) for codes 36465 and 36466 and SD323 Venaseal (glue) for 36482, which the RUC continues to request that CMS price separately.	☒

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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. In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services include high-cost supply items SD324 Varithena (foam) for codes 36465 and 36466 and SD323 Venaseal (glue) for 36482, which the RUC continues to request that CMS price separately.	☒
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. In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☒

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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. In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☒
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. In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☒

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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. In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☒
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. In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☒

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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)	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. In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☒
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. In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services include high-cost supply items SD324 Varithena (foam) for codes 36465 and 36466 and SD323 Venaseal (glue) for 36482, which the RUC continues to request that CMS price separately.	☒

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36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	April 2025	In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization. In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services include high-cost supply items SD324 Varithena (foam) for codes 36465 and 36466 and SD323 Venaseal (glue) for 36482, which the RUC continues to request that CMS price separately.	☒
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		☐

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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.	☒
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.	☒
37X09		Jan 2025	Lower Extremity Revascularization	06	CPT 2026	April 2030		☐
37X26		Jan 2025	Lower Extremity Revascularization	06	CPT 2026	April 2030		☐
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.	☒

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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.	☒
38225	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	Sep 2023	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	05	CPT 2025	April 2029		☐
38226	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	Sep 2023	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	05	CPT 2025	April 2029		☐
38227	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	Sep 2023	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	05	CPT 2025	April 2029		☐
38228	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	Sep 2023	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	05	CPT 2025	April 2029		☐
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.	☒

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42XX1		April 2025	Transoral Oropharyngeal Procedures	07	CPT 2027	April 2031	In April 2025, the RUC placed CPT codes 42XX1 and 42XX2 on the New Technology list to be reviewed by the RUC after three years of data are available. Given that these procedures describe a new technique of transoral en bloc resection of oropharyngeal tumors under magnification with the use of a robot, this is not yet widely practiced and relatively unfamiliar to many head and neck surgeons at this time.	☐
42XX2		April 2025	Transoral Oropharyngeal Procedures	07	CPT 2027	April 2031	In April 2025, the RUC placed CPT codes 42XX1 and 42XX2 on the New Technology list to be reviewed by the RUC after three years of data are available. Given that these procedures describe a new technique of transoral en bloc resection of oropharyngeal tumors under magnification with the use of a robot, this is not yet widely practiced and relatively unfamiliar to many head and neck surgeons at this time.	☐

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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	Esophagogastric 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.	☒

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43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	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.	☒

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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	☒

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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 October 2018, the RUC recommended to remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☒

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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.	☒

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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.	☒

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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.	☒
4XX04		Jan 2025	Endoscopic Sleeve Gastroplasty	07	CPT 2026	April 2030		☐
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.	☒

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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.	☒

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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.	☒
51721	Insertion of transurethral ablation transducer for delivery of thermal ultrasound for prostate tissue ablation, including suprapubic tube placement during the same session and placement of an endorectal cooling device, when performed	Sep 2023	MRI-Monitored Transurethral Ultrasound Ablation of Prostate	07	CPT 2025	April 2029		☐
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	☒

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52XX1		Sep 2024	Transurethral Robotic-assisted Resection of Prostate	07	CPT 2026	April 2030		☐
52XX2		Jan 2025	Cystourethroscopy	09	CPT 2026	April 2030		☐
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.	☒
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.	☒
53865	Cystourethroscopy with insertion of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate	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.	☐
53866	Catheterization with removal of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate	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.	☐

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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	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☒
55881	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation;	Sep 2023	MRI-Monitored Transurethral Ultrasound Ablation of Prostate	07	CPT 2025	April 2029		☐
55882	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducer for delivery of thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed	Sep 2023	MRI-Monitored Transurethral Ultrasound Ablation of Prostate	07	CPT 2025	April 2029		☐

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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	☑
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	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
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	☑

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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	☒
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.	☒
5XX01		Sep 2024	Prostate Biopsy Services	08	CPT 2026	April 2030		☐
5XX03		Sep 2024	Prostate Biopsy Services	08	CPT 2026	April 2030		☐
5XX04		Sep 2024	Prostate Biopsy Services	08	CPT 2026	April 2030		☐
5XX07		Sep 2024	Prostate Biopsy Services	08	CPT 2026	April 2030		☐
5XX10		Sep 2024	Prostate Biopsy Services	08	CPT 2026	April 2030		☐
5XX11		Jan 2025	Irreversible Electroporation of Tumors	08	CPT 2026	April 2030		☐

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60660	Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency	Jan 2024	Percutaneous Radiofrequency Ablation of Thyroid	07	CPT 2025	April 2029	CPT codes 60660 and 60661 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.	☐
60661	Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, including imaging guidance, radiofrequency (List separately in addition to code for primary procedure)	Jan 2024	Percutaneous Radiofrequency Ablation of Thyroid	07	CPT 2025	April 2029	CPT codes 60660 and 60661 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.	☐
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.	☒

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61651	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (list separately in addition to code for primary procedure)	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019	Remove from list. Although the RUC discussed that the subsequent hostial visit occurs, CMS has already issued their statement on 23-hr hospital stay services.	☒
61715	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation and frame placement, when performed	Jan 2024	Guided High Intensity Focused Ultrasound	06	CPT 2025	April 2029	CPT code 61715 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.	☐
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		☐
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		☐

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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.	☐
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.	☐

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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.	☐
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.	☒
62XX0		Jan 2025	Percutaneous Interlaminar Lumbar Decompression	10	CPT 2026	April 2030		☐

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62XX1		Jan 2025	Percutaneous Interlaminar Lumbar Decompression	10	CPT 2026	April 2030		☐
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 societies 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 societies indicated and the Workgroup agreed to Review again in 2 years (April 2026).	☐
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 societies indicated and the Workgroup agreed to Review again in 2 years (April 2026).	☐

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64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	Apr 2010	Posterior Tibial Nerve Stimulation	13	CPT 2011	October 2019	Surveyed for April 2015, RUC recommended to review utilization again in 2 years (Oct 2019). In Oct 2019, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☒
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.	☐
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.	☐

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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 societies 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 societies 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		☐
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 societies indicated and the Workgroup agreed to Review again in 2 years (April 2026).	☐
647XX		Jan 2025	Percutaneous Decompression of Median Nerve	14	CPT 2026	April 2030		☐

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64X10		Jan 2025	Baroreflex Activation Therapy	12	CPT 2026	April 2030		☐
64X11		Jan 2025	Percutaneous Electrical Nerve Field Stimulation	13	CPT 2026	April 2030		☐
64XX5		Jan 2025	Baroreflex Activation Therapy	12	CPT 2026	April 2030		☐
64XX6		Jan 2025	Baroreflex Activation Therapy	12	CPT 2026	April 2030		☐
64XX7		Jan 2025	Baroreflex Activation Therapy	12	CPT 2026	April 2030		☐
64XX8		Jan 2025	Baroreflex Activation Therapy	12	CPT 2026	April 2030		☐
64XX9		Jan 2025	Baroreflex Activation Therapy	12	CPT 2026	April 2030		☐
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.	☒

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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	☒
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 technology diffusion that impacts work or practice expense.	☒
66683	Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed	Apr 2023	Iris Procedures	04	CPT 2025	April 2029		☐

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66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. Newer services 66989 and 66991 were being performed long before the Category I codes were established, therefore there was no learning curve or difference in physician work now as there were when these codes were established. Utilization is also stable.	☒
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	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. Newer services 66989 and 66991 were being performed long before the Category I codes were established, therefore there was no learning curve or difference in physician work now as there were when these codes were established. Utilization is also stable.	☒

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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	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. Newer services 66989 and 66991 were being performed long before the Category I codes were established, therefore there was no learning curve or difference in physician work now as there were when these codes were established. Utilization is also stable.	☒
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	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. Newer services 66989 and 66991 were being performed long before the Category I codes were established, therefore there was no learning curve or difference in physician work now as there were when these codes were established. Utilization is also stable.	☒

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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	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. Newer services 66989 and 66991 were being performed long before the Category I codes were established, therefore there was no learning curve or difference in physician work now as there were when these codes were established. Utilization is also stable.	☒
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	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. Newer services 66989 and 66991 were being performed long before the Category I codes were established, therefore there was no learning curve or difference in physician work now as there were when these codes were established. Utilization is also stable.	☒

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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	☒

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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	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☒
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	Jan 2020	Dilation of Eustachian Tube	15	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☒
6XX13		Jan 2025	Laminotomy – Repair of Disc Defect	11	CPT 2026	April 2030		☐
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	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☒

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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	☒
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	☒

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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.	☒
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.	☒

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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)	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		☐
75XX6		Jan 2025	Coronary Atherosclerotic Plaque Assessment	15	CPT 2026	April 2030		☐
76014	MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; initial 15 minutes	Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 76014-76019 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.	☐
76015	MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; each additional 30 minutes (List separately in addition to code for primary procedure)	Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 76014-76019 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.	☐

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76016	MR safety determination by a physician or other qualified health care professional responsible for the safety of the MR procedure, including review of implant MR conditions for indicated MR examination, analysis of risk vs clinical benefit of performing MR examination, and determination of MR equipment, accessory equipment, and expertise required to perform examination, with written report	Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 76014-76019 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.	☐
76017	MR safety medical physics examination customization, planning and performance monitoring by medical physicist or MR safety expert, with review and analysis by physician or other qualified health care professional to prioritize and select views and imaging sequences, to tailor MR acquisition specific to restrictive requirements or artifacts associated with MR conditional implants or to mitigate risk of non-conditional implants or foreign bodies, with written report	Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 76014-76019 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.	☐
76018	MR safety implant electronics preparation under supervision of physician or other qualified health care professional, including MR-specific programming of pulse generator and/or transmitter to verify device integrity, protection of device internal circuitry from MR electromagnetic fields, and protection of patient from risks of unintended stimulation or heating while in the MR room, with written report	Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 76014-76019 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.	☐
76019	MR safety implant positioning and/or immobilization under supervision of physician or other qualified health care professional, including application of physical protections to secure implanted medical device from MR-induced translational or vibrational forces, magnetically induced functional changes, and/or prevention of radiofrequency burns from inadvertent tissue contact while in the MR room, with written report	Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 76014-76019 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.	☐

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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.	☒

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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	☐

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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.	

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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	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		☐

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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.	☒

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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.	☒

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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.	☒

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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 and use 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). In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. CMS maintains 77061 and 77062 as "Invalid", instead G0279 should be reported for unilateral or bilateral diagnostic digital breast tomosynthesis for Medicare.	☒

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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 and use 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). In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. CMS maintains 77061 and 77062 as "Invalid", instead G0279 should be reported for unilateral or bilateral diagnostic digital breast tomosynthesis for Medicare.	☒

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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 and use 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). In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. CMS maintains 77061 and 77062 as "Invalid", instead G0279 should be reported for unilateral or bilateral diagnostic digital breast tomosynthesis for Medicare.	☒
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		☐

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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 B Therapy		CPT 2007	September 2010	Practice expense review (Feb 2011).	☒
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 B & 3CPT Therapy		CPT 2007	September 2010/	Survey (work) and PE review (Feb 2011). Practice expense review (Feb 2011).	☒

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77520	Proton treatment delivery; simple, without compensation	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. These services were surveyed and RUC recommendations provided. CMS maintains as contractor priced.	☒
77522	Proton treatment delivery; simple, with compensation	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. These services were surveyed and RUC recommendations provided. CMS maintains as contractor priced.	☒
77523	Proton treatment delivery; intermediate	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. These services were surveyed and RUC recommendations provided. CMS maintains as contractor priced.	☒

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77525	Proton treatment delivery; complex	Apr 2019	Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense. These services were surveyed and RUC recommendations provided. CMS maintains as contractor priced.	☒
77X05		Jan 2025	Superficial Radiation Therapy	17	CPT 2026	April 2030		☐
77X07		Jan 2025	Superficial Radiation Therapy	17	CPT 2026	April 2030		☐
77X08		Jan 2025	Superficial Radiation Therapy	17	CPT 2026	April 2030		☐
77X09		Jan 2025	Superficial Radiation Therapy	17	CPT 2026	April 2030		☐

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78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (spect)	Apr 2012	Parathyroid Imaging	23	CPT 2013	October 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting 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	

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							after the CPT Assistant article is published. In October 2018, the RUC recommended to remove from list , no demonstrated technology diffusion that impacts work or practice expense.	

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78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (spect), and concurrently acquired computed tomography (ct) for anatomical localization	Apr 2012	Parathyroid Imaging	23	CPT 2013	October 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting 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	

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							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.	☑

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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.	☒

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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	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.	☒

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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.	☒

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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.	☒

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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.	☒
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.	☒

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81202	Apc (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [fap], attenuated fap) gene analysis; known familial variants	Apr 2012	Molecular Pathology- Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	✓
81203	Apc (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [fap], attenuated fap) gene analysis; duplication/deletion variants	Apr 2012	Molecular Pathology- Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	✓
81206	Bcr/abl1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	✓
81207	Bcr/abl1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	✓
81208	Bcr/abl1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	✓
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.	✓

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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.	✓
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.	✓

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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.	☑
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.	☑

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81252	Gjb2 (gap junction protein, beta 2, 26kda, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	✓
81253	Gjb2 (gap junction protein, beta 2, 26kda, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	✓
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.	✓

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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.	☑
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.	☑

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81270	Jak2 (janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.val617phe (v617f) variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
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 (mutl 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.	☑

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81296	Msh2 (mut homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81297	Msh2 (mut 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 (mut 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 (mut 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 (mut 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.	☑

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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.	✓
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.	✓

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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.	☑
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.	☑

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81342	Trg@ (t cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81350	Ugt1a1 (udp glucuronosyltransferase 1 family, polypeptide a1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
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.	☑

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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.	☑
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.	☑

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81381	Hla class i typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, b*57:01p), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☒
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.	☒

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81400	Molecular pathology procedure, level 1 (eg, identification of single germline variant [eg, snp] by techniques such as restriction enzyme digestion or melt curve analysis) acadm (acyl-coa dehydrogenase, c-4 to c-12 straight chain, mcad) (eg, medium chain acyl dehydrogenase deficiency), k304e variant ace (angiotensin converting enzyme) (eg, hereditary blood pressure regulation), insertion/deletion variant agtr1 (angiotensin ii receptor, type 1) (eg, essential hypertension), 1166a>c variant bckdha (branched chain keto acid dehydrogenase e1, alpha polypeptide) (eg, maple syrup urine disease, type 1a), y438n variant ccr5 (chemokine c-c motif receptor 5) (eg, hiv resistance), 32-bp deletion mutation/794 825del32 deletion clrn1 (clarin 1) (eg, usher syndrome, type 3), n48k variant f2 (coagulation factor 2) (eg, hereditary hypercoagulability), 1199g>a variant f5 (coagulation factor v) (eg, hereditary hypercoagulability), hr2 variant f7 (coagulation factor vii [serum prothrombin conversion accelerator]) (eg, hereditary hypercoagulability), r353q variant f13b (coagulation factor xiii, b polypeptide) (eg, hereditary hypercoagulability), v34l variant fgb (fibrinogen beta chain) (eg, hereditary ischemic heart disease), -455g>a variant fgfr1 (fibroblast growth factor receptor 1) (eg, pfeiffer syndrome type 1, craniosynostosis), p252r variant fgfr3 (fibroblast growth factor receptor 3) (eg, muenke syndrome), p250r variant fktn (fukutin) (eg, fukuyama congenital muscular dystrophy), retrotransposon insertion variant gne (glucosamine [udp-n-acetyl]-2-epimerase/n-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [ibm2], nonaka myopathy), m712t variant ivd (isovaleryl-coa dehydrogenase) (eg, isovaleric acidemia), a282v variant lct (lactase-phlorizin hydrolase) (eg, lactose intolerance), 13910 c>t variant neb (nebulin) (eg, nemaline myopathy 2), exon 55 deletion variant pcdh15 (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.	☒

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	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.	☒

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	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) fip111/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							

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	analysis Irrk2 (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/mlt3 (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,							

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	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)							

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81402	Molecular pathology procedure, level 3 (eg, >10 snps, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and t-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [loh], uniparental disomy [upd]) chromosome 1p-/19q- (eg, glial tumors), deletion analysis chromosome 18q- (eg, d18s55, d18s58, d18s61, d18s64, and d18s69) (eg, colon cancer), allelic imbalance assessment (ie, loss of heterozygosity) col1a1/pdgfb (t(17;22)) (eg, dermatofibrosarcoma protuberans), translocation analysis, multiple breakpoints, qualitative, and quantitative, if performed cyp21a2 (cytochrome p450, family 21, subfamily a, polypeptide 2) (eg, congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (eg, ivs2-13g, p30l, i172n, exon 6 mutation cluster [i235n, v236e, m238k], v281l, l307ffsx6, q318x, r356w, p453s, g110vfsx21, 30-kb deletion variant) esr1/pgr (receptor 1/progesterone receptor) ratio (eg, breast cancer) 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.	☒

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81403	Molecular pathology procedure, level 4 (eg, analysis of single exon by dna sequence analysis, analysis of >10 amplicons using multiplex pcr in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons) ang (angiogenin, ribonuclease, mase 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) cttnb1 (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.	☒

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	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.	☒

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	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) fh1 (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),							

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	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 lita1 (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							

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	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 [sco1]) (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							

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	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 bmp2 (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 chna4 (cholinergic receptor, nicotinic, alpha 4) (eg, nocturnal frontal lobe epilepsy), full gene sequence chmb2 (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 fktm (fukutin) (eg, limb-girdle muscular dystrophy [lgmd] type 2m or 2l), full gene sequence ftsj1 (ftsj ma 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 ghrr (growth hormone releasing hormone receptor) (eg, growth hormone deficiency), full gene sequence gla (galactosidase, alpha) (eg, fabry disease), full gene sequence hnf1a (hnf1 homeobox a) (eg, maturity-onset diabetes of the young [mody]), full gene sequence hnf1b (hnf1 homeobox b) (eg, maturity-onset diabetes of the young [mody]), full gene sequence htra1 (htra serine peptidase 1) (eg, macular degeneration), full gene sequence ids (iduronate 2- sulfatase) (eg, mucopolysaccharidosis, type ii), full gene 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 sprd1 (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 tgfr1 (transforming growth factor, beta receptor 1) (eg, marfan syndrome), full gene sequence tgfr2 (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							

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81406	Molecular pathology procedure, level 7 (eg, analysis of 11-25 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons) acadvl (acyl-coa dehydrogenase, very long chain) (eg, very long chain acyl-coenzyme a dehydrogenase deficiency), full gene sequence actn4 (actinin, alpha 4) (eg, focal segmental glomerulosclerosis), full gene sequence afg3l2 (afg3 atpase family gene 3-like 2 [s. cerevisiae]) (eg, spinocerebellar ataxia), full gene sequence aire (autoimmune regulator) (eg, autoimmune polyendocrinopathy syndrome type 1), full gene sequence aldh7a1 (aldehyde dehydrogenase 7 family, member a1) (eg, pyridoxine-dependent epilepsy), full gene sequence ano5 (anoctamin 5) (eg, limb-girdle muscular dystrophy), full gene sequence anos1 (anosmin-1) (eg, kallmann syndrome 1), full gene sequence app (amyloid beta [a4] precursor protein) (eg, alzheimer disease), full gene sequence ass1 (argininosuccinate synthase 1) (eg, citrullinemia type i), full gene sequence at11 (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 bckdhd (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 bmp2 (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.	☒

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	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							

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	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							

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	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							

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	sequence ldlr (low density lipoprotein receptor) (eg, familial hypercholesterolemia), full gene sequence lepr (leptin receptor) (eg, obesity with hypogonadism), full gene sequence lhcr (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 [fpd2]), 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 muty (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							

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	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-							

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	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 scn1a (sodium channel, nonvoltage-gated 1 alpha) (eg, pseudohypoaldosteronism), full gene sequence scn1b (sodium channel, nonvoltage-gated 1, beta) (eg, liddle syndrome, pseudohypoaldosteronism), full gene sequence scn1g (sodium channel, nonvoltage-gated 1, gamma) (eg, liddle syndrome, pseudohypoaldosteronism), full gene sequence							

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	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							

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	gene sequence umod (uromodulin) (eg, glomerulocystic kidney disease with hyperuricemia and isosthenuria), full gene sequence vwf (von willebrand factor) (von willebrand disease type 2a), extended targeted sequence analysis (eg, exons 11-16, 24-26, 51, 52) was (wiskott-aldrich syndrome [eczema-thrombocytopenia]) (eg, wiskott-aldrich syndrome), full gene sequence							

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81407	Molecular pathology procedure, level 8 (eg, analysis of 26-50 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) abcc8 (atp-binding cassette, sub-family c [cftr/mrp], member 8) (eg, familial hyperinsulinism), full gene sequence agl (amylo-alpha-1, 6-glucosidase, 4-alpha-glucanotransferase) (eg, glycogen storage disease type iii), full gene sequence ahi1 (abelson helper integration site 1) (eg, joubert syndrome), full gene sequence apob (apolipoprotein b) (eg, familial hypercholesterolemia type b) full gene sequence aspm (asp [abnormal spindle] homolog, microcephaly associated [drosophila]) (eg, primary microcephaly), full gene sequence chd7 (chromodomain helicase dna binding protein 7) (eg, charge syndrome), full gene sequence col4a4 (collagen, type iv, alpha 4) (eg, alport syndrome), full gene sequence col4a5 (collagen, type iv, alpha 5) (eg, alport syndrome), duplication/deletion analysis col6a1 (collagen, type vi, alpha 1) (eg, collagen type vi-related disorders), full gene sequence col6a2 (collagen, type vi, alpha 2) (eg, collagen type vi-related disorders), full gene sequence col6a3 (collagen, type vi, alpha 3) (eg, collagen type vi-related disorders), full gene sequence crebbp (creb binding protein) (eg, rubinstein-taybi syndrome), full gene sequence f8 (coagulation factor viii) (eg, hemophilia a), full gene sequence jag1 (jagged 1) (eg, alagille syndrome), full gene sequence kdm5c (lysine [k]-specific demethylase 5c) (eg, x-linked mental retardation), full gene sequence kiaa0196 (kiaa0196) (eg, spastic paraplegia), full gene sequence l1cam (l1 cell adhesion molecule) (eg, masa syndrome, x-linked hydrocephaly), full gene sequence lamb2 (laminin, beta 2 [laminin s]) (eg, pierson syndrome), full gene sequence 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.	☒

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	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							

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81408	Molecular pathology procedure, level 9 (eg, analysis of >50 exons in a single gene by dna sequence analysis) abca4 (atp-binding cassette, sub-family a [abc1], member 4) (eg, stargardt disease, age-related macular degeneration), full gene sequence atm (ataxia telangiectasia mutated) (eg, ataxia telangiectasia), full gene sequence cdh23 (cadherin-related 23) (eg, usher syndrome, type 1), full gene sequence cep290 (centrosomal protein 290kda) (eg, joubert syndrome), full gene sequence col1a1 (collagen, type i, alpha 1) (eg, osteogenesis imperfecta, type i), full gene sequence col1a2 (collagen, type i, alpha 2) (eg, osteogenesis imperfecta, type i), full gene sequence col4a1 (collagen, type iv, alpha 1) (eg, brain small-vessel disease with hemorrhage), full gene sequence col4a3 (collagen, type iv, alpha 3 [goodpasture antigen]) (eg, alport syndrome), full gene sequence col4a5 (collagen, type iv, alpha 5) (eg, alport syndrome), full gene sequence dmd (dystrophin) (eg, duchenne/becker muscular dystrophy), full gene sequence dysf (dysferlin, limb girdle muscular dystrophy 2b [autosomal recessive]) (eg, limb-girdle muscular dystrophy), full gene sequence fbn1 (fibrillin 1) (eg, marfan syndrome), full gene sequence itpr1 (inositol 1,4,5-trisphosphate receptor, type 1) (eg, spinocerebellar ataxia), full gene sequence lama2 (laminin, alpha 2) (eg, congenital muscular dystrophy), full gene sequence lrrk2 (leucine-rich repeat kinase 2) (eg, parkinson disease), full gene sequence myh11 (myosin, heavy chain 11, smooth muscle) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence neb (nebulin) (eg, nemaline myopathy 2), full gene sequence nf1 (neurofibromin 1) (eg, neurofibromatosis, type 1), full gene sequence pkhd1 (polycystic kidney and hepatic disease 1) (eg, autosomal recessive polycystic kidney disease), full gene sequence ryr1 (ryanodine receptor 1, skeletal) (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.	☒

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	arrhythmogenic right ventricular dysplasia), full gene sequence or targeted sequence analysis of > 50 exons ush2a (usher syndrome 2a [autosomal recessive, mild]) (eg, usher syndrome, type 2), full gene sequence vps13b (vacuolar protein sorting 13 homolog b [yeast]) (eg, cohen syndrome), full gene sequence vwf (von willebrand factor) (eg, von willebrand disease types 1 and 3), full gene sequence							
86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	October 2016	Remove from list, part of CLFS.	☑
86153	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
88363	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, kras mutational analysis)	Feb 2010	Archival Retrieval for Mutational Analysis	17	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	Jan 2013	Optical Endomicroscopy	15	CPT 2014	October 2017	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
88380	Microdissection (ie, sample preparation of microscopically identified target); laser capture	Feb 2007	Manual Microdissection	12	CPT 2008	September 2011	Survey for January 2014 (added 88380 as part of the family).	☑
88381	Microdissection (ie, sample preparation of microscopically identified target); manual	Feb 2007	Manual Microdissection	12	CPT 2008	September 2013	Survey for January 2014 (added 88380 as part of the family).	☑

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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	☒

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90771	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☒

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90867	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	September 2025	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. In September 2024, the specialty societies submitted an action plan requesting that codes 90867-90879 be referred to CPT Editorial Panel to modify the existing codes as well as develop a technology agnostic code or set of codes for the May 2025 CPT meeting/September 2025 RUC meeting. The RUC recommended that 90867-90869 be referred to CPT May 2025 meeting.	

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90868	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; subsequent delivery and management, per session	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	September 2025	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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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	September 2025	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. In September 2024, the specialty societies submitted an action plan requesting that codes 90867-90879 be referred to CPT Editorial Panel to modify the existing codes as well as develop a technology agnostic code or set of codes for the May 2025 CPT meeting/September 2025 RUC meeting. The RUC recommended that 90867-90869 be referred to CPT May 2025 meeting.	
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.	☒

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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.	☒
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.	☒
92137	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina, including OCT angiography	Sep 2023	Optical Coherence Tomography (OCT)	08	CPT 2025	April 2029		☐
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.	☒

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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 2028	In April 2025, the RUC recommended to review in 3 years (April 2028) after additional data is available. Specifically review practice expense and assess if the equipment is typical for the variety of providers providing this service.	☐
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 2028	Was reviewed in Sept 2014, Remove from list, no demonstrated technology diffusions that impacts work or practice expense. In April 2025, the RUC recommended to review in 3 years (April 2028) after additional data is available. Specifically review practice expense and assess if the equipment is typical for the variety of providers providing this service.	☐
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 2028	In April 2025, the RUC recommended to review in 3 years (April 2028) after additional data is available. Specifically review practice expense and assess if the equipment is typical for the variety of providers providing this service.	☐

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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	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☒

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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	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☒
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	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☒
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.	☒

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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.	☐
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.	☐

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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.	☐
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.	☐

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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 2028	In April 2025, the RUC recommended to review in 3 years (April 2028) after additional data is available. Specifically review if the practice expense inputs have changed.	☐
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 2028	In April 2025, the RUC recommended to review in 3 years (April 2028) after additional data is available. Specifically review if the practice expense inputs have changed.	☐
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 2028	In April 2025, the RUC recommended to review in 3 years (April 2028) after additional data is available. Specifically review if the practice expense inputs have changed.	☐
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 2028	In April 2025, the RUC recommended to review in 3 years (April 2028) after additional data is available. Specifically review if the practice expense inputs have changed.	☐

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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 2028	In April 2025, the RUC recommended to review in 3 years (April 2028) after additional data is available. Specifically review if the practice expense inputs have changed.	☐
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 2028	In April 2025, the RUC recommended to review in 3 years (April 2028) after additional data is available. Specifically review if the practice expense inputs have changed.	☐
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 2028	In April 2025, the RUC recommended to review in 3 years (April 2028) after additional data is available. Specifically review if the practice expense inputs have changed.	☐
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 2028	In April 2025, the RUC recommended to review in 3 years (April 2028) after additional data is available. Specifically review if the practice expense inputs have changed.	☐

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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.	☑
93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	☑

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93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	☒
93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	☒
93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	☒
93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	☒

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93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	☒
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	☒
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	☒
93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	☒

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93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	☒
93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	☒
93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	☒
93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	☒

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93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	☒
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	☒
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	☒
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	☒

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93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	☒

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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 neutrality. 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).	☐

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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 neutrality. 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).	☐

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93299	Code Deleted CPT 2020	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutrality.	☒
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.	☒

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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 technology diffusion that impacts work or practice expense.	☒

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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).	☐

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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.	☒

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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		☐

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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	☒
93XX4		Jan 2025	Baroreflex Activation Therapy	12	CPT 2026	April 2030		☐
93XX5		Jan 2025	Baroreflex Activation Therapy	12	CPT 2026	April 2030		☐
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.	☒

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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		☐
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).	☐

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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).	☐
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).	☐

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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	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).	☐

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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.	☒

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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		☐

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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	☒

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95X18		April 2025	Unattended Sleep Testing	08	CPT 2027	April 2031	In April 2025, the RUC placed CPT codes 95X18, 95X19, 95X20, 95X21, 95X22, and 95X23 on the New Technology/New Services list and will be re-reviewed by the RUC after three years of data are available.	☐
95X19		April 2025	Unattended Sleep Testing	08	CPT 2027	April 2031	In April 2025, the RUC placed CPT codes 95X18, 95X19, 95X20, 95X21, 95X22, and 95X23 on the New Technology/New Services list and will be re-reviewed by the RUC after three years of data are available.	☐
95X20		April 2025	Unattended Sleep Testing	08	CPT 2027	April 2031	In April 2025, the RUC placed CPT codes 95X18, 95X19, 95X20, 95X21, 95X22, and 95X23 on the New Technology/New Services list and will be re-reviewed by the RUC after three years of data are available.	☐

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95X21		April 2025	Unattended Sleep Testing	08	CPT 2027	April 2031	In April 2025, the RUC placed CPT codes 95X18, 95X19, 95X20, 95X21, 95X22, and 95X23 on the New Technology/New Services list and will be re-reviewed by the RUC after three years of data are available.	☐
95X22		April 2025	Unattended Sleep Testing	08	CPT 2027	April 2031	In April 2025, the RUC placed CPT codes 95X18, 95X19, 95X20, 95X21, 95X22, and 95X23 on the New Technology/New Services list and will be re-reviewed by the RUC after three years of data are available.	☐
95X23		April 2025	Unattended Sleep Testing	08	CPT 2027	April 2031	In April 2025, the RUC placed CPT codes 95X18, 95X19, 95X20, 95X21, 95X22, and 95X23 on the New Technology/New Services list and will be re-reviewed by the RUC after three years of data are available.	☐
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	☒

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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.	☐

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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	☒

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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.	☒

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96935	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (list separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	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		☐

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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.	☒

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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 U Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☒

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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 U 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 U Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☒

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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 2028	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. In April 2025, the RUC recommended refer to CPT Assistant to develop an article to inform who should be reporting QHP codes 98970-98972 versus the physician codes 99421-99423. The Workgroup questioned why the 2023 Medicare claims data indicate the QHP codes are primarily performed by family medicine, internal medicine and gastroenterology. Review again three years after the CPT Assistant article is published (April 2028).	☐

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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 2028	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. In April 2025, the RUC recommended refer to CPT Assistant to develop an article to inform who should be reporting QHP codes 98970-98972 versus the physician codes 99421-99423. The Workgroup questioned why the 2023 Medicare claims data indicate the QHP codes are primarily performed by family medicine, internal medicine and gastroenterology. Review again three years after the CPT Assistant article is published (April 2028).	☐

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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 2028	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. In April 2025, the RUC recommended refer to CPT Assistant to develop an article to inform who should be reporting QHP codes 98970-98972 versus the physician codes 99421-99423. The Workgroup questioned why the 2023 Medicare claims data indicate the QHP codes are primarily performed by family medicine, internal medicine and gastroenterology. Review again three years after the CPT Assistant article is published (April 2028).	☐
98975		Jan 2025	Remote Monitoring (RTM)	20	CPT 2022	April 2030	PE reviewed January 2025. Review again April 2030.	☐
98976		Jan 2025	Remote Monitoring (RTM)	20	CPT 2022	April 2030	PE reviewed January 2025 recommended contractor-price. Review again April 2030.	☐

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98977		Jan 2025	Remote Monitoring (RTM)	20	CPT 2022	April 2030	PE reviewed January 2025. Review again April 2030.	☐
98978		Jan 2025	Remote Monitoring	28	HCPT 2023	April 2030	PE reviewed January 2025. Review again April 2030.	☐
98980		Jan 2025	Remote Monitoring (RTM)	20	CPT 2022	April 2030	Resurveyed January 2025 (CPT 2026). Review again April 2030.	☐
98981		Jan 2025	Remote Monitoring (RTM)	20	CPT 2022	April 2030	Resurveyed January 2025 (CPT 2026). Review again April 2030.	☐
98XX4		Jan 2025	Remote Monitoring (RTM)	20	CPT 2026	April 2030		☐
98XX5		Jan 2025	Remote Monitoring (RTM)	20	CPT 2026	April 2030		☐
98XX6		Jan 2025	Remote Monitoring	28	HCPT 2026	April 2030		☐
98XX7		Jan 2025	Remote Monitoring (RTM)	20	CPT 2026	April 2030		☐

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99091			Remote Monitoring (RPM)	20	CPT 2026	January 2028	Resurvey in January 2028. In January 2025, the RUC noted that the use of RPM services continue to fluctuate in terms of the specialties who report and the monitoring that occurs. All the codes in this family would be considered new technology. Since CPT has split out the services it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RPM family of services will be placed on the New Technology list and resurveyed and reviewed by the RUC at the January 2028 meeting to ensure correct valuation, patient population, and utilization assumptions. Additionally, the RUC flagged the RPM codes as do not use to validate physician work in the RUC database due to the low survey response. These services will be resurveyed for the January 2028 RUC meeting.	☐

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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	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☒
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	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☒
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	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☒
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	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☒
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	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☒

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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	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☒
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	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☒
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	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☒
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	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☒
99363	Code Deleted	Apr 2006	Anticoagulant Management I Services		CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☒
99364	Code Deleted	Apr 2006	Anticoagulant Management I Services		CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☒

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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)	Apr 2019	Office Visits	09	CPT 2021	April 2025	In April 2025, the RUC recommended remove from list, no demonstrated technology diffusion that impacts work or practice expense	☒
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 2028	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. In April 2025, the RUC recommended refer to CPT Assistant to develop an article to inform who should be reporting QHP codes 98970-98972 versus the physician codes 99421-99423. The Workgroup questioned why the 2023 Medicare claims data indicate the QHP codes are primarily performed by family medicine, internal medicine and gastroenterology. Review again three years after the CPT Assistant article is published (April 2028).	☐

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99422	Online digital evaluation and management service, Jan 2019 for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes		Online Digital Evaluation Service (e-Visit)	21	CPT 2020	April 2028	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. In April 2025, the RUC recommended refer to CPT Assistant to develop an article to inform who should be reporting QHP codes 98970-98972 versus the physician codes 99421-99423. The Workgroup questioned why the 2023 Medicare claims data indicate the QHP codes are primarily performed by family medicine, internal medicine and gastroenterology. Review again three years after the CPT Assistant article is published (April 2028).	☐

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99423	Online digital evaluation and management service, Jan 2019 for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes		Online Digital Evaluation Service (e-Visit)	21	CPT 2020	April 2028	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. In April 2025, the RUC recommended refer to CPT Assistant to develop an article to inform who should be reporting QHP codes 98970-98972 versus the physician codes 99421-99423. The Workgroup questioned why the 2023 Medicare claims data indicate the QHP codes are primarily performed by family medicine, internal medicine and gastroenterology. Review again three years after the CPT Assistant article is published (April 2028).	☐

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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		☐
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		☐

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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		☐
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		☐

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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		☐
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	☒

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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	☒
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	☒

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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	☒
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). In April 2025, the RUC recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services will be caught by other RUC screens, such as high volume growth, if that threshold arises.	☒

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99452	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	Jan 2018	Interprofessional Internet Consultation	21	CPT 2019	April 2025	Review in 2 years (April 2025). In April 2025, the RUC recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services will be caught by other RUC screens, such as high volume growth, if that threshold arises.	☒

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99453			Remote Monitoring (RPM)	20	CPT 2019	January 2028	PE reviewed January 2025 (CPT 2026). Resurvey in January 2028. In January 2025, the RUC noted that the use of RPM services continue to fluctuate in terms of the specialties who report and the monitoring that occurs. All the codes in this family would be considered new technology. Since CPT has split out the services it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RPM family of services will be placed on the New Technology list and resurveyed and reviewed by the RUC at the January 2028 meeting to ensure correct valuation, patient population, and utilization assumptions. Additionally, the RUC flagged the RPM codes as do not use to validate physician work in the RUC database due to the low survey response. These services will be resurveyed for the	☐

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							January 2028 RUC meeting.	

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99454			Remote Monitoring (RPM)	20	CPT 2019	January 2028	PE reviewed January 2025 (CPT 2026). Resurvey in January 2028. In January 2025, the RUC noted that the use of RPM services continue to fluctuate in terms of the specialties who report and the monitoring that occurs. All the codes in this family would be considered new technology. Since CPT has split out the services it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RPM family of services will be placed on the New Technology list and resurveyed and reviewed by the RUC at the January 2028 meeting to ensure correct valuation, patient population, and utilization assumptions. Additionally, the RUC flagged the RPM codes as do not use to validate physician work in the RUC database due to the low survey response. These services will be resurveyed for the	☐

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							January 2028 RUC meeting.	

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99457			Remote Monitoring (RPM)	20	CPT 2019	January 2028	Resurveyed in January 2025 (CPT 2026). Resurvey in January 2028. In January 2025, the RUC noted that the use of RPM services continue to fluctuate in terms of the specialties who report and the monitoring that occurs. All the codes in this family would be considered new technology. Since CPT has split out the services it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RPM family of services will be placed on the New Technology list and resurveyed and reviewed by the RUC at the January 2028 meeting to ensure correct valuation, patient population, and utilization assumptions. Additionally, the RUC flagged the RPM codes as do not use to validate physician work in the RUC database due to the low survey response. These services will be resurveyed for the	☐

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							January 2028 RUC meeting.	

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99458			Remote Monitoring (RPM)	20	CPT 2020	January 2028	Resurveyed in January 2025 (CPT 2026). Resurvey in January 2028. In January 2025, the RUC noted that the use of RPM services continue to fluctuate in terms of the specialties who report and the monitoring that occurs. All the codes in this family would be considered new technology. Since CPT has split out the services it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RPM family of services will be placed on the New Technology list and resurveyed and reviewed by the RUC at the January 2028 meeting to ensure correct valuation, patient population, and utilization assumptions. Additionally, the RUC flagged the RPM codes as do not use to validate physician work in the RUC database due to the low survey response. These services will be resurveyed for the	☐

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							January 2028 RUC meeting.	

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99473			Remote Monitoring (RPM)	20	CPT 2026	January 2028	Resurvey in January 2028. In January 2025, the RUC noted that the use of RPM services continue to fluctuate in terms of the specialties who report and the monitoring that occurs. All the codes in this family would be considered new technology. Since CPT has split out the services it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RPM family of services will be placed on the New Technology list and resurveyed and reviewed by the RUC at the January 2028 meeting to ensure correct valuation, patient population, and utilization assumptions. Additionally, the RUC flagged the RPM codes as do not use to validate physician work in the RUC database due to the low survey response. These services will be resurveyed for the January 2028 RUC meeting.	☐

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99474			Remote Monitoring (RPM)	20	CPT 2020	January 2028	In April 2024 Remove from list, no demonstrated technology diffusion that impacts work or practice expense. However, resurveyed in January 2025 with RPM family (CPT 2026). Resurvey in January 2028. In January 2025, the RUC noted that the use of RPM services continue to fluctuate in terms of the specialties who report and the monitoring that occurs. All the codes in this family would be considered new technology. Since CPT has split out the services it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RPM family of services will be placed on the New Technology list and resurveyed and reviewed by the RUC at the January 2028 meeting to ensure correct valuation, patient population, and utilization assumptions. Additionally, the RUC	☐

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							flagged the RPM codes as do not use to validate physician work in the RUC database due to the low survey response. These services will be resurveyed for the January 2028 RUC meeting.	
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.	☐

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99488	Code Deleted	Oct 2012	Complex Chronic Care Coordination Services	09	CPT 2013	October 2017	Code Deleted	☒
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.	☐

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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.	☐

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99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional, initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan, review by the psychiatric consultant with modifications of the plan if recommended, entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant, and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	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	☒

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							Relativity Assessment Workgroup meeting.	

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re- Review</i>	<i>RUC Rec</i>	<i>Complete</i>
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	☒

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							scheduled for review at the April 2023 Relativity Assessment Workgroup meeting.	

<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re- Review</i>	<i>RUC Rec</i>	<i>Complete</i>
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	☒

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							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).	☒

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99XX4			Remote Monitoring (RPM)	20	CPT 2026	January 2028	Resurvey in January 2028. In January 2025, the RUC noted that the use of RPM services continue to fluctuate in terms of the specialties who report and the monitoring that occurs. All the codes in this family would be considered new technology. Since CPT has split out the services it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RPM family of services will be placed on the New Technology list and resurveyed and reviewed by the RUC at the January 2028 meeting to ensure correct valuation, patient population, and utilization assumptions. Additionally, the RUC flagged the RPM codes as do not use to validate physician work in the RUC database due to the low survey response. These services will be resurveyed for the January 2028 RUC meeting.	☐

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99XX5			Remote Monitoring (RPM)	20	CPT 2026	January 2028	Resurvey in January 2028. In January 2025, the RUC noted that the use of RPM services continue to fluctuate in terms of the specialties who report and the monitoring that occurs. All the codes in this family would be considered new technology. Since CPT has split out the services it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RPM family of services will be placed on the New Technology list and resurveyed and reviewed by the RUC at the January 2028 meeting to ensure correct valuation, patient population, and utilization assumptions. Additionally, the RUC flagged the RPM codes as do not use to validate physician work in the RUC database due to the low survey response. These services will be resurveyed for the January 2028 RUC meeting.	☐

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9XX01		Jan 2025	Scalp Cooling Services	19	CPT 2026	April 2030		☐
9XX02		Jan 2025	Scalp Cooling Services	19	CPT 2026	April 2030		☐
9XX03		Jan 2025	Scalp Cooling Services	19	CPT 2026	April 2030		☐
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		☒

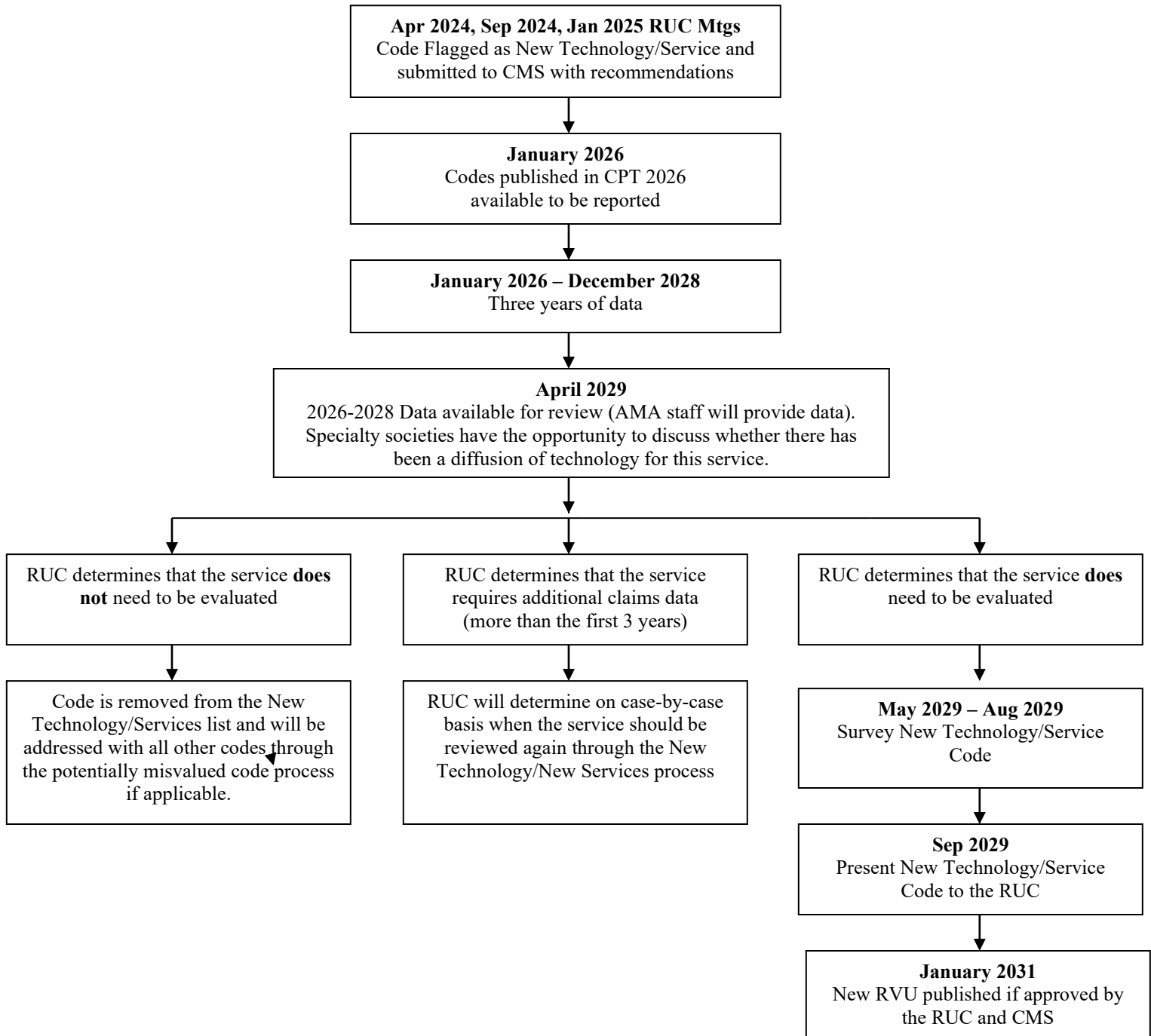
<i>CPT Code</i>	<i>Long Descriptor</i>	<i>RUC Meeting</i>	<i>Issue</i>	<i>Tab</i>	<i>CPT Year</i>	<i>Date to Re- Review</i>	<i>RUC Rec</i>	<i>Complete</i>
G2066	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder 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 neutrality. 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).	☐

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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



Specialty Society Acronym List – January 2025

Society	Acronym
Aerospace Medical Association	AsMA
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 Cosmetic Surgery	AACS
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 Endocrinology	AACE
American Association of Clinical Urologist, Inc.	AACU
American Association of Neurological Surgeons	AANS
American Association of Neuromuscular & Electrodagnostic Medicine	AANEM
American Association of Public Health Physicians	AAPHP
American Burn Association	ABA

Society	Acronym
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	ACRr
American College of Surgeons	ACS
American Dental Association	ADA
American Gastroenterological Association	AGA
American Geriatrics Society	AGS
American Medical Group Association	AMGA
American Medical Women'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

Society	Acronym
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 Neuroradiology	ASNR
American Society of Nuclear Cardiology	ASNC
American Society of Ophthalmic Plastic and Reconstructive Surgery	ASOPRS
American Society of Plastic Surgeons	ASPS
American Society of Regional Anesthesia and Pain Medicine	ASRA
American Society of Retina Specialists	ASRS

Society	Acronym
American Society of Transplant Surgeons	ASTS
American Thoracic Society	ATS
American Urological Association	AUA
American Venous Forum	AVF
Association of Academic Radiology	AAR
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 Neuro-Ophthalmology Society	NANOS
North American Spine Society	NASS
Obesity Medicine Association	OMA
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	Acronym
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
The Society for Pediatric Dermatology	SPD
Underseas and Hyperbaric Medical Society	UHMS

CPT Code	Global	Total CY2027 Physician Time - before applying post-op visit increase	Total CY2027 Physician Time with RUC Recommended Office Visit, Hospital Visit and Discharge Visit Times	Change in Total Physician Time	Percent Change - Total Time	CY2027 RUC Recommended Work RVU before applying post-op visit increase	Surgical Global Work RVU After Incorporating RUC Recommendation for Bundled Office, Hospital and Discharge Visits	Change in Work RVU	Percent Change - Work RVU	Change in Clinical Staff Time	_99204	_99211	_99212	_99213	_99214	_99215	_99231	_99232	_99233	_99238	_99239	_99291	_99292
42808	010	125	127	2	2%	2.35	2.68	0.33	14%	0			1							0.5			
39XX1	090	501	529	28	6%	27.09	29.17	2.08	8%	-2				1	1		2	1	1		1		
39XX2	090	436	453	17	4%	26.60	28.01	1.41	5%	-2				1	1		1	1		1			
42XX1	090	469	487	18	4%	20.00	21.84	1.84	9%	0				3				3			1		
42XX2	090	469	487	18	4%	20.05	21.89	1.84	9%	0				3				3			1		

CPT Code	Short Descriptor	Global	Total CY2025 CMS Physician Time - Current	Total CY2025 CMS Physician Time with RUC Recommended Office Visit, Hospital Visit and Discharge Visit Times	Change in Total Physician Time	Percent Change - Total Time	Total CY2025 CMS Surgical Global wRVU	CMS Surgical Global wRVU After Incorporating RUC Proposal for Bundled Office, Hospital and Discharge Visits	Change in Work RVU	Percent Change - Work RVU	Change in Clinical Staff Time	_99204	_99211	_99212	_99213	_99214	_99215	_99231	_99232	_99233	_99238	_99239	_99291	_99292
10040	ACNE SURGERY	010	34	36	2	6%	0.91	1.13	0.22	24%	0			1.0										
10060	I&D ABSCESS SIMPLE/SINGLE	010	57	59	2	4%	1.22	1.44	0.22	18%	0			1.0										
10061	I&D ABSCESS COMP/MULTIPLE	010	83	87	4	5%	2.45	2.89	0.44	18%	0			2.0										
10080	I&D PILONIDAL CYST SIMPLE	010	47	49	2	4%	1.22	1.44	0.22	18%	0			1.0										
10081	I&D PILONIDAL CYST COMP	010	61	63	2	3%	2.5	2.72	0.22	9%	0			1.0										
10120	INC&RMVL FB SUBQ TISS SMPL	010	48	50	2	4%	1.22	1.44	0.22	18%	0			1.0										
10121	INC&RMVL FB SUBQ TISS COMP	010	88	90	2	2%	2.74	2.96	0.22	8%	0			1.0										
10140	I&D HMTMA SEROMA/FLUID COL	010	66	68	2	3%	1.58	1.80	0.22	14%	0			1.0										
10160	PNXR ASPIR ABS C HMTMA BULLA	010	61	63	2	3%	1.25	1.47	0.22	18%	0			1.0										
10180	I&D COMPLEX PO WOUND INFCT	010	52	54	2	4%	2.3	2.52	0.22	10%	0			1.0										
11004	DBRDMT SKIN XTRNL GENT&PER	000	240	237	-3	-1%	10.8	11.20	0.40	4%	0									1.0				
11005	DBRDMT SKIN ABDOMINAL WALL	000	265	262	-3	-1%	14.24	14.64	0.40	3%	0									1.0				
11006	DBRDMT SKIN XTRNL GENT PER	000	270	267	-3	-1%	13.1	13.50	0.40	3%	0									1.0				
11200	RMVL SKIN TAGS UP TO&INC 15	010	29	31	2	7%	0.82	1.04	0.22	27%	0			1.0										
11400	EXC TR-EXT B9+MARG 0.5 CM<	010	36	38	2	6%	0.9	1.12	0.22	24%	0			1.0										
11401	EXC TR-EXT B9+MARG 0.6-1 CM	010	51	53	2	4%	1.28	1.50	0.22	17%	0			1.0										
11402	EXC TR-EXT B9+MARG 1.1-2 CM	010	56	58	2	4%	1.45	1.67	0.22	15%	0			1.0										
11403	EXC TR-EXT B9+MARG 2.1-3CM	010	76	78	2	3%	1.84	2.06	0.22	12%	0			1.0										
11404	EXC TR-EXT B9+MARG 3.1-4 CM	010	86	88	2	2%	2.11	2.33	0.22	10%	0			1.0										
11406	EXC TR-EXT B9+MARG >4.0 CM	010	113	120	7	6%	3.52	3.85	0.33	9%	0				1.0									
11420	EXC H-F-NK-SP B9+MARG 0.5/<	010	36	38	2	6%	1.03	1.25	0.22	21%	0			1.0										
11421	EXC H-F-NK-SP B9+MARG 0.6-1	010	51	53	2	4%	1.47	1.69	0.22	15%	0			1.0										
11422	EXC H-F-NK-SP B9+MARG 1.1-2	010	56	58	2	4%	1.68	1.90	0.22	13%	0			1.0										
11423	EXC H-F-NK-SP B9+MARG 2.1-3	010	76	78	2	3%	2.06	2.28	0.22	11%	0			1.0										
11424	EXC H-F-NK-SP B9+MARG 3.1-4	010	86	88	2	2%	2.48	2.70	0.22	9%	0			1.0										
11426	EXC H-F-NK-SP B9+MARG >4 CM	010	113	120	7	6%	4.09	4.42	0.33	8%	0				1.0									
11440	EXC FACE-MM B9+MARG 0.5 CM/	010	36	38	2	6%	1.05	1.27	0.22	21%	0			1.0										
11441	EXC FACE-MM B9+MARG 0.6-1 CM	010	51	53	2	4%	1.53	1.75	0.22	14%	0			1.0										
11442	EXC FACE-MM B9+MARG 1.1-2 CM	010	56	58	2	4%	1.77	1.99	0.22	12%	0			1.0										
11443	EXC FACE-MM B9+MARG 2.1-3 CM	010	76	78	2	3%	2.34	2.56	0.22	9%	0			1.0										
11444	EXC FACE-MM B9+MARG 3.1-4 CM	010	86	88	2	2%	3.19	3.41	0.22	7%	0			1.0										
11446	EXC FACE-MM B9+MARG >4 CM	010	113	120	7	6%	4.8	5.13	0.33	7%	0				1.0									
11450	EXC SKN HDRDNT AX SMPL/NTRM	090	93.5	104	10.5	11%	3.22	3.72	0.50	15%	0				1.5									
11451	EXC SKN HDRDNT AX COMPLEX	090	99.5	110	10.5	11%	4.43	4.93	0.50	11%	0				1.5									
11462	EXC SKN HDRDNT ING SMPL/NTR	090	98.5	109	10.5	11%	3	3.50	0.50	17%	0				1.5									
11463	EXC SKN HDRDNT ING COMPLEX	090	109.5	120	10.5	10%	4.43	4.93	0.50	11%	0				1.5									
11470	EXC SKN H/P/P/U SMPL/NTRM	090	100.5	111	10.5	10%	3.74	4.24	0.50	13%	0				1.5									
11471	EXC SKN H/P/P/U COMPLEX	090	107.5	118	10.5	10%	4.89	5.39	0.50	10%	0				1.5									
11600	EXC TR-EXT MAL+MARG 0.5 CM/<	010	48	55	7	15%	1.63	1.96	0.33	20%	0				1.0									
11601	EXC TR-EXT MAL+MARG 0.6-1 CM	010	63	70	7	11%	2.07	2.40	0.33	16%	0				1.0									
11602	EXC TR-EXT MAL+MARG 1.1-2 CM	010	68	75	7	10%	2.27	2.60	0.33	15%	0				1.0									
11603	EXC TR-EXT MAL+MARG 2.1-3 CM	010	93	100	7	8%	2.82	3.15	0.33	12%	0				1.0									
11604	EXC TR-EXT MAL+MARG 3.1-4 CM	010	103	110	7	7%	3.17	3.50	0.33	10%	0				1.0									
11606	EXC TR-EXT MAL+MARG >4 CM	010	153	160	7	5%	5.02	5.35	0.33	7%	0				1.0									
11620	EXC H-F-NK-SP MAL+MARG 0.5/<	010	48	55	7	15%	1.64	1.97	0.33	20%	0				1.0									
11621	EXC S/N/H/F/G MAL+MRG 0.6-1	010	63	70	7	11%	2.08	2.41	0.33	16%	0				1.0									
11622	EXC S/N/H/F/G MAL+MRG 1.1-2	010	68	75	7	10%	2.41	2.74	0.33	14%	0				1.0									
11623	EXC S/N/H/F/G MAL+MRG 2.1-3	010	93	100	7	8%	3.11	3.44	0.33	11%	0				1.0									
11624	EXC S/N/H/F/G MAL+MRG 3.1-4	010	103	110	7	7%	3.62	3.95	0.33	9%	0				1.0									
11626	EXC S/N/H/F/G MAL+MRG >4 CM	010	123	130	7	6%	4.61	4.94	0.33	7%	0				1.0									
11640	EXC F/E/E/N/L MAL+MRG 0.5CM+	010	48	55	7	15%	1.67	2.00	0.33	20%	0				1.0									
11641	EXC F/E/E/N/L MAL+MRG 0.6-1	010	63	70	7	11%	2.17	2.50	0.33	15%	0				1.0									
11642	EXC F/E/E/N/L MAL+MRG 1.1-2	010	68	75	7	10%	2.62	2.95	0.33	13%	0				1.0									
11643	EXC F/E/E/N/L MAL+MRG 2.1-3	010	93	100	7	8%	3.42	3.75	0.33	10%	0				1.0									
11644	EXC F/E/E/N/L MAL+MRG 3.1-4	010	108	115	7	6%	4.34	4.67	0.33	8%	0				1.0									
11646	EXC F/E/E/N/L MAL+MRG >4 CM	010	128	135	7	5%	6.26	6.59	0.33	5%	0				1.0									
11750	REMOVAL OF NAIL BED	010	63	65	2	3%	1.58	1.80	0.22	14%	0			1.0										
11760	REPAIR OF NAIL BED	010	63	65	2	3%	1.63	1.85	0.22	13%	0			1.0										
11762	RECONSTRUCTION OF NAIL BED	010	111	113	2	2%	2.94	3.16	0.22	7%	0			1.0										
11765	EXCISION OF NAIL FOLD TOE	010	59	61	2	3%	1.22	1.44	0.22	18%	0			1.0										
11770	REMOVE PILONIDAL CYST SIMPLE	010	71	73	2	3%	2.66	2.88	0.22	8%	0			1.0										
11771	REMOVE PILONIDAL CYST EXTEN	090	236	250.5	14.5	6%	6.09	7.44	1.35	22%	0			3.5				1.5			1.0			
11772	REMOVE PILONIDAL CYST COMPL	090	269	284.5	15.5	6%	7.35	8.81	1.46	20%	0			4.0				1.5			1.0			
11960	INSERT TISSUE EXPANDER(S)	090	357	408	51	14%	11.49	14.13	2.64	23%	0			1.0	7.0						0.5			
11970	RPLCMT TISS XPNDR PERM IMPLT	090	216	227	11	5%	7.49	8.37	0.88	12%	0			2.0	1.0						0.5			

11971	RMVL TIS XPNDR WO INSJ IMPLT	090	215	228	13	6%	7.02	8.12	1.10	16%	0			3.0	1.0						0.5			
12020	TX SUPFC WND DEHSN SMPL CLS	010	64	66	2	3%	2.67	2.89	0.22	8%	0			1.0										
12021	TX SUPFC WND DEHSN W/PACKIN	010	51	53	2	4%	1.89	2.11	0.22	12%	0			1.0										
12031	INTMD RPR S/A/T/EXT 2.5 CM/<	010	56	58	2	4%	2	2.22	0.22	11%	0			1.0										
12032	INTMD RPR S/A/T/EXT 2.6-7.5	010	68	70	2	3%	2.52	2.74	0.22	9%	0			1.0										
12034	INTMD RPR S/TR/EXT 7.6-12.5	010	85	87	2	2%	2.97	3.19	0.22	7%	0			1.0										
12035	INTMD RPR S/A/T/EXT 12.6-20	010	124	126	2	2%	3.5	3.83	0.33	9%	0			1.0							0.5			
12036	INTMD RPR S/A/T/EXT 20.1-30	010	138	140	2	1%	4.23	4.56	0.33	8%	0			1.0							0.5			
12037	INTMD RPR S/TR/EXT >30.0 CM	010	158	160	2	1%	5	5.33	0.33	7%	0			1.0							0.5			
12041	INTMD RPR N-HF/GENIT 2.5CM/<	010	59	61	2	3%	2.1	2.32	0.22	10%	0			1.0										
12042	INTMD RPR N-HF/GENIT2.6-7.5	010	69	71	2	3%	2.79	3.01	0.22	8%	0			1.0										
12044	INTMD RPR N-HF/GENIT7.6-12.5	010	85	87	2	2%	3.19	3.41	0.22	7%	0			1.0										
12045	INTMD RPR N-HF/GENIT12.6-20	010	146	155	9	6%	3.75	4.41	0.66	18%	0			1.0	1.0						0.5			
12046	INTMD RPR N-HF/GENIT20.1-30	010	164	173	9	5%	4.3	4.96	0.66	15%	0			1.0	1.0						0.5			
12047	INTMD RPR N-HF/GENIT >30.0CM	010	185	194	9	5%	4.95	5.61	0.66	13%	0			1.0	1.0						0.5			
12051	INTMD RPR FACE/MM 2.5 CM/<	010	58	60	2	3%	2.33	2.55	0.22	9%	0			1.0										
12052	INTMD RPR FACE/MM 2.6-5.0 CM	010	70	72	2	3%	2.87	3.09	0.22	8%	0			1.0										
12053	INTMD RPR FACE/MM 5.1-7.5 CM	010	80	82	2	2%	3.17	3.39	0.22	7%	0			1.0										
12054	INTMD RPR FACE/MM 7.6-12.5CM	010	96	98	2	2%	3.5	3.72	0.22	6%	0			1.0										
12055	INTMD RPR FACE/MM 12.6-20 CM	010	152	161	9	6%	4.5	5.16	0.66	15%	0			1.0	1.0						0.5			
12056	INTMD RPR FACE/MM 20.1-30.0	010	162	171	9	6%	5.3	5.96	0.66	12%	0			1.0	1.0						0.5			
12057	INTMD RPR FACE/MM >30.0 CM	010	184	193	9	5%	6	6.66	0.66	11%	0			1.0	1.0						0.5			
13100	CMPLX RPR TRUNK 1.1-2.5 CM	010	69	71	2	3%	3	3.22	0.22	7%	0			1.0										
13101	CMPLX RPR TRUNK 2.6-7.5 CM	010	82	84	2	2%	3.5	3.72	0.22	6%	0			1.0										
13120	CMPLX RPR S/A/L 1.1-2.5 CM	010	74	76	2	3%	3.23	3.45	0.22	7%	0			1.0										
13121	CMPLX RPR S/A/L 2.6-7.5 CM	010	85	87	2	2%	4	4.22	0.22	5%	0			1.0										
13131	CMPLX RPR F/C/C/M/N/AX/G/H/	010	92	94	2	2%	3.73	3.95	0.22	6%	0			1.0										
13132	CMPLX RPR F/C/C/M/N/AX/G/H/	010	97	99	2	2%	4.78	5.00	0.22	5%	0			1.0										
13151	CMPLX RPR E/N/E/L 1.1-2.5 CM	010	95	97	2	2%	4.34	4.56	0.22	5%	0			1.0										
13152	CMPLX RPR E/N/E/L 2.6-7.5 CM	010	100	102	2	2%	5.34	5.56	0.22	4%	0			1.0										
13160	SEC CLSR SURG WND/DEHSN XTN	090	363	403.5	40.5	11%	12.04	14.18	2.14	18%	0				4.0			2.5			1.0			
14000	TIS TRNFR TRUNK 10 SQ CM/<	090	191.5	216	24.5	13%	6.37	7.53	1.16	18%	0				3.5									
14001	TIS TRNFR TRUNK 10.1-30SQCM	090	291	319	28	10%	8.78	10.21	1.43	16%	0				4.0						0.5			
14020	TIS TRNFR S/A/L 10 SQ CM/<	090	223	251	28	13%	7.22	8.54	1.32	18%	0				4.0									
14021	TIS TRNFR S/A/L 10.1-30 SQCM	090	288	316	28	10%	9.72	11.04	1.32	14%	0				4.0									
14040	TIS TRNFR F/C/C/M/N/A/G/H/F	090	223	241	18	8%	8.6	9.70	1.10	13%	0			2.0	2.0									
14041	TIS TRNFR F/C/C/M/N/A/G/H/F	090	303	331	28	9%	10.83	12.15	1.32	12%	0				4.0									
14060	TIS TRNFR E/N/E/L 10 SQ CM/<	090	183	201	18	10%	9.23	10.33	1.10	12%	0			2.0	2.0									
14061	TIS TRNFR E/N/E/L10.1-30SQCM	090	341.5	373	31.5	9%	11.48	12.97	1.49	13%	0				4.5									
14301	TIS TRNFR ANY 30.1-60 SQ CM	090	287	310	23	8%	12.65	13.97	1.32	10%	0			1.0	3.0						0.5			
14350	FILLETED FINGER/TOE FLAP	090	318.5	350	31.5	10%	11.05	12.65	1.60	14%	0				4.5						0.5			
15015	APP SKN CL SSP AGRFT T/A/L 1	090	403	415	12	3%	0	2.34	2.34	#DIV/0!	0				4.0			4.0			1.0			
15017	APP SKN CLL SSP F/N/G/HF 1ST	090	395	407	12	3%	0	2.34	2.34	#DIV/0!	0				4.0			4.0			1.0			
15050	PINCH GRAFT UP TO 2 CM DIAM	090	190	218	28	15%	5.57	6.89	1.32	24%	0				4.0									
15100	SPLT AGRFT T/A/L 1ST 100SQCM	090	281	304	23	8%	9.9	11.46	1.56	16%	0			2.0	2.0			1.0			1.0			
15110	EPIDRM AGRFT T/A/L 1ST 100	090	306	296	-10	-3%	10.97	12.43	1.46	13%	0			3.0				4.0						
15115	EPDRM AGRFT F/S/N/H/F/G/M 1	090	356	346	-10	-3%	11.28	12.96	1.68	15%	0			3.0				4.0			1.0			
15120	SPLT AGRFT F/S/N/H/F/G/M 1ST	090	258	274	16	6%	10.15	11.14	0.99	10%	0			1.0	2.0						0.5			
15130	DRM AGRFT T/A/L 1ST 100 SQCM	090	215	219	4	2%	7.53	8.83	1.30	17%	0							1.0			1.0			
15135	DRM AGRFT F/S/N/H/F/G/M 1ST	090	223	227	4	2%	11.03	12.33	1.30	12%	0			4.0				1.0			1.0			
15150	TIS CLTR SKN AGRFT T/A/L 1ST	090	326	320	-6	-2%	9.39	10.87	1.48	16%	0			3.0				3.0			1.0			
15155	TIS CLTR AGRFT F/S/N/H/F/G 1	090	336	330	-6	-2%	10.14	11.62	1.48	15%	0			3.0				3.0			1.0			
15200	FTH/GFT FR TRNK 20 SQ CM/<	090	287.5	312	24.5	9%	9.15	10.53	1.38	15%	0				3.5						1.0			
15220	FTH/GFT FR S/A/L 20 SQ CM/<	090	250	259	9	4%	8.09	9.19	1.10	14%	0			4.5							0.5			
15240	FTH/GFT F/C/C/M/N/AX/G/H/F20	090	288	320	32	11%	10.41	12.28	1.87	18%	0			2.0	4.0						0.5			
15260	FTH/GFT FR N/E/E/L 20 SQCM/<	090	273	308	35	13%	11.64	13.29	1.65	14%	0				5.0									
15570	SKIN PEDICLE FLAP TRUNK	090	363	393	30	8%	10.21	11.97	1.76	17%	-2			1.0	2.0	1.0		1.0			1.0			
15572	SKIN PEDICLE FLAP ARMS/LEGS	090	297	320	23	8%	10.12	11.44	1.32	13%	0			1.0	3.0						0.5			
15574	PEDCLE FH/CH/CH/M/N/AX/G/H/	090	314	337	23	7%	10.7	12.02	1.32	12%	0			1.0	3.0						0.5			
15576	PEDICLE E/N/E/L/NTRORAL	090	271	287	16	6%	9.37	10.36	0.99	11%	0			1.0	2.0						0.5			
15600	DELAY FLAP TRUNK	090	179	183	4	2%	2.01	2.56	0.55	27%	0			2.0							0.5			
15610	DELAY FLAP ARMS/LEGS	090	179	183	4	2%	2.52	3.07	0.55	22%	0			2.0							0.5			
15620	DELAY FLAP F/C/C/N/AX/G/H/F	090	175.5	193	17.5	10%	3.75	4.58	0.83	22%	0				2.5									
15630	DELAY FLAP EYE/NOS/EAR/LIP	090	181.5	199	17.5	10%	4.08	4.91	0.83	20%	0				2.5									
15650	TRANSFER SKIN PEDICLE FLAP	090	221.5	239	17.5	8%	4.77	5.71	0.94	20%	0				2.5						0.5			
15730	MDFC FLAP W/PRSRV VASC PEDC	090	255.5	268.5	13	5%	13.5	14.60	1.10	8%	0			3.0	1.0						0.5			
15731	FOREHEAD FLAP W/VASC PEDICLE	090	369	401	32	9%	14.38	16.12	1.74	12%	-2			1.0	3.0	1.0					0.5			
15733	MUSC MYOQ/FSCQ FLP H&N PED	090	305	323	18	6%	15.68	16.89	1.21	8%	0			2.0	2.0						0.5			
15734	MUSCLE-SKIN GRAFT TRUNK	090	596	617	21	4%	23	25.78	2.78	12%	-2			2.0	2.0	1.0		1.0	2.0	1.0	1.0			
15736	MUSCLE-SKIN GRAFT ARM	090	396	428	32	8%	17.04	18.78	1.74	10%	-2			1.0	3.0	1.0					0.5			
15738	MUSCLE-SKIN GRAFT LEG	090	516	548	32	6%	19.04	21.68	2.64	14%	0			1.0	4.0			2.0	2.0		1.0			
15740	ISLAND PEDICLE FLAP GRAFT	090	365.5	402	36.5	10%	11.8	13.75	1.95	16%	0				4.5			1.0			1.0			
15750	NEUROVASCULAR PEDICLE FLAP	090	400.5	437	36.5	9%	12.96	14.91	1.95	1														

15756	FREE MYO/SKIN FLAP MICROVASC	090	809	869	60	7%	36.94	40.40	3.46	9%	-2	1.0	3.0	2.0			8.0			1.0			
15757	FREE SKIN FLAP MICROVASC	090	829	880	51	6%	37.15	40.57	3.42	9%	-2	1.0	3.0	2.0			7.0	1.0		1.0			
15758	FREE FASCIAL FLAP MICROVASC	090	809	855	46	6%	36.9	40.08	3.18	9%	-2	1.0	3.0	2.0			6.0	1.0		1.0			
15760	COMPOSITE SKIN GRAFT	090	278.5	303	24.5	9%	9.86	11.13	1.27	13%	0			3.5						0.5			
15769	GRFG AUTOL SOFT TISS DIR EXC	090	191	202	11	6%	6.68	7.67	0.99	15%	0		2.0	1.0						1.0			
15770	DERMA-FAT-FASCIA GRAFT	090	302.5	334	31.5	10%	8.96	10.56	1.60	18%	0			4.5						0.5			
15771	GRFG AUTOL FAT LIPO 50 CC/<	090	181	192	11	6%	6.73	7.50	0.77	11%	0		2.0	1.0									
15773	GRFG AUTOL FAT LIPO 25 CC/<	090	180	191	11	6%	6.83	7.60	0.77	11%	0		2.0	1.0									
15780	DERMABRASION TOTAL FACE	090	244.5	276	31.5	13%	8.73	10.33	1.60	18%	0			4.5						0.5			
15781	DERMABRASION SEGMENTAL FAC	090	144	151	7	5%	5.02	5.79	0.77	15%	0		3.5										
15782	DERMABRASION OTHER THAN FA	090	123	128	5	4%	4.44	4.99	0.55	12%	0		2.5										
15783	DERMABRASION SUPRFL ANY SIT	090	117	122	5	4%	4.41	4.96	0.55	12%	0		2.5										
15786	ABRASION LESION SINGLE	010	53	55	2	4%	2.08	2.30	0.22	11%	0		1.0										
15793	CHEMICAL PEEL NONFACIAL DRM	090	175	184	9	5%	3.96	4.95	0.99	25%	0		4.5										
15820	BLEPHAROPLASTY LOWER EYELID	090	178.5	203	24.5	14%	6.27	7.43	1.16	18%	0			3.5									
15821	BLEPHARP LWR EYELID FAT PAD	090	191.5	216	24.5	13%	6.84	8.00	1.16	17%	0			3.5									
15822	BLEPHAROPLASTY UPPER EYELID	090	151	158	7	5%	4.62	5.39	0.77	17%	0		3.5										
15823	BLEPHARP UPR EYELID XCSV SKN	090	161	174	13	8%	6.81	7.91	1.10	16%	0		3.0	1.0						0.5			
15830	EXC EXCESSIVE SKIN ABDOMEN	090	429	455	26	6%	17.11	19.20	2.09	12%	0		2.0	3.0			1.0	1.0		1.0			
15832	EXC EXCESSIVE SKIN THIGH	090	364	392	28	8%	12.85	14.39	1.54	12%	0			4.0						1.0			
15833	EXC EXCESSIVE SKIN LEG	090	342	370	28	8%	11.9	13.44	1.54	13%	0			4.0						1.0			
15834	EXC EXCESSIVE SKIN HIP	090	352	382.5	30.5	9%	12.17	13.83	1.66	14%	0			4.0			0.5			1.0			
15835	EXC EXCESSIVE SKIN BUTTOCK	090	344	374.5	30.5	9%	12.99	14.65	1.66	13%	0			4.0			0.5			1.0			
15836	EXC EXCESSIVE SKIN ARM	090	302	330	28	9%	10.61	12.04	1.43	13%	0			4.0						0.5			
15837	EXC EXCSV SKIN FOREARM/HAND	090	239.5	264	24.5	10%	9.55	10.71	1.16	12%	0			3.5									
15838	EXC EXCSV SUBMENTAL FAT PAD	090	205.5	230	24.5	12%	8.25	9.41	1.16	14%	0			3.5									
15839	EXC EXCESSIVE SKN OTHER AREA	090	274.5	299	24.5	9%	10.5	11.77	1.27	12%	0			3.5						0.5			
15840	NERVE PALSY FASCIAL GRAFT	090	443.5	487.5	44	10%	14.99	17.30	2.31	15%	0			4.5			2.5			1.0			
15841	NERVE PALSY MUSCLE GRAFT	090	769	846	77	10%	25.99	29.87	3.88	15%	0			6.0			7.0			1.0			
15842	NERVE PALSY MICROSURG GRAFT	090	963.5	1051.5	88	9%	41.01	45.42	4.41	11%	0			6.5			8.5			1.0			
15845	SKIN AND MUSCLE REPAIR FACE	090	460.5	499	38.5	8%	14.32	16.36	2.04	14%	0			5.5						1.0			
15920	EXC COCCYGL PR ULC PRIM SUTR	090	294	308	14	5%	8.29	9.74	1.45	17%	0		4.5				1.0			1.0			
15922	EXC COCCYGL PR ULC FLAP CLSR	090	354	374	20	6%	10.38	12.18	1.80	17%	0		5.0				2.0			1.0			
15931	EXC SACRAL PR ULC PRIM SUTR	090	334	368.5	34.5	10%	10.07	12.38	2.31	23%	0		3.5				5.5			1.0			
15933	EXC SAC PR ULC PRIM STR OSTC	090	403	441.5	38.5	10%	11.77	14.52	2.75	23%	0		5.5				5.5			1.0			
15934	EXC SACRAL PR ULC SKN FLAP	090	441	482.5	41.5	9%	13.68	16.45	2.77	20%	0		4.5				6.5			1.0			
15935	EXC SAC PR ULC SKN FLP OSTC	090	524	574.5	50.5	10%	15.78	19.23	3.45	22%	0		6.5				7.5			1.0			
15936	EXC SAC PR ULC PREP MUS FLAP	090	399	432	33	8%	13.16	15.46	2.30	17%	0		4.0				5.0			1.0			
15937	EXC SAC PR ULC PREP MUS OSTC	090	466	505	39	8%	15.14	17.79	2.65	18%	0		4.5				6.0			1.0			
15940	EXC ISCHIAL PR ULC PRIM SUTR	090	340	376	36	11%	10.2	12.52	2.32	23%	0		3.0				6.0			1.0			
15941	EXC ISCH PR ULC PRM SUT OSTC	090	418	459	41	10%	12.41	15.28	2.87	23%	0		5.5				6.0			1.0			
15944	EXC ISCH PR ULC SKN FLP CLSR	090	441	482	41	9%	12.44	15.31	2.87	23%	0		5.5				6.0			1.0			
15945	EXC ISCH PR ULC SKN FLP OSTC	090	473	517.5	44.5	9%	13.75	16.85	3.10	23%	0		6.0				6.5			1.0			
15946	EXC ISCH PR ULC PREP MUS FLP	090	650	723.5	73.5	11%	24.12	27.82	3.70	15%	-8				4.0		7.5			1.0			
15950	EXC TRCHNTR PR ULC PRIM SUTR	090	282	302.5	20.5	7%	8.03	9.73	1.70	21%	0		4.0				2.5			1.0			
15951	EXC TRCHNTR PR ULC OSTC	090	389	425	36	9%	11.58	14.21	2.63	23%	0		5.5				5.0			1.0			
15952	EXC TRCHNTR PR ULC FLP CLSR	090	430	468.5	38.5	9%	12.31	15.06	2.75	22%	0		5.5				5.5			1.0			
15953	EXC TRCHNTR PR ULC FLP OSTC	090	454	493.5	39.5	9%	13.57	16.43	2.86	21%	0		6.0				5.5			1.0			
15956	EXC TRCHNTR PR ULC PREP FLAP	090	568	621	53	9%	16.79	20.36	3.57	21%	0		6.5				8.0			1.0			
15958	EXC TRCHNTR PR ULC PREP OSTC	090	572	625	53	9%	16.75	20.32	3.57	21%	0		6.5				8.0			1.0			
17000	DESTRUCT PREMALG LESION	010	23	25	2	9%	0.61	0.83	0.22	36%	0		1.0										
17004	DESTROY PREMAL LESIONS 15/>	010	35	37	2	6%	1.37	1.59	0.22	16%	0		1.0										
17106	DESTRUCTION OF SKIN LESIONS	090	86	95	9	10%	3.69	4.24	0.55	15%	0		1.0	1.0									
17107	DESTRUCTION OF SKIN LESIONS	090	112	123	11	10%	4.79	5.56	0.77	16%	0		2.0	1.0									
17108	DESTRUCTION OF SKIN LESIONS	090	148	161	13	9%	7.49	8.48	0.99	13%	0		3.0	1.0									
17110	DESTRUCT B9 LESION 1-14	010	29	31	2	7%	0.7	0.92	0.22	31%	0		1.0										
17111	DESTRUCT LESION 15 OR MORE	010	31	33	2	6%	0.97	1.19	0.22	23%	0		1.0										
17260	DSTRJ MAL LES T/A/L 0.5 CM/<	010	46	48	2	4%	0.96	1.18	0.22	23%	0		1.0										
17261	DSTRJ MAL LES T/A/L .6-1.0CM	010	47	49	2	4%	1.22	1.44	0.22	18%	0		1.0										
17262	DSTRJ MAL LES T/A/L 1.1-2.0	010	50	52	2	4%	1.63	1.85	0.22	13%	0		1.0										
17263	DSTRJ MAL LES T/A/L 2.1-3.0	010	56	58	2	4%	1.84	2.06	0.22	12%	0		1.0										
17264	DSTRJ MAL LES T/A/L 3.1-4.0	010	64	66	2	3%	1.99	2.21	0.22	11%	0		1.0										
17266	DSTRJ MAL LES T/A/L >4.0 CM	010	67	69	2	3%	2.39	2.61	0.22	9%	0		1.0										
17270	DSTR MAL LES S/N/H/F/G .5 /<	010	45	47	2	4%	1.37	1.59	0.22	16%	0		1.0										
17271	DSTR MAL LES S/N/H/F/G 0.6-1	010	49	51	2	4%	1.54	1.76	0.22	14%	0		1.0										
17272	DSTR MAL LES S/N/H/F/G 1.1-2	010	52	54	2	4%	1.82	2.04	0.22	12%	0		1.0										
17273	DSTR MAL LES S/N/H/F/G 2.1-3	010	56	58	2	4%	2.1	2.32	0.22	10%	0		1.0										
17274	DSTR MAL LES S/N/H/F/G 3.1-4	010	62	64	2	3%	2.64	2.86	0.22	8%	0		1.0										
17276	DSTR MAL LES S/N/H/F/G >4.0	010	70	72	2	3%	3.25	3.47	0.22	7%	0		1.0										
17280	DSTR MAL LS F/E/E/N/L/M .5/<	010	45	47	2	4%	1.22	1.44	0.22	18%	0		1.0										
17281	DSTR MAL LS F/E/E/N/L/M .6-1	010	47	49	2	4%	1.77	1.99	0.22	12%	0		1.0										
17282	DSTR MAL LS F/E/E/N/L/M1.1-2	010	55	57	2	4%	2.09	2.31	0.22	11%	0		1.0										
17283	DSTR MAL LS F/E/E/N/L/M2.1-3	010	60	62	2	3%	2.69	2.91	0.22	8%	0		1.0										

17284	DSTR MAL LS F/E/E/N/L/M3.1-4	010	66	68	2	3%	3.2	3.42	0.22	7%	0			1.0											
17286	DSTR MAL LS F/E/E/N/L/M>4.0	010	78	80	2	3%	4.48	4.70	0.22	5%	0			1.0											
17340	CRYOTHERAPY FOR ACNE	010	16.5	16.5	0	0%	0.77	0.77	-	0%	-1		0.5												
17360	CHEMICAL EXFOLIATION ACNE	010	29	30	1	3%	1.46	1.57	0.11	8%	0			0.5											
19020	MASTOTOMY EXPL DRG ABSC DP	090	177	183	6	3%	3.83	4.60	0.77	20%	0			3.0							0.5				
19101	BIOPSY OF BREAST OPEN	010	116	118	2	2%	3.23	3.45	0.22	7%	0			1.0											
19110	NIPPLE EXPLORATION	090	144	150	6	4%	4.44	5.10	0.66	15%	0			3.0											
19112	EXCISE BREAST DUCT FISTULA	090	137	143	6	4%	3.81	4.47	0.66	17%	0			3.0											
19120	REMOVAL OF BREAST LESION	090	136	145	9	7%	5.92	6.47	0.55	9%	0			1.0	1.0										
19125	EXCISION BREAST LESION	090	196	210	14	7%	6.69	7.35	0.66	10%	0				2.0										
19296	PLACE PO BREAST CATH FOR RAD	000	119	119	0	0%	3.63	3.74	0.11	3%	0										0.5				
19298	PLACE BREAST RAD TUBE/CATHS	000	164	164	0	0%	5.75	5.86	0.11	2%	0										0.5				
19300	MASTECTOMY FOR GYNECOMAS	090	184	191	7	4%	5.31	6.19	0.88	17%	0			3.5							0.5				
19301	PARTIAL MASTECTOMY	090	216	232	16	7%	10.13	11.12	0.99	10%	0			1.0	2.0						0.5				
19302	P-MASTECTOMY W/LN REMOVAL	090	276	294	18	7%	13.99	15.07	1.08	8%	-2			1.0	1.0	1.0					0.5				
19303	MAST SIMPLE COMPLETE	090	283	306	23	8%	15	16.19	1.19	8%	-2				2.0	1.0					0.5				
19305	MAST RADICAL	090	463.5	517.5	54	12%	17.46	20.25	2.79	16%	0				4.5			4.5			1.0				
19306	MAST RAD URBAN TYPE	090	544.5	610.5	66	12%	18.13	21.49	3.36	19%	0				5.5			5.5			1.0				
19307	MAST MOD RAD	090	343	373	30	9%	17.99	19.51	1.52	8%	-2				3.0	1.0					0.5				
19316	MASTOPEXY	090	301	319	18	6%	11.09	12.30	1.21	11%	0			2.0	2.0						0.5				
19318	BREAST REDUCTION	090	367	385	18	5%	16.03	17.24	1.21	8%	0			2.0	2.0						0.5				
19325	BREAST AUGMENTATION W/IMPL	090	225	233	8	4%	8.12	9.11	0.99	12%	0			4.0							0.5				
19328	RMVL INTACT BREAST IMPLANT	090	199	210	11	6%	7.44	8.32	0.88	12%	0			2.0	1.0						0.5				
19330	RMVL RUPTURED BREAST IMPLA	090	229	240	11	5%	9	9.88	0.88	10%	0			2.0	1.0						0.5				
19340	INSJ BREAST IMPLT SM D MAST	090	261	279	18	7%	10.48	11.69	1.21	12%	0			2.0	2.0						0.5				
19342	INSJ/RPLCMT BRST IMPLT SEP D	090	252	265	13	5%	10.48	11.58	1.10	10%	0			3.0	1.0						0.5				
19350	NIPPLE/AREOLA RECONSTRUCTIO	090	229	237	8	3%	9.11	9.99	0.88	10%	0			4.0											
19355	CORRECT INVERTED NIPPLE(S)	090	206	227	21	10%	8.52	9.51	0.99	12%	0				3.0										
19357	TISS XPNDR PLMT BRST RCNSTJ	090	344	383	39	11%	14.84	17.04	2.20	15%	0			2.0	5.0						0.5				
19361	BRST RCNSTJ LATSMS DRSI FLAP	090	552	578	26	5%	23.36	25.58	2.22	10%	0			3.0	2.0			2.0	1.0		1.0				
19364	BRST RCNSTJ FREE FLAP	090	767	775	8	1%	42.58	44.85	2.27	5%	-2		1.0	4.0	1.0			1.0	3.0		1.0				
19367	BRST RCNSTJ 1 PDCL TRAM FLAP	090	590	630	40	7%	26.8	29.04	2.24	8%	-2			1.0	2.0	1.0		3.0			1.0				
19368	BRST RCNSTJ 1PDCL TRAM ANAST	090	770	824	54	7%	33.9	36.80	2.90	9%	-4			1.0	2.0	2.0		4.0			1.0				
19369	BRST RCNSTJ 2 PDCL TRAM FLAP	090	690	739	49	7%	31.31	33.97	2.66	8%	-4			1.0	2.0	2.0		3.0			1.0				
19370	REVJ PERI-IMPLT CAPSULE BRST	090	255	276	21	8%	9.17	10.27	1.10	12%	0				3.0						0.5				
19371	PERI-IMPLT CAPSLC BRST COMPL	090	261	277	16	6%	9.98	10.97	0.99	10%	0			1.0	2.0						0.5				
19380	REVJ RECONSTRUCTED BREAST	090	307	325	18	6%	11.17	12.38	1.21	11%	0			2.0	2.0						0.5				
20100	EXPL PENTRG WOUND NECK	010	266	283	17	6%	10.38	11.41	1.03	10%	0				1.0			2.0			1.0				
20101	EXPL PENTRG WOUND CHEST	010	97	97	0	0%	3.23	3.23	-	0%	-2		1.0												
20102	EXPL PENTRG WND ABD/FLNK/BK	010	106	108	2	2%	3.98	4.20	0.22	6%	0			1.0											
20103	EXPL PENTRG WOUND EXTREMIT	010	136	138	2	1%	5.34	5.56	0.22	4%	0			1.0											
20150	EXCISION EPIPHYSEAL BAR	090	337	363	26	8%	14.75	16.20	1.45	10%	0				3.0			1.0			1.0				
20250	BIOPSY VRT BDY OPEN THORACIC	010	248	255	7	3%	5.19	5.87	0.68	13%	0			1.0				1.0			1.0				
20251	BIOPSY VRT BDY OPEN LMBR/CRV	010	238	245	7	3%	5.72	6.40	0.68	12%	0			1.0				1.0			1.0				
20500	INJECTION OF SINUS TRACT	010	56	58	2	4%	1.28	1.50	0.22	17%	0			1.0											
20520	REMOVAL OF FOREIGN BODY	010	65	67	2	3%	1.9	2.12	0.22	12%	0			1.0											
20525	REMOVAL OF FOREIGN BODY	010	136	138	2	1%	3.54	3.87	0.33	9%	0			1.0							0.5				
20615	TREATMENT OF BONE CYST	010	88	90	2	2%	2.33	2.55	0.22	9%	0			1.0											
20650	INSERT AND REMOVE BONE PIN	010	114	116	2	2%	2.28	2.61	0.33	14%	0			1.0							0.5				
20661	APPLICATION HALO CRANIAL	090	266	281.5	15.5	6%	5.26	6.72	1.46	28%	0			4.0				1.5			1.0				
20662	APPLICATION HALO PELVIC	090	285	298	13	5%	6.38	7.72	1.34	21%	0			4.0				1.0			1.0				
20663	APPLICATION HALO FEMORAL	090	264	277	13	5%	5.74	7.08	1.34	23%	0			4.0				1.0			1.0				
20664	APPL HALO CRANIAL 6+PINS	090	405	440	35	9%	10.06	12.48	2.42	24%	0				4.0			2.0			1.0	1.0			
20665	RMVL TONGS/HALO ANTHR INDIV	010	57	59	2	4%	1.36	1.58	0.22	16%	0			1.0											
20670	REMOVAL IMPLANT SUPERFICIAL	010	57	59	2	4%	1.79	2.01	0.22	12%	0			1.0											
20680	REMOVAL OF IMPLANT DEEP	090	181	185	4	2%	5.96	6.51	0.55	9%	0			2.0							0.5				
20690	APPL UNIPLN UNI EXT FIXJ SYS	090	300	317	17	6%	8.78	10.32	1.54	18%	0			1.0	2.0			1.0	1.0		1.0				
20692	APPL MLTPLN UNI EXT FIXJ SYS	090	474	518	44	9%	16.27	19.08	2.81	17%	0			4.0	3.0			3.0			1.0				
20693	ADJMT/REVJ EXT FIXJ SYS ANES	090	208	216.5	8.5	4%	6.06	7.06	1.00	17%	0			3.0				0.5			1.0				
20694	RMVL EXT FIXJ SYS UNDER ANES	090	140	145	5	4%	4.28	4.94	0.66	15%	0			2.5							0.5				
20696	APP MLTPLN UNI XTRNL FIX 1ST	090	468	505	37	8%	17.56	19.91	2.35	13%	0			3.0	3.0			2.0			1.0				
20802	REPLANTATION ARM COMPLETE	090	1041	1107	66	6%	42.62	46.35	3.73	9%	-2			3.0	3.0	1.0		6.0			1.0				
20805	REPLANT FOREARM COMPLETE	090	1012	1078	66	7%	51.46	55.19	3.73	7%	-2			3.0	3.0	1.0		6.0			1.0				
20808	REPLANTATION HAND COMPLETE	090	1112	1173	61	5%	63.09	66.58	3.49	6%	-2			3.0	3.0	1.0		5.0			1.0				
20816	REPLANTATION DIGIT COMPLETE	090	697	747	50	7%	31.95	34.80	2.85	9%	0			2.0	3.0			5.0			1.0				
20822	REPLANTATION DIGIT COMPLETE	090	590	632	42	7%	26.66	29.25	2.59	10%	0			3.0	3.0			3.0			1.0				
20824	REPLANTATION THUMB COMPLE	090	690	740	50	7%	31.95	34.80	2.85	9%	0			2.0	3.0			5.0			1.0				
20827	REPLANTATION THUMB COMPLE	090	625	672	47	8%	27.48	30.31	2.83	10%	0			3.0	3.0			4.0			1.0				
20838	REPLANTATION FOOT COMPLETE	090	986	1062	76	8%	42.88	47.09	4.21	10%	-2			3.0	3.0	1.0		8.0			1.0				
20910	REMOVE CARTILAGE FOR GRAFT	090	227	235	8	4%	5.53	6.52	0.99	18%	0			4.0							0.5				
20912	REMOVE CARTILAGE FOR GRAFT	090	256	264	8	3%	6.54	7.53	0.99	15%	0			4.0							0.5				
20920	REMOVAL OF FASCIA FOR GRAFT	090	195	203.5	8.5	4%	5.51	6.51	1.00	18%	0			3.0				0.5			1.0				

20924	REMOVAL OF TENDON FOR GRAF	090	194	202.5	8.5	4%	6.68	7.68	1.00	15%	0			3.0				0.5			1.0		
20955	FIBULA BONE GRAFT MICROVASC	090	957	1014	57	6%	40.26	43.57	3.31	8%	0			3.0	3.0			6.0			1.0		1.0
20956	ILIAC BONE GRAFT MICROVASC	090	894	963	69	8%	41.18	45.32	4.14	10%	0			5.0	2.0			9.0			1.0		
20957	MT BONE GRAFT MICROVASC	090	930	1001	71	8%	42.61	46.97	4.36	10%	0			6.0	2.0			9.0			1.0		
20969	BONE/SKIN GRAFT MICROVASC	090	1048	1124	76	7%	45.43	49.51	4.08	9%	-4			2.0	2.0	2.0		8.0			1.0		
20970	BONE/SKIN GRAFT ILIAC CREST	090	988	1064	76	8%	44.58	48.66	4.08	9%	-4			2.0	2.0	2.0		8.0			1.0		
20972	BONE/SKIN GRAFT METATARSAL	090	898	959	61	7%	44.51	47.87	3.36	8%	-4			2.0	2.0	2.0		5.0			1.0		
20973	BONE/SKIN GRAFT GREAT TOE	090	988	1049	61	6%	47.27	50.63	3.36	7%	-4			2.0	2.0	2.0		5.0			1.0		
21010	INCISION OF JAW JOINT	090	337	351	14	4%	11.04	12.69	1.65	15%	0			3.0	1.0			1.0	1.0		1.0		
21011	EXC FACE LES SC	090	107	116	9	8%	2.99	3.54	0.55	18%	0			1.0	1.0								
21012	EXC FACE LES SBQ 2 CM/>	090	148	157	9	6%	4.45	5.11	0.66	15%	0			1.0	1.0						0.5		
21013	EXC FACE TUM DEEP < 2 CM	090	174	183	9	5%	5.42	6.08	0.66	12%	0			1.0	1.0						0.5		
21014	EXC FACE TUM DEEP 2 CM/>	090	217	233	16	7%	7.13	8.12	0.99	14%	0			1.0	2.0						0.5		
21015	RESECT FACE/SCALP TUM < 2 CM	090	277	300	23	8%	9.89	11.21	1.32	13%	0			1.0	3.0						0.5		
21016	RESECT FACE/SCALP TUM 2 CM/>	090	398	424	26	7%	15.26	17.22	1.96	13%	-2			1.0	2.0	1.0		1.0	1.0		1.0		
21025	EXCISION OF BONE LOWER JAW	090	283	301	18	6%	10.03	11.13	1.10	11%	0			2.0	2.0								
21026	EXCISION OF FACIAL BONE(S)	090	261	284	23	9%	5.7	7.26	1.56	27%	0			2.0	2.0			1.0			1.0		
21029	CONTOUR OF FACE BONE LESION	090	196	212	16	8%	8.39	9.38	0.99	12%	0			1.0	2.0						0.5		
21030	EXCISE MAX/ZYGOMA B9 TUMOR	090	133	144	11	8%	4.91	5.68	0.77	16%	0			2.0	1.0								
21031	REMOVE EXOSTOSIS MANDIBLE	090	93	95	2	2%	3.3	3.52	0.22	7%	-2		1.0	1.0									
21032	REMOVE EXOSTOSIS MAXILLA	090	125	129	4	3%	3.34	3.78	0.44	13%	0			2.0									
21034	EXCISE MAX/ZYGOMA MAL TUMOR	090	365	395	30	8%	17.38	19.14	1.76	10%	-2			1.0	2.0	1.0		1.0			1.0		
21040	EXCISE MANDIBLE LESION	090	137	148	11	8%	4.91	5.68	0.77	16%	0			2.0	1.0								
21044	REMOVAL OF JAW BONE LESION	090	325	350	25	8%	12.8	14.45	1.65	13%	-2			2.0	1.0	1.0		1.0			1.0		
21045	EXTENSIVE JAW SURGERY	090	599	629	30	5%	18.37	21.19	2.82	15%	-2			2.0	2.0	1.0		2.0	1.0	1.0	1.0		
21046	REMOVE MANDIBLE CYST COMPLE	090	400	432	32	8%	14.21	16.32	2.11	15%	0			3.0	3.0			1.0			1.0		
21047	EXCISE LWR JAW CYST W/REPAIR	090	565	602	37	7%	20.07	22.42	2.35	12%	0			3.0	3.0			2.0			1.0		
21048	REMOVE MAXILLA CYST COMPLE	090	400	432	32	8%	14.71	16.82	2.11	14%	0			3.0	3.0			1.0			1.0		
21049	EXCIS UPPR JAW CYST W/REPAIR	090	550	587	37	7%	19.32	21.67	2.35	12%	0			3.0	3.0			2.0			1.0		
21050	REMOVAL OF JAW JOINT	090	377	404	27	7%	11.76	13.63	1.87	16%	-2			3.0	1.0	1.0		1.0			1.0		
21060	REMOVE JAW JOINT CARTILAGE	090	334	357	23	7%	11.07	12.63	1.56	14%	0			2.0	2.0			1.0			1.0		
21070	REMOVE CORONOID PROCESS	090	246	257	11	4%	8.62	9.50	0.88	10%	-2		1.0	2.0	1.0						0.5		
21073	MNPJ OF TMJ W/ANESTH	090	134	142	8	6%	3.45	4.33	0.88	26%	0			4.0									
21100	MAXILLOFACIAL FIXATION	090	232	247	15	6%	4.73	6.05	1.32	28%	0			4.0	1.0						0.5		
21110	INTERDENTAL FIXATION	090	239	259	20	8%	5.99	7.31	1.32	22%	0			3.0	2.0								
21120	GENIOPLASTY AUGMENTATION	090	184	191	7	4%	5.1	5.87	0.77	15%	0			3.5									
21121	GENIOP SLDG OSTEOT 1	090	193	200	7	4%	7.81	8.58	0.77	10%	0			3.5									
21122	GENIOP SLDG OSTEOT 2/>	090	247	255	8	3%	8.71	9.70	0.99	11%	0			4.0							0.5		
21123	GENIOP SLDG AUGMENTATION	090	297	305	8	3%	11.34	12.44	1.10	10%	0			4.0							1.0		
21125	AUGMENTATION MNDBLR PROST	090	297	305	8	3%	10.8	11.90	1.10	10%	0			4.0							1.0		
21127	AUGMENTATION MNDBLR B1 GR	090	358	388.5	30.5	9%	12.44	14.10	1.66	13%	0				4.0			0.5			1.0		
21137	RDCTJ FOREHEAD CNTRG ONLY	090	310	321	11	4%	10.24	11.23	0.99	10%	-2		1.0	2.0	1.0						1.0		
21138	RDCTJ FOREHEAD CNTRG&PROST	090	400	416	16	4%	12.87	13.97	1.10	9%	-2		1.0	1.0	2.0						1.0		
21139	RDCTJ FOREHEAD CNTRG&SETBA	090	466	482	16	3%	15.02	16.25	1.23	8%	-2		1.0	2.0	1.0			1.0			1.0		
21141	LEFORT I-1 PIECE W/O GRAFT	090	474	515	41	9%	19.57	22.23	2.66	14%	-2			4.0	2.0	1.0		2.0			1.0		
21142	LEFORT I-2 PIECE W/O GRAFT	090	485	526	41	8%	20.28	22.94	2.66	13%	-2			4.0	2.0	1.0		2.0			1.0		
21143	LEFORT I-3/> PIECE W/O GRAFT	090	497	538	41	8%	21.05	23.71	2.66	13%	-2			4.0	2.0	1.0		2.0			1.0		
21145	LEFORT I-1 PIECE W/ GRAFT	090	515	564.5	49.5	10%	23.94	26.50	2.56	11%	0				6.0			1.5			1.0		
21146	LEFORT I-2 PIECE W/ GRAFT	090	567.5	623	55.5	10%	24.87	27.72	2.85	11%	0				6.5			2.0			1.0		
21147	LEFORT I-3/> PIECE W/ GRAFT	090	707.5	765.5	58	8%	26.47	29.44	2.97	11%	0				6.5			2.5			1.0		1.5
21150	LEFORT II ANTERIOR INTRUSION	090	623	646	23	4%	25.96	27.52	1.56	6%	-4		2.0	2.0	2.0			1.0			1.0		1.0
21151	LEFORT II W/BONE GRAFTS	090	686	714	28	4%	29.02	30.82	1.80	6%	-4		2.0	2.0	2.0			2.0			1.0		1.0
21154	LEFORT III W/O LEFORT I	090	853	891.5	38.5	5%	31.29	33.57	2.28	7%	-5		2.0	2.0	1.0		1.0	2.5			1.0		1.5
21155	LEFORT III W/ LEFORT I	090	939	975	36	4%	35.22	37.38	2.16	6%	-5		2.0	2.0	1.0		1.0	2.0			1.0		2.0
21159	LEFORT III W/FHDW/O LEFORT I	090	986	1027	41	4%	43.14	45.54	2.40	6%	-5		2.0	2.0	1.0		1.0	3.0			1.0		2.0
21160	LEFORT III W/FHD W/ LEFORT I	090	1121	1137	16	1%	47.19	49.37	2.18	5%	-5		2.0	2.0	1.0		1.0		2.5		1.0		2.5
21172	RECONSTRUCT ORBIT/FOREHEAD	090	641	646	5	1%	28.2	29.49	1.29	5%	-4		2.0	2.0	1.0			1.5			1.0		1.5
21175	RECONSTRUCT ORBIT/FOREHEAD	090	731	738	7	1%	33.56	34.75	1.19	4%	-4		2.0	2.0	1.0			1.0			1.0		2.0
21179	RECONSTRUCT ENTIRE FOREHEAD	090	590	601	11	2%	22.65	23.64	0.99	4%	-2		1.0	2.0	1.0						1.0		2.0
21180	RECONSTRUCT ENTIRE FOREHEAD	090	670	681	11	2%	25.58	26.57	0.99	4%	-2		1.0	2.0	1.0						1.0		2.0
21181	CONTOUR CRANIAL BONE LESION	090	396	410	14	4%	10.28	11.29	1.01	10%	-4		2.0	1.0	1.0			1.0			1.0		
21182	RECONSTRUCT CRANIAL BONE	090	801	808	7	1%	32.58	33.77	1.19	4%	-4		2.0	2.0	1.0			1.0			1.0		2.0
21183	RECONSTRUCT CRANIAL BONE	090	891	894	3	0%	35.7	37.09	1.39	4%	-4		2.0	2.0	1.0			2.0			1.0		2.0
21184	RECONSTRUCT CRANIAL BONE	090	996	999	3	0%	38.62	40.01	1.39	4%	-4		2.0	2.0	1.0			2.0			1.0		2.0
21188	RECONSTRUCTION OF MIDFACE	090	572	599	27	5%	23.15	24.63	1.48	6%	-5		2.0		1.0		1.0				1.0		
21193	RECONST LWR JAW W/O GRAFT	090	386	428.5	42.5	11%	18.9	21.13	2.23	12%	0				5.0			1.5			1.0		
21194	RECONST LWR JAW W/GRAFT	090	482.5	531	48.5	10%	21.82	24.34	2.52	12%	0				5.5			2.0			1.0		
21195	RECONST LWR JAW W/O FIXATIO	090	384.5	430.5	46	12%	19.16	21.56	2.40	13%	0				5.5			1.5			1.0		
21196	RECONST LWR JAW W/FIXATION	090	411.5	457.5	46	11%	20.83	23.23	2.40	11%	0				5.5			1.5			1.0		
21198	RECONSTR LWR JAW SEGMENT	090	359.5	396	36.5	10%	15.71	17.66	1.95	12%	0				4.5			1.0			1.0		
21199	RECONSTR LWR JAW W/ADVANC	090	283	290	7	2%	16.73	17.92	1.19	7%	0			2.0	1.0				1.0		1.0		
21206	RECONSTRUCT UPPER JAW BONE	090	361.5	395.5	34	9%	15.59	17.42	1.83	12%	0				4.5			0.5			1.0		
21208	AUGMENTATION OF FACIAL BONI																						

21209	REDUCTION OF FACIAL BONES	090	270	297	27	10%	7.82	9.58	1.76	23%	0			3.0	3.0						0.5			
21210	FACE BONE GRAFT	090	318	352	34	11%	11.69	13.54	1.85	16%	-2			2.0	3.0	1.0								
21215	LOWER JAW BONE GRAFT	090	334	368	34	10%	12.23	14.08	1.85	15%	-2			2.0	3.0	1.0								
21230	RIB CARTILAGE GRAFT	090	342	353	11	3%	11.17	12.16	0.99	9%	0			2.0	1.0						1.0			
21235	EAR CARTILAGE GRAFT	090	265	285	20	8%	7.5	8.93	1.43	19%	0			3.0	2.0						0.5			
21240	RECONSTRUCTION OF JAW JOINT	090	425	472	47	11%	16.07	18.51	2.44	15%	0				6.0			1.0			1.0			
21242	RECONSTRUCTION OF JAW JOINT	090	402	432	30	7%	14.59	16.99	2.40	16%	-2			3.0	2.0	1.0		1.0	1.0		1.0			
21243	RECONSTRUCTION OF JAW JOINT	090	751	827	76	10%	24.53	28.73	4.20	17%	0				10.0			2.0	1.0		1.0			
21244	RECONSTRUCTION OF LOWER JAW	090	387	422	35	9%	13.62	16.26	2.64	19%	-2			3.0	2.0	1.0		2.0	1.0		1.0			
21245	RECONSTRUCTION OF JAW	090	376	408	32	9%	13.12	15.10	1.98	15%	-2			2.0	2.0	1.0		1.0			1.0			
21246	RECONSTRUCTION OF JAW	090	369	382	13	4%	12.92	14.13	1.21	9%	0			3.0	1.0						1.0			
21247	RECONSTRUCT LOWER JAW BONE	090	544	590	46	8%	24.37	27.14	2.77	11%	-2			3.0	3.0	1.0		2.0			1.0			
21248	RECONSTRUCTION OF JAW	090	223	251	28	13%	12.74	14.06	1.32	10%	0				4.0									
21249	RECONSTRUCTION OF JAW	090	295	323	28	9%	18.77	20.09	1.32	7%	0				4.0									
21255	RECONSTRUCT LOWER JAW BONE	090	457	503	46	10%	18.46	21.23	2.77	15%	-2			3.0	3.0	1.0		2.0			1.0			
21256	RECONSTRUCTION OF ORBIT	090	444	467	23	5%	17.66	19.38	1.72	10%	-2			2.0	2.0	1.0			1.0					
21260	REVISE EYE SOCKETS	090	426	436	10	2%	17.9	19.62	1.72	10%	0			2.0	2.0				2.0		1.0			
21261	REVISE EYE SOCKETS	090	674	697	23	3%	34.07	36.94	2.87	8%	-2			2.0	3.0	1.0			2.0	1.0	1.0			
21263	REVISE EYE SOCKETS	090	639	662	23	4%	31.01	33.88	2.87	9%	-2			2.0	3.0	1.0			2.0	1.0	1.0			
21267	REVISE EYE SOCKETS	090	476	495	19	4%	20.69	22.83	2.14	10%	-2			2.0	2.0	1.0			2.0		1.0			
21268	REVISE EYE SOCKETS	090	614	637	23	4%	27.07	29.94	2.87	11%	-2			2.0	3.0	1.0			2.0	1.0	1.0			
21270	AUGMENTATION CHEEK BONE	090	362	373	11	3%	10.63	11.40	0.77	7%	0			2.0	1.0									
21275	REVISION ORBITOFACIAL BONES	090	360	376	16	4%	11.76	12.99	1.23	10%	0			2.0	1.0			1.0			1.0			
21280	MEDIAL CANTHOPEXY	090	251	276	25	10%	7.13	8.43	1.30	18%	-2			1.0	2.0	1.0								
21282	LATERAL CANTHOPEXY	090	209	227	18	9%	4.27	5.24	0.97	23%	-2			1.0	1.0	1.0								
21295	REVISION OF JAW MUSCLE/BONE	090	101	110	9	9%	1.9	2.45	0.55	29%	0			1.0	1.0									
21296	REVISION OF JAW MUSCLE/BONE	090	219	235	16	7%	4.78	6.01	1.23	26%	0			2.0	1.0			1.0			1.0			
21325	OPEN TX NOSE FX UNCOMPLICAT	090	217	228	11	5%	4.18	5.17	0.99	24%	0			2.0	1.0						1.0			
21330	OPEN TX NOSE FX W/SKELE FIXJ	090	251	262	11	4%	5.79	6.78	0.99	17%	0			2.0	1.0						1.0			
21335	OPEN TX NOSE & SEPTAL FX	090	293	304	11	4%	9.02	10.01	0.99	11%	0			2.0	1.0						1.0			
21336	OPEN TX SEPTAL FX W/WO STABJ	090	243	268	25	10%	6.77	8.20	1.43	21%	0			2.0	3.0									
21337	CLOSED TX SEPTAL&NOSE FX	090	154	170	16	10%	3.39	4.27	0.88	26%	0			1.0	2.0									
21338	OPEN NASOETHMOID FX W/O FIX	090	291	302	11	4%	6.87	7.86	0.99	14%	0			2.0	1.0						1.0			
21339	OPEN NASOETHMOID FX W/ FIXJ	090	315	326	11	3%	8.5	9.49	0.99	12%	0			2.0	1.0						1.0			
21340	PERQ TX NASOETHMOID FX	090	347	365	18	5%	11.49	12.81	1.32	11%	0			2.0	2.0						1.0			
21343	OPEN TX DPRSD FRONT SINUS FX	090	389	410	21	5%	14.32	16.17	1.85	13%	0			2.0	3.0				1.0		1.0			
21344	OPEN TX COMPL FRONT SINUS FX	090	519	537	18	3%	21.57	23.82	2.25	10%	0			2.0	3.0				1.0	1.0	1.0			
21345	CLOSED TX NOSE/JAW FX	090	312	337	25	8%	9.06	10.84	1.78	20%	0			3.0	2.0			1.0			1.0			
21346	OPN TX NASOMAX FX W/FIXJ	090	352	375	23	7%	11.45	13.01	1.56	14%	0			2.0	2.0			1.0			1.0			
21347	OPN TX NASOMAX FX MULTIPLE	090	393	416	23	6%	13.53	15.09	1.56	12%	0			2.0	2.0			1.0			1.0			
21348	OPN TX NASOMAX FX W/GRAFT	090	452	475	23	5%	17.52	19.08	1.56	9%	0			2.0	2.0			1.0			1.0			
21355	PERQ TX MALAR FRACTURE	010	176	192	16	9%	4.45	5.33	0.88	20%	0			1.0	2.0									
21356	OPN TX DPRSD ZYGOMATIC ARCH	010	185	201	16	9%	4.83	5.71	0.88	18%	0			1.0	2.0									
21360	OPN TX DPRSD MALAR FRACTURE	090	273	291	18	7%	7.19	8.29	1.10	15%	0			2.0	2.0									
21365	OPN TX COMPLX MALAR FX	090	432	477	45	10%	16.77	19.12	2.35	14%	0				5.0			2.0			1.0			
21366	OPN TX COMPLX MALAR W/GRFT	090	467	490	23	5%	18.6	20.16	1.56	8%	0			2.0	2.0			1.0			1.0			
21385	OPN TX ORBIT FX TRANSANTRAL	090	324	335	11	3%	9.57	10.56	0.99	10%	0			2.0	1.0						1.0			
21386	OPN TX ORBIT FX PERIORBITAL	090	320	331	11	3%	9.57	10.56	0.99	10%	0			2.0	1.0						1.0			
21387	OPN TX ORBIT FX COMBINED	090	335	346	11	3%	10.11	11.10	0.99	10%	0			2.0	0.99	1.0					1.0			
21390	OPN TX ORBIT PERIORBTL IMPLT	090	346	360	14	4%	11.23	12.40	1.17	10%	-2			1.0	1.0	1.0			1.0					
21395	OPN TX ORBIT PERIORBT W/GRFT	090	347	357	10	3%	14.7	15.91	1.21	8%	0			1.0	1.0			1.0	1.0		1.0			
21400	CLOSED TX ORBIT W/O MANIPUL	090	102	106	4	4%	1.5	1.94	0.44	29%	0			2.0										
21401	CLOSED TX ORBIT W/MANIPULJ	090	204	215	11	5%	3.68	4.67	0.99	27%	0			2.0	1.0						1.0			
21406	OPN TX ORBIT FX W/O IMPLANT	090	284	295	11	4%	7.42	8.41	0.99	13%	0			2.0	1.0						1.0			
21407	OPN TX ORBIT FX W/IMPLANT	090	316	327	11	3%	9.02	10.01	0.99	11%	0			2.0	1.0						1.0			
21408	OPN TX ORBIT FX W/BONE GRFT	090	385	396	11	3%	12.78	13.77	0.99	8%	0			2.0	1.0						1.0			
21421	CLTX PALATAL/MAX FX WIRE FIX	090	256	278	22	9%	6.02	7.54	1.52	25%	-2			3.0	1.0	1.0					0.5			
21422	OPTX PALATAL/MAX FRACTURE	090	319	330	11	3%	8.73	9.72	0.99	11%	0			2.0	1.0						1.0			
21423	OPTX PALATAL/MAX FX COMP	090	359	372	13	4%	10.85	12.06	1.21	11%	0			3.0	1.0						1.0			
21431	CLTX CRANIOFACIAL SEPARATION	090	295	318	23	8%	7.9	9.46	1.56	20%	0			2.0	2.0			1.0			1.0			
21432	OPTX CRANFCL SEP W/WIRING	090	330	339	9	3%	8.82	9.72	0.90	10%	0			2.0				1.0			1.0			
21433	OPTX CRANFCL SEP COMP MLT	090	592	620	28	5%	26.29	28.09	1.80	7%	0			2.0	2.0			2.0			1.0			
21435	OPTX CRNFC SEP COMP INT&/XTF	090	1001	1024	23	2%	20.26	23.68	3.42	17%	-2			2.0	2.0	1.0		2.0	2.0	2.0	1.0			
21436	OPTX CRNFCL SEP COMP MLT INT	090	644	671	27	4%	30.3	32.97	2.67	9%	-2			2.0	3.0	1.0			1.0	1.0	1.0			
21440	CLTX MNDBLR/MAX ALV RIDGE F	090	162	180	18	11%	3.44	4.54	1.10	32%	0			2.0	2.0									
21445	OPTX MNDBLR/MAX ALV RIDGE F	090	252	274	22	9%	6.26	7.78	1.52	24%	-2			3.0	1.0	1.0					0.5			
21450	CLTX MNDBLR FX W/O MNPJ	090	162	180	18	11%	3.71	4.81	1.10	30%	0			2.0	2.0									
21451	CLTX MNDBLR FX W/MNPJ	090	252	272	20	8%	5.65	7.08	1.43	25%	0			3.0	2.0						0.5			
21452	PERQ TX MNDBLR FX XTRNL FIXJ	090	133	144	11	8%	2.4	3.28	0.88	37%	0			2.0	1.0						0.5			
21453	CLTX MNDBLR FX NTRDNTL FIXJ	090	261	288	27	10%	6.64	8.40	1.76	27%	0			3.0	3.0						0.5			
21454	OPTX MNDBLR FX XTRNL FIXJ	090	288	313	25	9%	7.36	9.14	1.78	24%	0			3.0	2.0			1.0			1.0			
21461	OPTX MNDBLR FX WO NTRDNTL	090	318	350	32	10%	9.31	11.42	2.11	23%	0			3.0	3.0									

21465	OPTX MNDBLR CNDYLR FX	090	373	405	32	9%	13.12	15.23	2.11	16%	0			3.0	3.0			1.0			1.0			
21470	OPTX COMPLICATED MNDBLR FX	090	469	523.5	54.5	12%	17.54	20.34	2.80	16%	0				6.0			2.5			1.0			
21485	CLTX TMPRMAND DISLC COMP	090	203	223	20	10%	4.77	6.09	1.32	28%	0			3.0	2.0									
21490	OPTX TMPRMAND DISLOCATION	090	368	395	27	7%	12.95	14.71	1.76	14%	0			3.0	3.0						0.5			
21497	INTERDENTAL WIRG OTH/THN FX	090	239	259	20	8%	4.64	6.07	1.43	31%	0			3.0	2.0						0.5			
21501	I&D DP ABSC/HMTMA SFT TS NCK	090	176	183	7	4%	3.98	4.86	0.88	22%	0			3.5							0.5			
21502	I&D DP ABS/HMTM NCK RIB OSTO	090	275	293	18	7%	7.55	9.13	1.58	21%	0			4.0				2.0			1.0			
21510	INC DEEP OPNG B1 CRTX THORAX	090	295	314	19	6%	6.2	7.89	1.69	27%	0			4.5				2.0			1.0			
21550	BIOPSY OF NECK/CHEST	010	89	91	2	2%	2.11	2.33	0.22	10%	0			1.0										
21552	EXC NECK LES SC 3 CM/>	090	194	203	9	5%	6.49	7.15	0.66	10%	0			1.0	1.0						0.5			
21554	EXC NECK TUM DEEP 5 CM/>	090	320	341	21	7%	11.13	12.47	1.34	12%	0			1.0	2.0			1.0			1.0			
21555	EXC NECK LES SC < 3 CM	090	138	147	9	7%	3.96	4.62	0.66	17%	0			1.0	1.0						0.5			
21556	EXC NECK TUM DEEP < 5 CM	090	234	250	16	7%	7.66	8.65	0.99	13%	0			1.0	2.0						0.5			
21557	RESECT NECK THORAX TUMOR<5	090	398	422	24	6%	14.75	16.62	1.87	13%	0			1.0	3.0			1.0	1.0		1.0			
21558	RESECT NECK TUMOR 5 CM/>	090	502	524	22	4%	21.58	23.74	2.16	10%	-2			1.0	2.0	1.0		1.0	2.0		1.0			
21600	PARTIAL REMOVAL OF RIB	090	251	266.5	15.5	6%	7.26	8.72	1.46	20%	0			4.0				1.5			1.0			
21601	EXC CHEST WALL TUMOR W/RIBS	090	510.5	565	54.5	11%	17.78	20.60	2.82	16%	0				3.5			6.0			1.0		1.0	
21602	EXC CH WAL TUM W/O LYMPHAD	090	669.5	745	75.5	11%	22.19	26.00	3.81	17%	0				6.5			6.0			1.0		1.0	
21603	EXC CH WAL TUM W/LYMPHADE	090	760	846.5	86.5	11%	25.17	29.50	4.33	17%	0				7.0			7.5			1.0		1.0	
21610	PARTIAL REMOVAL OF RIB	090	440	476	36	8%	15.91	17.84	1.93	12%	0				3.0			3.0			1.0			
21615	REMOVAL OF RIB	090	334	358	24	7%	10.45	12.38	1.93	18%	0			4.5				3.0			1.0			
21616	REMOVAL OF RIB AND NERVES	090	393	420.5	27.5	7%	12.69	14.85	2.16	17%	0			5.0				3.5			1.0			
21620	PARTIAL REMOVAL OF STERNUM	090	285	305.5	20.5	7%	7.28	8.98	1.70	23%	0			4.0				2.5			1.0			
21627	STERNAL DEBRIDEMENT	090	264	284.5	20.5	8%	7.3	9.00	1.70	23%	0			4.0				2.5			1.0			
21630	RADICAL RESECTION STERNUM	090	597	640.5	43.5	7%	19.18	22.17	2.99	16%	0			5.5				6.5			1.0		1.5	
21685	HYOID MYOTOMY & SUSPENSION	090	440	479	39	9%	15.26	17.82	2.56	17%	-6			1.0	2.0	3.0			1.0		1.0			
21700	REVISION OF NECK MUSCLE	090	188	193	5	3%	6.31	7.08	0.77	12%	0			2.5							1.0			
21705	REVISION OF NECK MUSCLE/RIB	090	273	286.5	13.5	5%	9.92	11.16	1.24	13%	0			3.0				1.5			1.0			
21720	REVISION OF NECK MUSCLE	090	157	162	5	3%	5.8	6.46	0.66	11%	0			2.5							0.5			
21725	REVISION OF NECK MUSCLE	090	258	266.5	8.5	3%	7.19	8.19	1.00	14%	0			3.0				0.5			1.0			
21740	RECONSTRUCTION OF STERNUM	090	391	406	15	4%	17.57	18.89	1.32	8%	0				2.0			1.0	1.0		1.0			
21750	REPAIR OF STERNUM SEPARATIO	090	306	309	3	1%	11.4	12.15	0.75	7%	0				1.0				1.0		1.0			
21820	TREAT STERNUM FRACTURE	090	59	62	3	5%	1.36	1.69	0.33	24%	0			1.5										
21825	TREAT STERNUM FRACTURE	090	253	267.5	14.5	6%	7.76	9.11	1.35	17%	0			3.5				1.5			1.0			
21920	BIOPSY SOFT TISSUE OF BACK	010	69	71	2	3%	2.11	2.33	0.22	10%	0			1.0										
21925	BIOPSY SOFT TISSUE OF BACK	090	145	151	6	4%	4.63	5.40	0.77	17%	0			3.0							0.5			
21930	EXC BACK LES SC < 3 CM	090	165	174	9	5%	4.94	5.60	0.66	13%	0			1.0	1.0						0.5			
21931	EXC BACK LES SC 3 CM/>	090	206	215	9	4%	6.88	7.54	0.66	10%	0			1.0	1.0						0.5			
21932	EXC BACK TUM DEEP < 5 CM	090	276	292	16	6%	9.82	11.05	1.23	13%	0			2.0	1.0			1.0			1.0			
21933	EXC BACK TUM DEEP 5 CM/>	090	315	336	21	7%	11.13	12.47	1.34	12%	0			1.0	2.0			1.0			1.0			
21935	RESECT BACK TUM < 5 CM	090	408	432	24	6%	15.72	17.59	1.87	12%	0			1.0	3.0			1.0	1.0		1.0			
21936	RESECT BACK TUM 5 CM/>	090	510	532	22	4%	22.55	24.71	2.16	10%	-2			1.0	2.0	1.0		1.0	2.0		1.0			
22010	I&D P-SPINE C/T/CERV-THOR	090	378	412	34	9%	12.75	15.10	2.35	18%	0			1.0	3.0			3.0	1.0		1.0			
22015	I&D ABSCESS P-SPINE L/S/LS	090	373	407	34	9%	12.64	14.99	2.35	19%	0			1.0	3.0			3.0	1.0		1.0			
22100	REMOVE PART OF NECK VERTEBR	090	372	410	38	10%	11	13.02	2.02	18%	0				4.0			2.0			1.0			
22101	REMOVE PART THORAX VERTEBR	090	387	430	43	11%	11.08	13.34	2.26	20%	0				4.0			3.0			1.0			
22102	REMOVE PART LUMBAR VERTEBR	090	387	430	43	11%	11.08	13.34	2.26	20%	0				4.0			3.0			1.0			
22110	REMOVE PART OF NECK VERTEBR	090	479	537	58	12%	14	16.98	2.98	21%	0				4.0			6.0			1.0			
22112	REMOVE PART THORAX VERTEBR	090	530	590.5	60.5	11%	14.07	17.17	3.10	22%	0				4.0			6.5			1.0			
22114	REMOVE PART LUMBAR VERTEBR	090	530	590.5	60.5	11%	14.07	17.17	3.10	22%	0				4.0			6.5			1.0			
22206	INCIS SPINE 3 COLUMN THORAC	090	758	779	21	3%	37.18	39.69	2.51	7%	0			1.0	3.0			2.0	3.0		1.0			
22207	INCIS SPINE 3 COLUMN LUMBAR	090	758	779	21	3%	36.68	39.19	2.51	7%	0			1.0	3.0			2.0	3.0		1.0			
22210	INCIS 1 VERTEBRAL SEG CERV	090	609	679	70	11%	25.38	28.93	3.55	14%	0				5.0			7.0			1.0			
22212	INCIS 1 VERTEBRAL SEG THORAC	090	640	710	70	11%	20.99	24.54	3.55	17%	0				5.0			7.0			1.0			
22214	INCIS 1 VERTEBRAL SEG LUMBAR	090	624	694	70	11%	21.02	24.57	3.55	17%	0				5.0			7.0			1.0			
22220	OSTEOT DSC ANT 1 VRT SGM CRV	090	585	652.5	67.5	12%	22.94	26.37	3.43	15%	0				5.0			6.5			1.0			
22222	OSTEOT DSC ANT 1VRT SGM THRA	090	651	723.5	72.5	11%	23.09	26.76	3.67	16%	0				5.0			7.5			1.0			
22224	OSTEOT DSC ANT 1VRT SGM LMB	090	666	738.5	72.5	11%	23.09	26.76	3.67	16%	0				5.0			7.5			1.0			
22310	CLOSED TX VERT FX W/O MANJ	090	131	137	6	5%	3.45	4.22	0.77	22%	0			3.0							0.5			
22315	CLOSED TX VERT FX W/MANJ	090	252	285	33	13%	10.11	11.89	1.78	18%	0				4.0			1.0			1.0			
22318	TREAT ODONTOID FX W/O GRAFT	090	451	484	33	7%	22.72	24.63	1.91	8%	0			1.0	3.0			2.0			1.0			
22319	TREAT ODONTOID FX W/GRAFT	090	483	521	38	8%	25.33	27.48	2.15	8%	0			1.0	3.0			3.0			1.0			
22325	TREAT SPINE FRACTURE	090	528	590.5	62.5	12%	19.87	23.06	3.19	16%	0				5.0			5.5			1.0			
22326	TREAT NECK SPINE FRACTURE	090	480	535.5	55.5	12%	20.84	23.70	2.86	14%	0				4.0			5.5			1.0			
22327	TREAT THORAX SPINE FRACTURE	090	604	684	80	13%	20.77	24.80	4.03	19%	0				5.0			9.0			1.0			
22510	PERQ CERVICOTHORACIC INJECT	010	150	157	7	5%	7.9	8.34	0.44	6%	0				1.0						0.5			
22511	PERQ LUMBOSACRAL INJECTION	010	150	157	7	5%	7.33	7.77	0.44	6%	0				1.0						0.5			
22513	PERQ VERTEBRAL AUGMENTATIO	010	155	162	7	5%	8.65	9.09	0.44	5%	0				1.0						0.5			
22514	PERQ VERTEBRAL AUGMENTATIO	010	150	157	7	5%	7.99	8.43	0.44	6%	0				1.0						0.5			
22526	IDET SINGLE LEVEL	010	145	147	2	1%	5.85	6.18	0.33	6%	0			1.0							0.5			
22532	ARTHRD LAT XTRCVTRY TQ THRC	090	583	613	30	5%	25.99	28.54	2.55	10%	0			1.0	3.0			3.0	2.0		1.0			
22533	ARTHRD LAT XTRCVTRY TQ LMBR	090	549	583	34	6%	24.79	27.14	2.35															

22551	ARTHRD ANT NTRBDY CERVICAL	090	395	412	17	4%	25	26.41	1.41	6%	0				3.0				1.0		1.0			
22554	ARTHRD ANT NTRBD MIN DSC CR	090	362	379	17	5%	17.69	19.10	1.41	8%	0				3.0				1.0		1.0			
22556	ARTHRD ANT NTRBD MIN DSC TH	090	557	600	43	8%	24.7	26.96	2.26	9%	0				4.0			3.0			1.0		1.0	
22558	ARTHRD ANT NTRBD MIN DSC LU	090	525	563	38	7%	23.53	25.55	2.02	9%	0				4.0			2.0			1.0		1.0	
22586	ARTHRD PRE-SAC NTRBDY L5-S1	090	500	534	34	7%	28.12	30.34	2.22	8%	0				4.0			2.0	1.0			1.0		
22590	ARTHRD PST TQ CRANIOCERVICAL	090	501	544	43	9%	21.76	24.02	2.26	10%	0				4.0			3.0				1.0		
22595	ARTHRD PST TQ ATLAS-AXIS	090	521	579	58	11%	20.64	23.62	2.98	14%	0				4.0			6.0					1.0	
22600	ARTHRD PST TQ 1NTRSPC CRV	090	490	548	58	12%	17.4	20.38	2.98	17%	0				4.0			6.0					1.0	
22610	ARTHRD PST TQ 1NTRSPC THRC	090	549	614.5	65.5	12%	17.28	20.62	3.34	19%	0				4.0			7.5					1.0	
22612	ARTHRD PST TQ 1NTRSPC LUMBA	090	482	500	18	4%	23.53	25.38	1.85	8%	0				3.0			1.0	2.0				1.0	
22630	ARTHRD PST TQ 1NTRSPC LUM	090	479	499	20	4%	22.09	24.03	1.94	9%	-2				2.0	1.0		1.0	2.0				1.0	
22633	ARTHRD CMBN 1NTRSPC LUMBA	090	509	529	20	4%	26.8	28.74	1.94	7%	-2				2.0	1.0		1.0	2.0				1.0	
22800	ARTHRD PST DFRM	090	571	634	63	11%	19.5	22.72	3.22	17%	0				4.0			7.0					1.0	
22802	ARTHRD PST DFRM 7-12 VRT SGM	090	538	586	48	9%	32.11	34.61	2.50	8%	0				4.0			4.0					1.0	
22804	ARTHRD PST DFRM 13+ VRT SGM	090	595	648	53	9%	37.5	40.24	2.74	7%	0				4.0			5.0					1.0	
22808	ARTHRD ANT DFRM 2-3 VRT SGM	090	530	583	53	10%	27.51	30.25	2.74	10%	0				4.0			5.0					1.0	
22810	ARTHRD ANT DFRM 4-7 VRT SGM	090	595	648	53	9%	31.5	34.24	2.74	9%	0				4.0			5.0					1.0	
22812	ARTHRD ANT DFRM 8+ VRT SGM	090	700	772.5	72.5	10%	34.25	37.92	3.67	11%	0				5.0			7.5					1.0	
22818	KYPHECTOMY 1-2 SEGMENTS	090	747	781	34	5%	34.33	37.34	3.01	9%	0				3.0			5.0	3.0				1.0	
22819	KYPHECTOMY 3 OR MORE	090	795	841	46	6%	39.38	42.96	3.58	9%	0				4.0			6.0	3.0				1.0	
22830	EXPLORATION OF SPINAL FUSION	090	301	317	16	5%	11.22	12.58	1.36	12%	0			3.0				2.0					1.0	
22836	ANT THRC VRT BODY TETHRG <7	090	599	620	21	4%	32	34.14	2.14	7%	-2				2.0	1.0		1.0	1.0		1.0	1.0		
22837	ANT THRC VRT BODY TETHRG 8+	090	649	670	21	3%	35.5	37.64	2.14	6%	-2				2.0	1.0		1.0	1.0		1.0	1.0		
22838	REV RPLC/RMV THRC VRT TETHRG	090	649	670	21	3%	36	38.14	2.14	6%	-2				2.0	1.0		1.0	1.0		1.0	1.0		
22849	REINSERT SPINAL FIXATION	090	397	425.5	28.5	7%	19.17	21.13	1.96	10%	0			3.0				4.5					1.0	
22850	REMOVE SPINE FIXATION DEVICE	090	243	255.5	12.5	5%	9.82	10.95	1.13	12%	0			2.5				1.5					1.0	
22852	REMOVE SPINE FIXATION DEVICE	090	266	281	15	6%	9.37	10.62	1.25	13%	0			2.5				2.0					1.0	
22855	REMOVAL ANTERIOR INSTRMJ	090	418	449	31	7%	15.86	17.94	2.08	13%	0			3.0				5.0					1.0	
22856	TOT DISC ARTHRP 1NTRSPC CRV	090	367	393	26	7%	24.05	25.50	1.45	6%	0				3.0			1.0					1.0	
22857	TOT DISC ARTHRP 1NTRSPC LMBR	090	537	557	20	4%	27.13	29.07	1.94	7%	-2				2.0	1.0		1.0	2.0				1.0	
22861	REV RPLCM ARTHRP 1NTRSPC CR	090	477	490	13	3%	33.36	34.97	1.61	5%	0				3.0				2.0				1.0	
22862	REV RPLCM RTHRP 1NTRSPC LMB	090	620	645	25	4%	32.63	34.81	2.18	7%	0				4.0			1.0	2.0				1.0	
22864	RMVL TOT ARTHRP 1NTRSPC CRV	090	457	470	13	3%	29.4	31.01	1.61	5%	0				3.0				2.0				1.0	
22865	RMVL TOT ARTHRP 1NTRSPC LMB	090	600	630	30	5%	31.75	34.17	2.42	8%	0				4.0			2.0	2.0				1.0	
22867	INSJ STABLJ DEV W/DCMPRN	090	271	292	21	8%	15	16.10	1.10	7%	0				3.0								0.5	
22869	INSJ STABLJ DEV W/O DCMPRN	090	175	184	9	5%	7.03	7.69	0.66	9%	0			1.0	1.0								0.5	
22900	EXC ABDL TUM DEEP < 5 CM	090	244	260	16	7%	8.32	9.55	1.23	15%	0				2.0	1.0			1.0				1.0	
22901	EXC ABDL TUM DEEP 5 CM/>	090	284	300	16	6%	10.11	11.34	1.23	12%	0			2.0	1.0			1.0					1.0	
22902	EXC ABD LES SC < 3 CM	090	148	157	9	6%	4.42	5.08	0.66	15%	0			1.0	1.0								0.5	
22903	EXC ABD LES SC 3 CM/>	090	179	188	9	5%	6.39	7.05	0.66	10%	0				1.0	1.0							0.5	
22904	RADICAL RESECT ABD TUMOR<5CM	090	396	420	24	6%	16.69	18.56	1.87	11%	0				1.0	3.0			1.0	1.0			1.0	
22905	RAD RESECT ABD TUMOR 5 CM/>	090	463	494	31	7%	21.58	23.78	2.20	10%	-2			1.0	2.0	1.0		2.0	1.0				1.0	
23000	REMOVAL OF CALCIUM DEPOSITS	090	153	158	5	3%	4.48	5.14	0.66	15%	0			2.5									0.5	
23020	RELEASE SHOULDER JOINT	090	292	310	18	6%	9.36	10.94	1.58	17%	0				4.0			2.0					1.0	
23030	DRAIN SHOULDER LESION	010	152	154	2	1%	3.47	3.91	0.44	13%	0				1.0								1.0	
23031	DRAIN SHOULDER BURSA	010	94	96	2	2%	2.79	3.01	0.22	8%	0				1.0									
23035	DRAIN SHOULDER BONE LESION	090	300	323	23	8%	9.16	10.98	1.82	20%	0				4.0			3.0					1.0	
23040	EXPLORATORY SHOULDER SURGE	090	305	328	23	8%	9.75	11.57	1.82	19%	0				4.0			3.0					1.0	
23044	EXPLORATORY SHOULDER SURGE	090	253	272.5	19.5	8%	7.59	9.18	1.59	21%	0				3.5			2.5					1.0	
23065	BIOPSY SHOULDER TISSUES	010	64	65	1	2%	2.3	2.41	0.11	5%	0				0.5									
23066	BIOPSY SHOULDER TISSUES	090	133	139	6	5%	4.3	4.96	0.66	15%	0				3.0									
23071	EXC SHOULDER LES SC 3 CM/>	090	191	200	9	5%	5.91	6.57	0.66	11%	0				1.0	1.0							0.5	
23073	EXC SHOULDER TUM DEEP 5 CM/	090	285	306	21	7%	10.13	11.47	1.34	13%	0				1.0	2.0			1.0				1.0	
23075	EXC SHOULDER LES SC < 3 CM	090	142	151	9	6%	4.21	4.87	0.66	16%	0				1.0	1.0							0.5	
23076	EXC SHOULDER TUM DEEP < 5 CM	090	221	237	16	7%	7.41	8.40	0.99	13%	0				1.0	2.0							0.5	
23077	RESECT SHOULDER TUMOR < 5 CM	090	433	457	24	6%	17.66	19.53	1.87	11%	0				1.0	3.0			1.0	1.0			1.0	
23078	RESECT SHOULDER TUMOR 5 CM/	090	490	516	26	5%	22.55	24.51	1.96	9%	-2				1.0	2.0	1.0		1.0	1.0			1.0	
23100	BIOPSY OF SHOULDER JOINT	090	216	223	7	3%	6.2	7.19	0.99	16%	0				3.5								1.0	
23101	SHOULDER JOINT SURGERY	090	195	201	6	3%	5.72	6.60	0.88	15%	0				3.0								1.0	
23105	REMOVE SHOULDER JOINT LINING	090	276	286.5	10.5	4%	8.48	9.70	1.22	14%	0				4.0			0.5					1.0	
23106	INCISION OF COLLARBONE JOINT	090	214	221	7	3%	6.13	7.12	0.99	16%	0				3.5								1.0	
23107	EXPLORE TREAT SHOULDER JOINT	090	260	270.5	10.5	4%	8.87	10.09	1.22	14%	0				4.0			0.5					1.0	
23120	CLAVICULECTOMY PARTIAL	090	227	245	18	8%	7.39	8.60	1.21	16%	0				2.0	2.0							0.5	
23125	CLAVICULECTOMY TOTAL	090	279	289.5	10.5	4%	9.64	10.86	1.22	13%	0				4.0			0.5					1.0	
23130	ACROMP/ACROMIONECTOMY PR	090	231	240	9	4%	7.77	8.87	1.10	14%	0				4.5								0.5	
23140	REMOVAL OF BONE LESION	090	242	251.5	9.5	4%	7.12	8.23	1.11	16%	0				3.5			0.5					1.0	
23145	REMOVAL OF BONE LESION	090	307	320	13	4%	9.4	10.74	1.34	14%	0				4.0			1.0					1.0	
23146	REMOVAL OF BONE LESION	090	269	279.5	10.5	4%	8.08	9.30	1.22	15%	0				4.0			0.5					1.0	
23150	REMOVAL OF HUMERUS LESION	090	296	314	18	6%	8.91	10.49	1.58	18%	0				4.0			2.0					1.0	
23155	REMOVAL OF HUMERUS LESION	090	355	376.5	21.5	6%	10.86	12.67	1.81	17%	0				4.5			2.5					1.0	
23156	REMOVAL OF HUMERUS LESION	090	310	328	18	6%	9.11	10.69	1.58	17%	0				4.0			2.0					1.0	
23170	REMOVE COLLAR BONE LESION	090	247	261.5																				

23174	REMOVE HUMERUS LESION	090	352	374.5	22.5	6%	10.05	11.97	1.92	19%	0			5.0				2.5			1.0			
23180	REMOVE COLLAR BONE LESION	090	299	318	19	6%	8.99	10.68	1.69	19%	0			4.5				2.0			1.0			
23182	REMOVE SHOULDER BLADE LESION	090	314	333	19	6%	8.61	10.30	1.69	20%	0			4.5				2.0			1.0			
23184	REMOVE HUMERUS LESION	090	339	360.5	21.5	6%	9.9	11.71	1.81	18%	0			4.5				2.5			1.0			
23190	PARTIAL REMOVAL OF SCAPULA	090	249	258.5	9.5	4%	7.47	8.58	1.11	15%	0			3.5				0.5			1.0			
23195	REMOVAL OF HEAD OF HUMERUS	090	322	345	23	7%	10.36	12.18	1.82	18%	0			4.0				3.0			1.0			
23200	RESECT CLAVICLE TUMOR	090	497	519	22	4%	22.71	24.87	2.16	10%	-2			1.0	2.0	1.0		1.0	2.0		1.0			
23210	RESECT SCAPULA TUMOR	090	560	582	22	4%	27.21	29.37	2.16	8%	-2			1.0	2.0	1.0		1.0	2.0		1.0			
23220	RESECT PROX HUMERUS TUMOR	090	602	629	27	4%	30.21	32.61	2.40	8%	-2			1.0	2.0	1.0		2.0	2.0		1.0			
23330	REMOVE SHOULDER FOREIGN BODY	010	70	72	2	3%	1.9	2.12	0.22	12%	0			1.0										
23333	REMOVE SHOULDER FB DEEP	090	178	187	9	5%	6	6.66	0.66	11%	0			1.0	1.0						0.5			
23334	SHOULDER PROSTHESIS REMOVAL	090	418	433	15	4%	15.5	17.33	1.83	12%	0			1.0	3.0				2.0		1.0			
23335	SHOULDER PROSTHESIS REMOVAL	090	448	463	15	3%	19	20.83	1.83	10%	0			1.0	3.0				2.0		1.0			
23395	MUSCLE TRANSFER SHOULDER/ARM	090	423	463	40	9%	18.54	20.65	2.11	11%	0				5.0			1.0			1.0			
23397	MUSCLE TRANSFERS	090	399	425.5	26.5	7%	16.76	18.81	2.05	12%	0			4.5				3.5			1.0			
23400	FIXATION OF SHOULDER BLADE	090	315	329	14	4%	13.87	15.32	1.45	10%	0			4.5				1.0			1.0			
23405	INCISION OF TENDON & MUSCLE	090	192	199	7	4%	8.54	9.42	0.88	10%	0			3.5							0.5			
23406	INCISE TENDON(S) & MUSCLE(S)	090	239	248.5	9.5	4%	11.01	12.12	1.11	10%	0			3.5				0.5			1.0			
23410	REPAIR ROTATOR CUFF ACUTE	090	277	295	18	6%	11.39	12.60	1.21	11%	0			2.0	2.0						0.5			
23412	REPAIR ROTATOR CUFF CHRONIC	090	287	305	18	6%	11.93	13.14	1.21	10%	0			2.0	2.0						0.5			
23415	RELEASE OF SHOULDER LIGAMENTS	090	247	265	18	7%	9.23	10.44	1.21	13%	0			2.0	2.0						0.5			
23420	REPAIR OF SHOULDER	090	328	348	20	6%	13.54	14.97	1.43	11%	0			3.0	2.0						0.5			
23430	REPAIR BICEPS TENDON	090	237	255	18	8%	10.17	11.38	1.21	12%	0			2.0	2.0						0.5			
23440	REMOVE/TRANSPLANT TENDON	090	208	215	7	3%	10.64	11.52	0.88	8%	0			3.5							0.5			
23450	REPAIR SHOULDER CAPSULE	090	287	300	13	5%	13.7	15.04	1.34	10%	0			4.0				1.0			1.0			
23455	REPAIR SHOULDER CAPSULE	090	307	320	13	4%	14.67	16.01	1.34	9%	0			4.0				1.0			1.0			
23460	REPAIR SHOULDER CAPSULE	090	344	363	19	6%	15.82	17.51	1.69	11%	0			4.5				2.0			1.0			
23462	REPAIR SHOULDER CAPSULE	090	327	345	18	6%	15.72	17.30	1.58	10%	0			4.0				2.0			1.0			
23465	REPAIR SHOULDER CAPSULE	090	356	375	19	5%	16.3	17.99	1.69	10%	0			4.5				2.0			1.0			
23466	REPAIR SHOULDER CAPSULE	090	348	383	35	10%	15.8	17.67	1.87	12%	0				5.0						1.0			
23470	RECONSTRUCT SHOULDER JOINT	090	390	421.5	31.5	8%	17.89	20.18	2.29	13%	0			4.5				4.5			1.0			
23472	RECONSTRUCT SHOULDER JOINT	090	448	477	29	6%	22.13	24.24	2.11	10%	0			1.0	3.0			2.0	1.0		1.0			
23473	REVIS RECONST SHOULDER JOINT	090	488	517	29	6%	25	27.11	2.11	8%	0			1.0	3.0			2.0	1.0		1.0			
23474	REVIS RECONST SHOULDER JOINT	090	513	542	29	6%	27.21	29.32	2.11	8%	0			1.0	3.0			2.0	1.0		1.0			
23480	REVISION OF COLLAR BONE	090	275	290.5	15.5	6%	11.54	13.00	1.46	13%	0			4.0				1.5			1.0			
23485	REVISION OF COLLAR BONE	090	331	351.5	20.5	6%	13.91	15.61	1.70	12%	0			4.0				2.5			1.0			
23490	REINFORCE CLAVICLE	090	291	304	13	4%	12.16	13.50	1.34	11%	0			4.0				1.0			1.0			
23491	REINFORCE SHOULDER BONES	090	315	329	14	4%	14.54	15.99	1.45	10%	0			4.5				1.0			1.0			
23500	CLTX CLAVICULAR FX W/O MNPJ	090	79	84	5	6%	2.21	2.76	0.55	25%	0			2.5										
23505	CLTX CLAVICULAR FX W/MNPJ	090	121	127	6	5%	3.83	4.49	0.66	17%	0			3.0										
23515	OPTX CLAVICULAR FX W/INT FIX	090	287	305	18	6%	9.69	10.90	1.21	12%	0			2.0	2.0						0.5			
23520	CLTX STRNCLAV DISLC W/O MNPJ	090	82	87	5	6%	2.29	2.84	0.55	24%	0			2.5										
23525	CLTX STRNCLAV DISLC W/MNPJ	090	130	138	8	6%	3.79	4.67	0.88	23%	0			4.0										
23530	OPTX STRNCLAV DISLC AQT/CHRONIC	090	210	217	7	3%	7.48	8.36	0.88	12%	0			3.5							0.5			
23532	OPTX STRCLV DSLC AQ/CHRONIC GR	090	280	288	8	3%	8.2	9.30	1.10	13%	0			4.0							1.0			
23540	CLTX ACROMCLAV DISLC WO MNPJ	090	82	87	5	6%	2.36	2.91	0.55	23%	0			2.5										
23545	CLTX ACROMCLAV DISLC W/MNPJ	090	115	122	7	6%	3.43	4.20	0.77	22%	0			3.5										
23550	OPTX ACROMCLV DISLC AQT/CHRONIC	090	267	281.5	14.5	5%	7.59	8.94	1.35	18%	0			3.5				1.5			1.0			
23552	OPTX ACRLV DSLC AQ/CHRONIC GR	090	299	314.5	15.5	5%	8.82	10.28	1.46	17%	0			4.0				1.5			1.0			
23570	CLTX SCAPULAR FX W/O MNPJ	090	82	87	5	6%	2.36	2.91	0.55	23%	0			2.5										
23575	CLTX SCAP FX W/MNPJ +-TRACT	090	138	145	7	5%	4.23	5.00	0.77	18%	0			3.5										
23585	OPTX SCAPULAR FX W/INT FIX	090	407	435	28	7%	14.23	16.03	1.80	13%	0			2.0	2.0			2.0			1.0			
23600	CLTX PROX HUMRL FX W/O MNPJ	090	100	113	13	13%	3	3.99	0.99	33%	0			3.0	1.0									
23605	CLTX PRX HMRL FX MNPJ+-TRACT	090	172	180	8	5%	5.06	6.05	0.99	20%	0			4.0							0.5			
23615	OPTX PROX HUMRL FX W/INT FIX	090	338	366	28	8%	12.3	13.97	1.67	14%	0			1.0	3.0			1.0			1.0			
23616	OPTX PRX HMRL FX FIX RPR RPL	090	413	437	24	6%	18.37	20.24	1.87	10%	0			1.0	3.0			1.0	1.0		1.0			
23620	CLTX GR HMRL TBRS FX WO MNPJ	090	92	98	6	7%	2.55	3.21	0.66	26%	0			3.0										
23625	CLTX GR HMRL TBRS FX W/MNPJ	090	151	158	7	5%	4.1	4.98	0.88	21%	0			3.5							0.5			
23630	OPTX GR HMRL TBRS FX INT FIX	090	306	334	28	9%	10.57	12.24	1.67	16%	0			1.0	3.0			1.0			1.0			
23650	CLTX SHO DSLC W/MNPJ WO ANESTH	090	133	139	6	5%	3.53	4.19	0.66	19%	0			3.0										
23655	CLTX SHO DSLC W/MNPJ W/ANESTH	090	165	173	8	5%	4.76	5.75	0.99	21%	0			4.0							0.5			
23660	OPTX ACUTE SHOULDER DISLC	090	245	252	7	3%	7.66	8.65	0.99	13%	0			3.5							1.0			
23665	CLTX SHO DSLC FX GR HMRL TBR	090	165	173	8	5%	4.66	5.65	0.99	21%	0			4.0							0.5			
23670	OPTX SHO DISLC FX	090	326	349	23	7%	12.28	13.84	1.56	13%	0			2.0	2.0			1.0			1.0			
23675	CLTX SHO DISLC NECK FX MNPJ	090	222	231	9	4%	6.27	7.48	1.21	19%	0			4.5							1.0			
23680	OPTX SHO DISLC NECK FX FIX	090	361	384	23	6%	13.15	14.71	1.56	12%	0			2.0	2.0			1.0			1.0			
23700	MNPJ ANES SHO JT FIX APRATS	010	65	67	2	3%	2.57	2.79	0.22	9%	0			1.0										
23800	ARTHRODESIS GLENOHUMERAL JOINT	090	378	402	24	6%	14.73	16.66	1.93	13%	0			4.5				3.0			1.0			
23802	ARTHROD GLENOHUMERAL JT W/CLAV	090	448	493	45	10%	18.42	20.77	2.35	13%	0				5.0			2.0			1.0			
23900	INTERTHORACOSCOPIC AMPUTATION	090	537	579.5	42.5	8%	20.72	23.60	2.88	14%	0			5.0				6.5			1.0			
23920	DISARTICULATION SHOULDER	090	475	518	43	9%	16.23	18.49	2.26	14%	0				4.0			3.0			1.0			
23921	DISARTICULATION SHO SEC CLSR	090	241	250.5	9.5	4%	5.72	6.83	1.11	19%	0			3.5				0.5			1.0			
23930	I&D UPR A/E DP ABSCE/HMTMA	010	92	94	2	2%	2.99	3.32	0.33	11%	0			1.0										

23931	I&D UPR A/E BURSA	010	75	77	2	3%	1.84	2.17	0.33	18%	0			1.0					0.5			
23935	INC DP OPN B1 CRTX HUM/ELBW	090	233	245	12	5%	6.38	7.61	1.23	19%	0			3.5			1.0		1.0			
24000	ARTHRT ELBW EXPL DRG/RMVL F	090	217	228	11	5%	6.08	7.20	1.12	18%	0			3.0			1.0		1.0			
24006	ARTHRT ELBW CAPSL EXC RLS	090	282	300	18	6%	9.74	11.32	1.58	16%	0			4.0			2.0		1.0			
24065	BIOPSY ARM/ELBOW SOFT TISSUE	010	80	82	2	2%	2.13	2.35	0.22	10%	0			1.0								
24066	BIOPSY ARM/ELBOW SOFT TISSUE	090	172	178	6	3%	5.35	6.12	0.77	14%	0			3.0					0.5			
24071	EXC ARM/ELBOW LES SC 3 CM/>	090	183	192	9	5%	5.7	6.36	0.66	12%	0			1.0	1.0				0.5			
24073	EX ARM/ELBOW TUM DEEP 5 CM	090	283	304	21	7%	10.13	11.47	1.34	13%	0			1.0	2.0		1.0		1.0			
24075	EXC ARM/ELBOW LES SC < 3 CM	090	142	151	9	6%	4.24	4.90	0.66	16%	0			1.0	1.0				0.5			
24076	EX ARM/ELBOW TUM DEEP < 5 CM	090	229	245	16	7%	7.41	8.40	0.99	13%	0			1.0	2.0				0.5			
24077	RAD RESCJ TUM TISS A/E <5CM	090	405	429	24	6%	15.72	17.59	1.87	12%	0			1.0	3.0		1.0	1.0	1.0			
24079	RAD RESCJ TUM TISS A/E 5 CM+	090	472	503	31	7%	20.61	22.81	2.20	11%	-2			1.0	2.0	1.0	2.0	1.0	1.0			
24100	ARTHRT ELBW SYNOVIAL BX ONLY	090	157	163	6	4%	5.07	5.84	0.77	15%	0			3.0					0.5			
24101	ARTHRT ELBW JT EXPL BX RMVL	090	189	196	7	4%	6.3	7.18	0.88	14%	0			3.5					0.5			
24102	ARTHRT ELBOW W/SYNOVECTOMY	090	251	260.5	9.5	4%	8.26	9.37	1.11	13%	0			3.5			0.5		1.0			
24105	EXCISION OLECRANON BURSA	090	143	150	7	5%	3.78	4.55	0.77	20%	0			3.5								
24110	EXC/CURTG B1 CST/B9 TUM HUM	090	224	232	8	4%	7.58	8.57	0.99	13%	0			4.0					0.5			
24115	EXC/CRTG B1 CST/TUM HUM AGRF	090	339	359.5	20.5	6%	10.12	11.82	1.70	17%	0			4.0			2.5		1.0			
24116	EXC/CRTG B1 CST/TUM HUM ALG	090	326	344	18	6%	12.23	13.81	1.58	13%	0			4.0			2.0		1.0			
24120	EXC/CRTG B1 CST/B9 TUM RDS	090	195	202	7	4%	6.82	7.70	0.88	13%	0			3.5					0.5			
24125	EXC/CRTG B1 CST/TUM RDS AGRF	090	278	288.5	10.5	4%	8.14	9.36	1.22	15%	0			4.0			0.5		1.0			
24126	EXC/CRTG B1 CST/TUM RDS ALG	090	272	285	13	5%	8.62	9.96	1.34	16%	0			4.0			1.0		1.0			
24130	EXCISION RADIAL HEAD	090	192	199	7	4%	6.42	7.30	0.88	14%	0			3.5					0.5			
24134	SEQUESTRECTOMY SHFT/DSTL HUM	090	303	323.5	20.5	7%	10.22	11.92	1.70	17%	0			4.0			2.5		1.0			
24136	SEQUESTRECTOMY RADIAL H/N	090	263	280	17	6%	8.4	9.87	1.47	18%	0			3.5			2.0		1.0			
24138	SEQUESTRECTOMY OLECRN PROC	090	277	295.5	18.5	7%	8.5	10.29	1.79	21%	0			5.5			1.5		1.0			
24140	PARTIAL EXC BONE HUMERUS	090	284	299.5	15.5	5%	9.55	11.01	1.46	15%	0			4.0			1.5		1.0			
24145	PRTL EXC BONE RADIAL H/N	090	240	249.5	9.5	4%	7.81	8.92	1.11	14%	0			3.5			0.5		1.0			
24147	PRTL EXC BONE OLECRN PROCESS	090	252	264.5	12.5	5%	7.84	9.28	1.44	18%	0			5.0			0.5		1.0			
24149	RADICAL RESECTION OF ELBOW	090	456	503	47	10%	16.22	18.66	2.44	15%	0				6.0		1.0		1.0			
24150	RAD RESCJ TUM DSTL/SHFT HUM	090	502	533	31	6%	23.46	25.66	2.20	9%	-2			1.0	2.0	1.0	2.0	1.0	1.0			
24152	RAD RESECTION TUM RADIAL H/N	090	440	466	26	6%	19.99	21.95	1.96	10%	-2			1.0	2.0	1.0	1.0	1.0	1.0			
24155	RESECTION OF ELBOW JOINT	090	322	337.5	15.5	5%	12.09	13.55	1.46	12%	0			4.0			1.5		1.0			
24160	RMVL PROSTHHUMRL&ULNAR C	090	405	429	24	6%	18.63	20.50	1.87	10%	0			1.0	3.0		1.0	1.0	1.0			
24164	REMOVAL PROSTH RADIAL HEAD	090	228	249	21	9%	10	11.10	1.10	11%	0				3.0				0.5			
24200	RMVL FB UPPER ARM/ELBW SUB	010	68	70	2	3%	1.81	2.03	0.22	12%	0			1.0								
24201	RMVL FB UPPER ARM/ELBW DEE	090	164	170	6	4%	4.7	5.47	0.77	16%	0			3.0					0.5			
24300	MNPJ ELBOW UNDER ANES	090	205	217	12	6%	4.04	5.47	1.43	35%	0			6.0					0.5			
24301	MUSC/TDN TRANSFER UPR A/E 1	090	266	274	8	3%	10.38	11.48	1.10	11%	0			4.0					1.0			
24305	TENDON LGNTH UPR A/E EA TDN	090	209	216	7	3%	7.62	8.50	0.88	12%	0			3.5					0.5			
24310	TNOT OPN ELBW TO SHO EA TDN	090	171	177	6	4%	6.12	6.89	0.77	13%	0			3.0					0.5			
24320	TENOPLASTY ELBOW TO SHO 1	090	304	317	13	4%	10.86	12.20	1.34	12%	0			4.0			1.0		1.0			
24330	FLEXOR-PLASTY ELBOW	090	263	271	8	3%	9.79	10.89	1.10	11%	0			4.0					1.0			
24331	FLEXOR-PLASTY ELBW W/ADVMN	090	303	316	13	4%	10.95	12.29	1.34	12%	0			4.0			1.0		1.0			
24332	TENOLYSIS TRICEPS	090	230	243	13	6%	7.91	9.01	1.10	14%	0			3.0	1.0				0.5			
24340	TENODESIS BICEPS TDN AT ELBW	090	225	233	8	4%	8.08	9.07	0.99	12%	0			4.0					0.5			
24341	RPR TDN/MUSC UPR A/E EACH	090	318	353	35	11%	9.49	11.36	1.87	20%	0				5.0				1.0			
24342	REPAIR OF RUPTURED TENDON	090	290	300.5	10.5	4%	10.86	12.08	1.22	11%	0			4.0			0.5		1.0			
24343	REPR ELBOW LAT LIGMNT W/TISS	090	281	296	15	5%	9.16	10.48	1.32	14%	0			4.0	1.0				0.5			
24344	RECONSTRUCT ELBOW LAT LIGM	090	385	417	32	8%	15.21	17.32	2.11	14%	0			3.0	3.0		1.0		1.0			
24345	REPR ELBW MED LIGMNT W/TISS	090	284	299	15	5%	9.16	10.48	1.32	14%	0			4.0	1.0				0.5			
24346	RECONSTRUCT ELBOW MED LIGM	090	385	417	32	8%	15.21	17.32	2.11	14%	0			3.0	3.0		1.0		1.0			
24357	REPAIR ELBOW PERC	090	168	176	8	5%	5.44	6.43	0.99	18%	0			4.0					0.5			
24358	REPAIR ELBOW W/DEB OPEN	090	193	201	8	4%	6.66	7.65	0.99	15%	0			4.0					0.5			
24359	REPAIR ELBOW DEB/ATTCH OPEN	090	213	221	8	4%	8.98	9.97	0.99	11%	0			4.0					0.5			
24360	RECONSTRUCT ELBOW JOINT	090	320	334	14	4%	12.67	14.12	1.45	11%	0			4.5			1.0		1.0			
24361	RECONSTRUCT ELBOW JOINT	090	322	336	14	4%	14.41	15.86	1.45	10%	0			4.5			1.0		1.0			
24362	RECONSTRUCT ELBOW JOINT	090	350	364	14	4%	15.32	16.77	1.45	9%	0			4.5			1.0		1.0			
24363	REPLACE ELBOW JOINT	090	435	464	29	7%	22	24.11	2.11	10%	0			1.0	3.0		2.0	1.0	1.0			
24365	RECONSTRUCT HEAD OF RADIUS	090	229	238.5	9.5	4%	8.62	9.73	1.11	13%	0			3.5			0.5		1.0			
24366	RECONSTRUCT HEAD OF RADIUS	090	243	252.5	9.5	4%	9.36	10.47	1.11	12%	0			3.5			0.5		1.0			
24370	REVISE RECONST ELBOW JOINT	090	470	499	29	6%	23.55	25.66	2.11	9%	0			1.0	3.0		2.0	1.0	1.0			
24371	REVISE RECONST ELBOW JOINT	090	505	534	29	6%	27.5	29.61	2.11	8%	0			1.0	3.0		2.0	1.0	1.0			
24400	REVISION OF HUMERUS	090	288	299.5	11.5	4%	11.33	12.66	1.33	12%	0			4.5			0.5		1.0			
24410	REVISION OF HUMERUS	090	344	356.5	12.5	4%	15.11	16.55	1.44	10%	0			5.0			0.5		1.0			
24420	REVISION OF HUMERUS	090	329	341.5	12.5	4%	13.73	15.17	1.44	10%	0			5.0			0.5		1.0			
24430	REPAIR OF HUMERUS	090	343	376	33	10%	15.25	17.16	1.91	13%	0			1.0	3.0		2.0		1.0			
24435	REPAIR HUMERUS WITH GRAFT	090	433	478	45	10%	14.99	17.34	2.35	16%	0				5.0		2.0		1.0			
24470	REVISION OF ELBOW JOINT	090	236	244	8	3%	8.93	10.03	1.10	12%	0			4.0					1.0			
24495	DECOMPRESSION OF FOREARM	090	255	267	12	5%	8.41	9.64	1.23	15%	0			3.5			1.0		1.0			
24498	REINFORCE HUMERUS	090	308	323.5	15.5	5%	12.28	13.74	1.46	12%	0			4.0			1.5		1.0			
24500	TREAT HUMERUS FRACTURE	090	121	129	8	7%	3.41	4.29	0.88	26%	0			4.0								
24505	TREAT HUMERUS FRACTURE	090	188	197	9	5%	5.39	6.49	1.10	20%	0			4.5					0.5			

24515	TREAT HUMERUS FRACTURE	090	340	360	20	6%	12.12	13.92	1.80	15%	0			5.0			2.0			1.0			
24516	TREAT HUMERUS FRACTURE	090	352	375	23	7%	12.19	14.01	1.82	15%	0			4.0			3.0			1.0			
24530	TREAT HUMERUS FRACTURE	090	136	144	8	6%	3.69	4.57	0.88	24%	0			4.0									
24535	TREAT HUMERUS FRACTURE	090	206	216	10	5%	7.11	8.32	1.21	17%	0			5.0						0.5			
24538	TREAT HUMERUS FRACTURE	090	284	298	14	5%	9.77	11.22	1.45	15%	0			4.5			1.0			1.0			
24545	TREAT HUMERUS FRACTURE	090	361	384	23	6%	13.15	14.71	1.56	12%	0			2.0	2.0		1.0			1.0			
24546	TREAT HUMERUS FRACTURE	090	448	472	24	5%	14.91	16.78	1.87	13%	0			1.0	3.0		1.0	1.0		1.0			
24560	TREAT HUMERUS FRACTURE	090	118	125	7	6%	2.98	3.75	0.77	26%	0			3.5									
24565	TREAT HUMERUS FRACTURE	090	190	199	9	5%	5.78	6.88	1.10	19%	0			4.5						0.5			
24566	TREAT HUMERUS FRACTURE	090	257	285	28	11%	9.06	10.38	1.32	15%	0				4.0								
24575	TREAT HUMERUS FRACTURE	090	308	336	28	9%	9.71	11.38	1.67	17%	0			1.0	3.0		1.0			1.0			
24576	TREAT HUMERUS FRACTURE	090	129	137	8	6%	3.06	3.94	0.88	29%	0			4.0									
24577	TREAT HUMERUS FRACTURE	090	192	201	9	5%	6.01	7.11	1.10	18%	0			4.5						0.5			
24579	TREAT HUMERUS FRACTURE	090	338	366	28	8%	11.44	13.11	1.67	15%	0			1.0	3.0		1.0			1.0			
24582	TREAT HUMERUS FRACTURE	090	295	330	35	12%	10.14	11.79	1.65	16%	0				5.0								
24586	TREAT ELBOW FRACTURE	090	375	399	24	6%	15.78	17.71	1.93	12%	0			4.5			3.0			1.0			
24587	TREAT ELBOW FRACTURE	090	415	441.5	26.5	6%	15.79	17.84	2.05	13%	0			4.5			3.5			1.0			
24600	TREAT ELBOW DISLOCATION	090	121	127	6	5%	4.37	5.03	0.66	15%	0			3.0									
24605	TREAT ELBOW DISLOCATION	090	179	188	9	5%	5.64	6.74	1.10	20%	0			4.5						0.5			
24615	TREAT ELBOW DISLOCATION	090	277	294	17	6%	9.83	11.30	1.47	15%	0			3.5			2.0			1.0			
24620	TREAT ELBOW FRACTURE	090	211	221	10	5%	7.22	8.43	1.21	17%	0			5.0						0.5			
24635	TREAT ELBOW FRACTURE	090	291	314	23	8%	8.8	10.36	1.56	18%	0			2.0	2.0		1.0			1.0			
24640	TREAT ELBOW DISLOCATION	010	39	41	2	5%	1.25	1.47	0.22	18%	0			1.0									
24650	TREAT RADIUS FRACTURE	090	87	93	6	7%	2.31	2.97	0.66	29%	0			3.0									
24655	TREAT RADIUS FRACTURE	090	142	151	9	6%	4.62	5.61	0.99	21%	0			4.5									
24665	TREAT RADIUS FRACTURE	090	256	265	9	4%	8.36	9.57	1.21	14%	0			4.5						1.0			
24666	TREAT RADIUS FRACTURE	090	286	301.5	15.5	5%	9.86	11.32	1.46	15%	0			4.0			1.5			1.0			
24670	TREAT ULNAR FRACTURE	090	102	108	6	6%	2.69	3.35	0.66	25%	0			3.0									
24675	TREAT ULNAR FRACTURE	090	153	161	8	5%	4.91	5.79	0.88	18%	0			4.0									
24685	TREAT ULNAR FRACTURE	090	252	270	18	7%	8.37	9.58	1.21	14%	0			2.0	2.0					0.5			
24800	FUSION OF ELBOW JOINT	090	290	299	9	3%	11.41	12.62	1.21	11%	0			4.5						1.0			
24802	FUSION/GRAFT OF ELBOW JOINT	090	399	425.5	26.5	7%	14.32	16.37	2.05	14%	0			4.5			3.5			1.0			
24900	AMPUTATION OF UPPER ARM	090	312	336	24	8%	10.18	12.11	1.93	19%	0			4.5			3.0			1.0			
24920	AMPUTATION OF UPPER ARM	090	282	306.5	24.5	9%	10.13	11.96	1.83	18%	0			3.5			3.5			1.0			
24925	AMPUTATION FOLLOW-UP SURG	090	221	230.5	9.5	4%	7.3	8.41	1.11	15%	0			3.5			0.5			1.0			
24930	AMPUTATION FOLLOW-UP SURG	090	294	318.5	24.5	8%	10.83	12.66	1.83	17%	0			3.5			3.5			1.0			
24931	AMPUTATE UPPER ARM & IMPLA	090	358	388.5	30.5	9%	13.44	15.62	2.18	16%	0			4.0			4.5			1.0			
24935	REVISION OF AMPUTATION	090	458	495.5	37.5	8%	16.45	19.09	2.64	16%	0			5.0			5.5			1.0			
25000	INCISION OF TENDON SHEATH	090	135	142	7	5%	3.55	4.32	0.77	22%	0			3.5									
25001	INCISE FLEXOR CARPI RADIALIS	090	154	165	11	7%	3.79	4.67	0.88	23%	0			2.0	1.0					0.5			
25020	DECOMPRESS FOREARM 1 SPACE	090	204	210	6	3%	6.06	6.94	0.88	15%	0			3.0						1.0			
25023	DECOMPRESS FOREARM 1 SPACE	090	400	436.5	36.5	9%	13.83	16.36	2.53	18%	0			4.5			5.5			1.0			
25024	DECOMPRESS FOREARM 2 SPACE	090	385	397	12	3%	10.79	12.86	2.07	19%	0			4.0	1.0		1.0	2.0		1.0			
25025	DECOMPRESS FOREARM 2 SPACE	090	460	477	17	4%	17.94	20.25	2.31	13%	0			4.0	1.0		2.0	2.0		1.0			
25028	DRAINAGE OF FOREARM LESION	090	181	187	6	3%	5.39	6.27	0.88	16%	0			3.0						1.0			
25031	DRAINAGE OF FOREARM BURSA	090	141	146	5	4%	4.26	4.92	0.66	15%	0			2.5						0.5			
25035	TREAT FOREARM BONE LESION	090	241	253	12	5%	7.65	8.88	1.23	16%	0			3.5			1.0			1.0			
25040	EXPLORE/TREAT WRIST JOINT	090	227	240.5	13.5	6%	7.5	8.74	1.24	17%	0			3.0			1.5			1.0			
25065	BIOPSY FOREARM SOFT TISSUES	010	64	66	2	3%	2.04	2.26	0.22	11%	0			1.0									
25066	BIOPSY FOREARM SOFT TISSUES	090	156	162	6	4%	4.27	5.04	0.77	18%	0			3.0						0.5			
25071	EXC FOREARM LES SC 3 CM/>	090	178	187	9	5%	5.91	6.57	0.66	11%	0			1.0	1.0					0.5			
25073	EXC FOREARM TUM DEEP 3 CM/>	090	221	237	16	7%	7.13	8.12	0.99	14%	0			1.0	2.0					0.5			
25075	EXC FOREARM LES SC < 3 CM	090	137	146	9	7%	3.96	4.62	0.66	17%	0			1.0	1.0					0.5			
25076	EXC FOREARM TUM DEEP < 3 CM	090	206	222	16	8%	6.74	7.73	0.99	15%	0			1.0	2.0					0.5			
25077	RESECT FOREARM/WRIST TUM<3	090	345	373	28	8%	12.93	14.60	1.67	13%	0			1.0	3.0		1.0			1.0			
25078	RESECT FORARM/WRIST TUM 3CM	090	422	448	26	6%	17.69	19.65	1.96	11%	-2			1.0	2.0	1.0	1.0	1.0		1.0			
25085	INCISION OF WRIST CAPSULE	090	197	203	6	3%	5.64	6.52	0.88	16%	0			3.0						1.0			
25100	BIOPSY OF WRIST JOINT	090	142	147	5	4%	4.02	4.68	0.66	16%	0			2.5						0.5			
25101	EXPLORE/TREAT WRIST JOINT	090	163	169	6	4%	4.83	5.60	0.77	16%	0			3.0						0.5			
25105	REMOVE WRIST JOINT LINING	090	201	208	7	3%	6.02	6.90	0.88	15%	0			3.5						0.5			
25107	REMOVE WRIST JOINT CARTILAGE	090	257	285	28	11%	7.7	9.02	1.32	17%	0				4.0								
25109	EXCISE TENDON FOREARM/WRIST	090	191	207	16	8%	6.94	7.93	0.99	14%	0			1.0	2.0					0.5			
25110	REMOVE WRIST TENDON LESION	090	132	137	5	4%	4.04	4.59	0.55	14%	0			2.5									
25111	REMOVE WRIST TENDON LESION	090	140	146	6	4%	3.53	4.19	0.66	19%	0			3.0									
25112	REREMOVE WRIST TENDON LESIO	090	148	154	6	4%	4.67	5.33	0.66	14%	0			3.0									
25115	REMOVE WRIST/FOREARM LESIO	090	257	285	28	11%	10.09	11.41	1.32	13%	0				4.0								
25116	REMOVE WRIST/FOREARM LESIO	090	249	272	23	9%	7.56	8.88	1.32	17%	0			1.0	3.0					0.5			
25118	EXCISE WRIST TENDON SHEATH	090	158	164	6	4%	4.51	5.28	0.77	17%	0			3.0						0.5			
25119	PARTIAL REMOVAL OF ULNA	090	214	221	7	3%	6.21	7.20	0.99	16%	0			3.5						1.0			
25120	REMOVAL OF FOREARM LESION	090	217	224	7	3%	6.27	7.26	0.99	16%	0			3.5						1.0			
25125	REMOVE/GRAFT FOREARM LESIO	090	270	278	8	3%	7.67	8.77	1.10	14%	0			4.0						1.0			
25126	REMOVE/GRAFT FOREARM LESIO	090	260	268	8	3%	7.74	8.84	1.10	14%	0			4.0						1.0			
25130	REMOVAL OF WRIST LESION	090	167	174	7	4%	5.43	6.20	0.77	14%	0			3.5									

25135	REMOVE & GRAFT WRIST LESION	090	234	242	8	3%	7.08	8.07	0.99	14%	0			4.0						0.5			
25136	REMOVE & GRAFT WRIST LESION	090	204	211	7	3%	6.14	7.02	0.88	14%	0			3.5						0.5			
25145	REMOVE FOREARM BONE LESION	090	225	232	7	3%	6.54	7.53	0.99	15%	0			3.5						1.0			
25150	PARTIAL REMOVAL OF ULNA	090	257	269	12	5%	7.38	8.61	1.23	17%	0			3.5				1.0		1.0			
25151	PARTIAL REMOVAL OF RADIUS	090	266	278	12	5%	7.68	8.91	1.23	16%	0			3.5				1.0		1.0			
25170	RESECT RADIUS/ULNAR TUMOR	090	470	496	26	6%	22.21	24.17	1.96	9%	-2			1.0	2.0	1.0		1.0	1.0	1.0			
25210	REMOVAL OF WRIST BONE	090	194	201	7	4%	6.12	7.00	0.88	14%	0			3.5						0.5			
25215	REMOVAL OF WRIST BONES	090	269	279.5	10.5	4%	8.14	9.36	1.22	15%	0			4.0				0.5		1.0			
25230	PARTIAL REMOVAL OF RADIUS	090	190	196	6	3%	5.37	6.25	0.88	16%	0			3.0						1.0			
25240	PARTIAL REMOVAL OF ULNA	090	176	182	6	3%	5.31	6.08	0.77	15%	0			3.0						0.5			
25248	REMOVE FOREARM FOREIGN BODY	090	163	170	7	4%	5.31	6.08	0.77	15%	0			3.5									
25250	REMOVAL OF WRIST PROSTHESIS	090	205	212	7	3%	6.77	7.65	0.88	13%	0			3.5						0.5			
25251	REMOVAL OF WRIST PROSTHESIS	090	300	310.5	10.5	3%	9.82	11.04	1.22	12%	0			4.0				0.5		1.0			
25259	MANIPULATE WRIST W/ANESTHESIA	090	201	213	12	6%	4.04	5.47	1.43	35%	0			6.0						0.5			
25260	REPAIR FOREARM TENDON/MUSCLE	090	215	225	10	5%	8.04	9.25	1.21	15%	0			5.0						0.5			
25263	REPAIR FOREARM TENDON/MUSCLE	090	229	238	9	4%	8.04	9.25	1.21	15%	0			4.5						1.0			
25265	REPAIR FOREARM TENDON/MUSCLE	090	259	268	9	3%	10.1	11.20	1.10	11%	0			4.5						0.5			
25270	REPAIR FOREARM TENDON/MUSCLE	090	176	183	7	4%	6.17	7.05	0.88	14%	0			3.5						0.5			
25272	REPAIR FOREARM TENDON/MUSCLE	090	189	196	7	4%	7.21	8.09	0.88	12%	0			3.5						0.5			
25274	REPAIR FOREARM TENDON/MUSCLE	090	242	250	8	3%	8.94	9.93	0.99	11%	0			4.0						0.5			
25275	REPAIR FOREARM TENDON SHEATH	090	223	236	13	6%	8.96	10.06	1.10	12%	0			3.0	1.0					0.5			
25280	REVISE WRIST/FOREARM TENDON	090	195	202	7	4%	7.39	8.27	0.88	12%	0			3.5						0.5			
25290	INCISE WRIST/FOREARM TENDON	090	164	170	6	4%	5.43	6.20	0.77	14%	0			3.0						0.5			
25295	RELEASE WRIST/FOREARM TENDON	090	191	198	7	4%	6.72	7.60	0.88	13%	0			3.5						0.5			
25300	FUSION OF TENDONS AT WRIST	090	247	256	9	4%	9.02	10.12	1.10	12%	0			4.5						0.5			
25301	FUSION OF TENDONS AT WRIST	090	235	243	8	3%	8.59	9.58	0.99	12%	0			4.0						0.5			
25310	TRANSPLANT FOREARM TENDON	090	263	293	30	11%	9	10.52	1.52	17%	-2				3.0	1.0				0.5			
25312	TRANSPLANT FOREARM TENDON	090	284	294.5	10.5	4%	9.82	11.04	1.22	12%	0			4.0				0.5		1.0			
25315	REVISE PALSY HAND TENDON(S)	090	300	320.5	20.5	7%	10.68	12.38	1.70	16%	0			4.0				2.5		1.0			
25316	REVISE PALSY HAND TENDON(S)	090	356	380	24	7%	12.9	14.83	1.93	15%	0			4.5				3.0		1.0			
25320	REPAIR/REVISE WRIST JOINT	090	452	495	43	10%	12.75	14.76	2.01	16%	-8				1.0	4.0							
25332	REVISE WRIST JOINT	090	314	328	14	4%	11.74	13.19	1.45	12%	0			4.5				1.0		1.0			
25335	CENTRALIZATION WRIST ON ULNA	090	370	391.5	21.5	6%	13.39	15.20	1.81	14%	0			4.5				2.5		1.0			
25337	RECONSTRUCT ULNA/RADIOULNAR	090	353	387	34	10%	11.73	13.32	1.59	14%	-6				1.0	3.0							
25350	REVISION OF RADIUS	090	266	279	13	5%	9.09	10.43	1.34	15%	0			4.0				1.0		1.0			
25355	REVISION OF RADIUS	090	289	304.5	15.5	5%	10.53	11.99	1.46	14%	0			4.0				1.5		1.0			
25360	REVISION OF ULNA	090	259	272	13	5%	8.74	10.08	1.34	15%	0			4.0				1.0		1.0			
25365	REVISE RADIUS & ULNA	090	354	375.5	21.5	6%	12.91	14.72	1.81	14%	0			4.5				2.5		1.0			
25370	REVISE RADIUS OR ULNA	090	424	455	31	7%	14.1	16.49	2.39	17%	0			5.5				4.0		1.0			
25375	REVISE RADIUS & ULNA	090	382	403.5	21.5	6%	13.55	15.36	1.81	13%	0			4.5				2.5		1.0			
25390	SHORTEN RADIUS OR ULNA	090	295	308	13	4%	10.7	12.04	1.34	13%	0			4.0				1.0		1.0			
25391	LENGTHEN RADIUS OR ULNA	090	383	409.5	26.5	7%	14.28	16.33	2.05	14%	0			4.5				3.5		1.0			
25392	SHORTEN RADIUS & ULNA	090	390	416.5	26.5	7%	14.58	16.63	2.05	14%	0			4.5				3.5		1.0			
25393	LENGTHEN RADIUS & ULNA	090	432	461	29	7%	16.56	18.73	2.17	13%	0			4.5				4.0		1.0			
25394	REPAIR CARPAL BONE SHORTEN	090	250	263	13	5%	10.85	11.95	1.10	10%	0			3.0	1.0					0.5			
25400	REPAIR RADIUS OR ULNA	090	308	323.5	15.5	5%	11.28	12.74	1.46	13%	0			4.0				1.5		1.0			
25405	REPAIR/GRAFT RADIUS OR ULNA	090	387	413.5	26.5	7%	15.01	17.06	2.05	14%	0			4.5				3.5		1.0			
25415	REPAIR RADIUS & ULNA	090	367	386	19	5%	13.8	15.49	1.69	12%	0			4.5				2.0		1.0			
25420	REPAIR/GRAFT RADIUS & ULNA	090	444	474	30	7%	17.04	19.32	2.28	13%	0			5.0				4.0		1.0			
25425	REPAIR/GRAFT RADIUS OR ULNA	090	343	364.5	21.5	6%	13.72	15.53	1.81	13%	0			4.5				2.5		1.0			
25426	REPAIR/GRAFT RADIUS & ULNA	090	411	437.5	26.5	6%	16.45	18.50	2.05	12%	0			4.5				3.5		1.0			
25430	VASC GRAFT INTO CARPAL BONE	090	270	283	13	5%	9.71	10.81	1.10	11%	0			3.0	1.0					0.5			
25431	REPAIR NONUNION CARPAL BONE	090	278	291	13	5%	10.89	11.99	1.10	10%	0			3.0	1.0					0.5			
25440	REPAIR NONU SCPHD CARPL B1	090	278	288.5	10.5	4%	10.68	11.90	1.22	11%	0			4.0				0.5		1.0			
25441	ARTHRP W/PROSTC DSTL RDS	090	358	374.5	16.5	5%	13.29	14.86	1.57	12%	0			4.5				1.5		1.0			
25442	ARTHRP W/PROSTC DSTL ULNA	090	331	342.5	11.5	3%	11.12	12.45	1.33	12%	0			4.5				0.5		1.0			
25443	ARTHRP PROSTC DSTL SCPH CRPL	090	307	318.5	11.5	4%	10.66	11.99	1.33	12%	0			4.5				0.5		1.0			
25444	ARTHRP W/PROSTC LUNATE	090	304	315.5	11.5	4%	11.42	12.75	1.33	12%	0			4.5				0.5		1.0			
25445	ARTHRP W/PROSTC TRAPEZIUM	090	283	291	8	3%	9.88	10.98	1.10	11%	0			4.0						1.0			
25446	ARTHRP W/PROSTC DST RDS&CRP	090	425	456.5	31.5	7%	17.3	19.59	2.29	13%	0			4.5				4.5		1.0			
25447	ARTHRP NTRCRP/CRP/MTCR NTR	090	281	311	30	11%	10.5	12.02	1.52	14%	-2				3.0	1.0				0.5			
25448	ARTHRP NTRCRPL/CRP/MTCR SS	090	296	326	30	10%	11.85	13.37	1.52	13%	-2				3.0	1.0				0.5			
25449	REVJ ARTHRP WRIST JOINT	090	369	388	19	5%	14.94	16.63	1.69	11%	0			4.5				2.0		1.0			
25450	EPIPHYSL ARRST DSTL RDS/ULNA	090	203	211	8	4%	8.06	8.94	0.88	11%	0			4.0									
25455	EPIPHYSL ARRST DSTL RDS&ULNA	090	260	269	9	3%	9.71	10.81	1.10	11%	0			4.5						0.5			
25490	PROPHYLACTIC TX RADIUS	090	280	288	8	3%	9.73	10.83	1.10	11%	0			4.0						1.0			
25491	PROPHYLACTIC TX ULNA	090	271	279	8	3%	10.15	11.25	1.10	11%	0			4.0						1.0			
25492	PROPHYLACTIC TX RADIUS&ULNA	090	343	357	14	4%	12.66	14.11	1.45	11%	0			4.5				1.0		1.0			
25500	CLTX RDL SHFT FX W/O MNPJ	090	84	90	6	7%	2.6	3.26	0.66	25%	0			3.0									
25505	CLTX RDL SHFT FX W/MNPJ	090	171	181	10	6%	5.45	6.55	1.10	20%	0			5.0									
25515	OPTX RADIAL SHAFT FRACTURE	090	247	265	18	7%	8.8	10.01	1.21	14%	0			2.0	2.0					0.5			
25520	CLTX RDL SHFT FX&DISLC	090	219	229	10	5%	6.5	7.71	1.21	19%	0			5.0						0.5			
25525	OPTX RDL SHFT FX&CLTX RAD/UL	090	303	331	28	9%	10.55	12.22	1.67	16%	0			1.0	3.0			1.0		1.0			

25526	OPTX RDL SHFT FX&DSTL RAD/UL	090	367	392	25	7%	13.15	14.93	1.78	14%	0			3.0	2.0			1.0			1.0			
25530	CLTX ULNAR SHFT FX W/O MNPJ	090	88	94	6	7%	2.24	2.90	0.66	29%	0			3.0										
25535	CLTX ULNAR SHFT FX W/MNPJ	090	163	172	9	6%	5.36	6.35	0.99	18%	0			4.5										
25545	OPTX ULNAR SHFT FX INT FIXJ	090	286	309	23	8%	7.94	9.50	1.56	20%	0			2.0	2.0			1.0			1.0			
25560	CLTX RDL&ULN SHFT FX WO MNP	090	101	107	6	6%	2.59	3.25	0.66	25%	0			3.0										
25565	CLTX RDL&ULN SHFT FX W/MNPJ	090	182	191	9	5%	5.85	6.95	1.10	19%	0			4.5							0.5			
25574	OPTX RDL&ULN SHFT FX RDS/ULN	090	296	319	23	8%	8.8	10.36	1.56	18%	0			2.0	2.0			1.0			1.0			
25575	OPTX RDL&ULN SHFT FX RDS&UL	090	342	367	25	7%	12.29	14.07	1.78	14%	0			3.0	2.0			1.0			1.0			
25600	CLTX DST RDL FX/EPHYS SEP WO	090	108	118	10	9%	2.78	3.88	1.10	40%	0			5.0										
25605	CLTX DST RDL FX/EPHYS SEP W/	090	169	184	15	9%	6.25	7.57	1.32	21%	0			4.0	1.0						0.5			
25606	PERQ SKEL FIXJ DSTL RDL FX	090	260	285	25	10%	8.31	9.85	1.54	19%	0			2.0	3.0						0.5			
25607	OPTX DST RD XARTC FX/EPI SEP	090	275	300	25	9%	9.56	11.10	1.54	16%	0			2.0	3.0						0.5			
25608	OPTX DST RD XART FX/EPI SEP2	090	305	330	25	8%	11.07	12.61	1.54	14%	0			2.0	3.0						0.5			
25609	OPTX DST RD XART FX/EP SEP3+	090	358	390	32	9%	14.38	16.25	1.87	13%	0			2.0	4.0						0.5			
25622	CLTX CARPL SCPHD FX W/O MNP	090	101	108	7	7%	2.79	3.56	0.77	28%	0			3.5										
25624	CLTX CARPL SCPHD FX W/MNPJ	090	155	165	10	6%	4.77	5.87	1.10	23%	0			5.0										
25628	OPTX CARPL SCPHD FX INT FIXJ	090	277	295	18	6%	9.67	10.88	1.21	13%	0			2.0	2.0						0.5			
25630	CLTX CARPL FX W/O MNPJ EA B1	090	91	97	6	7%	3.03	3.69	0.66	22%	0			3.0										
25635	CLTX CARPL FX W/MNPJ EA B1	090	143	152	9	6%	4.61	5.60	0.99	21%	0			4.5										
25645	OPTX CRPL FX OTH/THN SCPH EA	090	222	229	7	3%	7.42	8.41	0.99	13%	0			3.5							1.0			
25650	CLTX ULNAR STYLOID FRACTURE	090	111	118	7	6%	3.23	4.00	0.77	24%	0			3.5										
25651	PERQ SKEL FIX ULNAR STYLD FX	090	190	203	13	7%	5.82	6.92	1.10	19%	0			3.0	1.0						0.5			
25652	OPTX ULNAR STYLOID FRACTURE	090	225	238	13	6%	8.06	9.16	1.10	14%	0			3.0	1.0						0.5			
25660	CLTX RDCRPL/NTRCRPL DISLC 1+	090	145	154	9	6%	4.98	5.97	0.99	20%	0			4.5										
25670	OPTX RDCRPL/NTRCRPL DISLC 1+	090	224	231	7	3%	8.09	9.08	0.99	12%	0			3.5							1.0			
25671	PERQ SKEL FIX RAD/ULN DISLC	090	210	223	13	6%	6.46	7.56	1.10	17%	0			3.0	1.0						0.5			
25675	CLTX DSTL RAD/ULN DISLC MNPJ	090	152	161	9	6%	4.89	5.88	0.99	20%	0			4.5										
25676	OPTX RAD/ULN DISLC AQT/CHRN	090	242	252.5	10.5	4%	8.29	9.51	1.22	15%	0			4.0				0.5			1.0			
25680	CLTX TRNS-SCPHPRLNR FX MNPJ	090	203	213	10	5%	6.23	7.44	1.21	19%	0			5.0							0.5			
25685	OPTX TRNS-SCPHPRLNR FX DISLC	090	279	292	13	5%	10.09	11.43	1.34	13%	0			4.0				1.0			1.0			
25690	CLTX LUNATE DISLC W/MNPJ	090	187	196	9	5%	5.72	6.82	1.10	19%	0			4.5							0.5			
25695	OPTX LUNATE DISLOCATION	090	244	251	7	3%	8.51	9.50	0.99	12%	0			3.5							1.0			
25800	ARTHRD WRIST COMPLETE WO G	090	298	311	13	4%	10.07	11.41	1.34	13%	0			4.0				1.0			1.0			
25805	ARTHRD WRIST W/SLIDING GRAF	090	351	370	19	5%	11.73	13.42	1.69	14%	0			4.5				2.0			1.0			
25810	ARTHRD WRST ILIAC/OTH AGRF	090	370	403	33	9%	11.95	13.73	1.78	15%	0				4.0			1.0			1.0			
25820	ARTHRD WRIST LMTD W/O B1 GR	090	222	230	8	4%	7.64	8.63	0.99	13%	0			4.0							0.5			
25825	ARTHRD WRIST WITH AUTOGRAF	090	321	338.5	17.5	5%	9.69	11.37	1.68	17%	0			5.0				1.5			1.0			
25830	ARTHRD DST RAD/UL JT SGM RSC	090	310	330	20	6%	10.88	12.07	1.19	11%	-2			2.0	1.0	1.0								
25900	AMPUTATION OF FOREARM	090	345	370	25	7%	9.61	11.65	2.04	21%	0			5.0				3.0			1.0			
25905	AMPUTATION OF FOREARM	090	264	283.5	19.5	7%	9.59	11.18	1.59	17%	0			3.5				2.5			1.0			
25907	AMPUTATION FOLLOW-UP SURG	090	235	247	12	5%	8.09	9.32	1.23	15%	0			3.5				1.0			1.0			
25909	AMPUTATION FOLLOW-UP SURG	090	257	271.5	14.5	6%	9.31	10.66	1.35	15%	0			3.5				1.5			1.0			
25915	AMPUTATION OF FOREARM	090	431	444	13	3%	17.52	18.51	0.99	6%	0			3.0	1.0									
25920	AMPUTATE HAND AT WRIST	090	249	263.5	14.5	6%	9.03	10.38	1.35	15%	0			3.5				1.5			1.0			
25922	AMPUTATE HAND AT WRIST	090	224	233.5	9.5	4%	7.65	8.76	1.11	15%	0			3.5				0.5			1.0			
25924	AMPUTATION FOLLOW-UP SURG	090	242	256.5	14.5	6%	8.81	10.16	1.35	15%	0			3.5				1.5			1.0			
25927	AMPUTATION OF HAND	090	242	254	12	5%	9.09	10.32	1.23	14%	0			3.5				1.0			1.0			
25929	AMPUTATION FOLLOW-UP SURG	090	226	235.5	9.5	4%	7.82	8.93	1.11	14%	0			3.5				0.5			1.0			
25931	AMPUTATION FOLLOW-UP SURG	090	233	242.5	9.5	4%	8.04	9.15	1.11	14%	0			3.5				0.5			1.0			
26010	DRAINAGE OF FINGER ABSCESS	010	51	53	2	4%	1.59	1.81	0.22	14%	0			1.0										
26011	DRAINAGE OF FINGER ABSCESS	010	69	71	2	3%	2.24	2.46	0.22	10%	0			1.0										
26020	DRAIN HAND TENDON SHEATH	090	262	285	23	9%	6.84	8.53	1.69	25%	0			3.0	1.0			2.0			1.0			
26025	DRAINAGE OF PALM BURSA	090	200	211	11	5%	5.08	6.20	1.12	22%	0			3.0				1.0			1.0			
26030	DRAINAGE OF PALM BURSAS	090	226	239.5	13.5	6%	6.25	7.49	1.24	20%	0			3.0				1.5			1.0			
26034	TREAT HAND BONE LESION	090	250	266.5	16.5	7%	6.63	8.20	1.57	24%	0			4.5				1.5			1.0			
26035	DECOMPRESS FINGERS/HAND	090	351.5	400.5	49	14%	11.37	13.92	2.55	22%	0				4.5			3.5			1.0			
26037	DECOMPRESS FINGERS/HAND	090	228	241.5	13.5	6%	7.57	8.81	1.24	16%	0			3.0				1.5			1.0			
26040	RELEASE PALM CONTRACTURE	090	135	140	5	4%	3.46	4.12	0.66	19%	0			2.5							0.5			
26045	RELEASE PALM CONTRACTURE	090	207	214	7	3%	5.73	6.61	0.88	15%	0			3.5							0.5			
26055	INCISE FINGER TENDON SHEATH	090	119	128	9	8%	3.11	3.77	0.66	21%	0			1.0	1.0						0.5			
26060	INCISION OF FINGER TENDON	090	91	95	4	4%	2.91	3.35	0.44	15%	0			2.0										
26070	EXPLORE/TREAT HAND JOINT	090	168	173	5	3%	3.81	4.58	0.77	20%	0			2.5							1.0			
26075	EXPLORE/TREAT FINGER JOINT	090	164	169	5	3%	3.91	4.68	0.77	20%	0			2.5							1.0			
26080	EXPLORE/TREAT FINGER JOINT	090	157	164	7	4%	4.47	5.35	0.88	20%	0			3.5							0.5			
26100	BIOPSY HAND JOINT LINING	090	119	124	5	4%	3.79	4.34	0.55	15%	0			2.5										
26105	BIOPSY FINGER JOINT LINING	090	119	124	5	4%	3.83	4.38	0.55	14%	0			2.5										
26110	BIOPSY FINGER JOINT LINING	090	114	119	5	4%	3.65	4.20	0.55	15%	0			2.5										
26111	EXC HAND LES SC 1.5 CM/>	090	173	182	9	5%	5.42	6.08	0.66	12%	0			1.0	1.0						0.5			
26113	EXC HAND TUM DEEP 1.5 CM/>	090	214	230	16	7%	7.13	8.12	0.99	14%	0			1.0	2.0						0.5			
26115	EXC HAND LES SC < 1.5 CM	090	137	146	9	7%	3.96	4.62	0.66	17%	0			1.0	1.0						0.5			
26116	EXC HAND TUM DEEP < 1.5 CM	090	201	217	16	8%	6.74	7.73	0.99	15%	0			1.0	2.0						0.5			
26117	RAD RESECT HAND TUMOR < 3 CM	090	271	294	23	8%	10.13	11.45	1.32	13%	0			1.0	3.0						0.5			
26118	RAD RESECT HAND TUMOR 3 CM	090	368	400	32	9%	14.81	16.79	1.98	13%	-2			2.0	2.0	1.0		1.0			1.0			

26121	RELEASE PALM CONTRACTURE	090	200	208	8	4%	7.73	8.61	0.88	11%	0			4.0									
26123	RELEASE PALM CONTRACTURE	090	308	343	35	11%	10.88	12.53	1.65	15%	0			5.0									
26130	REMOVE WRIST JOINT LINING	090	180	187	7	4%	5.59	6.47	0.88	16%	0			3.5						0.5			
26135	REVISE FINGER JOINT EACH	090	181	188	7	4%	7.13	8.01	0.88	12%	0			3.5						0.5			
26140	REVISE FINGER JOINT EACH	090	174	181	7	4%	6.34	7.22	0.88	14%	0			3.5						0.5			
26145	TENDON EXCISION PALM/FINGER	090	178	185	7	4%	6.49	7.37	0.88	14%	0			3.5						0.5			
26160	REMOVE TENDON SHEATH LESION	090	121	130	9	7%	3.57	4.23	0.66	18%	0			1.0	1.0					0.5			
26170	REMOVAL OF PALM TENDON EAC	090	135	141	6	4%	4.91	5.57	0.66	13%	0			3.0									
26180	REMOVAL OF FINGER TENDON	090	153	160	7	5%	5.35	6.12	0.77	14%	0			3.5									
26185	REMOVE FINGER BONE	090	202	230	28	14%	6.52	7.84	1.32	20%	0			4.0									
26200	REMOVE HAND BONE LESION	090	164	170	6	4%	5.65	6.42	0.77	14%	0			3.0						0.5			
26205	REMOVE/GRAFT BONE LESION	090	229	238.5	9.5	4%	7.93	9.04	1.11	14%	0			3.5				0.5		1.0			
26210	REMOVAL OF FINGER LESION	090	155	162	7	5%	5.32	6.09	0.77	14%	0			3.5									
26215	REMOVE/GRAFT FINGER LESION	090	199	206	7	4%	7.27	8.15	0.88	12%	0			3.5						0.5			
26230	PARTIAL REMOVAL OF HAND BONE	090	186	192	6	3%	6.47	7.35	0.88	14%	0			3.0						1.0			
26235	PARTIAL REMOVAL FINGER BONE	090	185	191	6	3%	6.33	7.21	0.88	14%	0			3.0						1.0			
26236	PARTIAL REMOVAL FINGER BONE	090	171	177	6	4%	5.46	6.34	0.88	16%	0			3.0						1.0			
26250	EXTENSIVE HAND SURGERY	090	353	383	30	8%	15.21	16.97	1.76	12%	-2			1.0	2.0	1.0		1.0		1.0			
26260	RESECT PROX FINGER TUMOR	090	256	274	18	7%	11.16	12.24	1.08	10%	-2			1.0	1.0	1.0				0.5			
26262	RESECT DISTAL FINGER TUMOR	090	212	230	18	8%	8.29	9.37	1.08	13%	-2			1.0	1.0	1.0				0.5			
26320	REMOVAL OF IMPLANT FROM HAND	090	150	155	5	3%	4.1	4.76	0.66	16%	0			2.5						0.5			
26340	MANIPULATE FINGER W/ANESTH	090	170	182	12	7%	2.8	4.23	1.43	51%	0			6.0						0.5			
26341	MANIPULAT PALM CORD POST IN	010	52	54	2	4%	0.91	1.13	0.22	24%	0			1.0									
26350	REPAIR FINGER/HAND TENDON	090	180	189	9	5%	6.21	7.20	0.99	16%	0			4.5									
26352	REPAIR/GRAFT HAND TENDON	090	258	266	8	3%	7.87	8.97	1.10	14%	0			4.0						1.0			
26356	REPAIR FINGER/HAND TENDON	090	277	299	22	8%	9.56	11.21	1.65	17%	0			4.0	2.0					0.5			
26357	REPAIR FINGER/HAND TENDON	090	302	324	22	7%	11	12.65	1.65	15%	0			4.0	2.0					0.5			
26358	REPAIR/GRAFT HAND TENDON	090	327	349	22	7%	12.6	14.25	1.65	13%	0			4.0	2.0					0.5			
26370	REPAIR FINGER/HAND TENDON	090	221	228	7	3%	7.28	8.27	0.99	14%	0			3.5						1.0			
26372	REPAIR/GRAFT HAND TENDON	090	278	288.5	10.5	4%	9.01	10.23	1.22	14%	0			4.0				0.5		1.0			
26373	REPAIR FINGER/HAND TENDON	090	258	268.5	10.5	4%	8.41	9.63	1.22	15%	0			4.0				0.5		1.0			
26390	REVISE HAND/FINGER TENDON	090	220	228	8	4%	9.43	10.53	1.10	12%	0			4.0						1.0			
26392	REPAIR/GRAFT HAND TENDON	090	254	264.5	10.5	4%	10.5	11.72	1.22	12%	0			4.0				0.5		1.0			
26410	REPAIR HAND TENDON	090	162	168	6	4%	4.77	5.54	0.77	16%	0			3.0						0.5			
26412	REPAIR/GRAFT HAND TENDON	090	215	222	7	3%	6.48	7.47	0.99	15%	0			3.5						1.0			
26415	EXCISION HAND/FINGER TENDON	090	191	198	7	4%	8.51	9.39	0.88	10%	0			3.5						0.5			
26416	GRAFT HAND OR FINGER TENDON	090	216	224	8	4%	9.56	10.55	0.99	10%	0			4.0						0.5			
26418	REPAIR FINGER TENDON	090	153	162	9	6%	4.47	5.46	0.99	22%	0			4.5									
26420	REPAIR/GRAFT FINGER TENDON	090	224	231	7	3%	6.94	7.93	0.99	14%	0			3.5						1.0			
26426	REPAIR FINGER/HAND TENDON	090	190	197	7	4%	6.32	7.20	0.88	14%	0			3.5						0.5			
26428	REPAIR/GRAFT FINGER TENDON	090	218	226	8	4%	7.4	8.39	0.99	13%	0			4.0						0.5			
26432	REPAIR FINGER TENDON	090	134	140	6	4%	4.16	4.82	0.66	16%	0			3.0									
26433	REPAIR FINGER TENDON	090	148	154	6	4%	4.7	5.36	0.66	14%	0			3.0									
26434	REPAIR/GRAFT FINGER TENDON	090	190	197	7	4%	6.26	7.14	0.88	14%	0			3.5						0.5			
26437	REALIGNMENT OF TENDONS	090	183	190	7	4%	5.99	6.87	0.88	15%	0			3.5						0.5			
26440	RELEASE PALM/FINGER TENDON	090	162	168	6	4%	5.16	5.93	0.77	15%	0			3.0						0.5			
26442	RELEASE PALM & FINGER TENDON	090	280	315	35	13%	9.75	11.40	1.65	17%	0			5.0									
26445	RELEASE HAND/FINGER TENDON	090	137	143	6	4%	4.45	5.11	0.66	15%	0			3.0									
26449	RELEASE FOREARM/HAND TENDON	090	275	310	35	13%	8.59	10.24	1.65	19%	0			5.0									
26450	INCISION OF PALM TENDON	090	111	116	5	5%	3.79	4.34	0.55	15%	0			2.5									
26455	INCISION OF FINGER TENDON	090	113	118	5	4%	3.76	4.31	0.55	15%	0			2.5									
26460	INCISE HAND/FINGER TENDON	090	107	112	5	5%	3.58	4.13	0.55	15%	0			2.5									
26471	FUSION OF FINGER TENDONS	090	171	178	7	4%	5.9	6.67	0.77	13%	0			3.5									
26474	FUSION OF FINGER TENDONS	090	162	169	7	4%	5.49	6.26	0.77	14%	0			3.5									
26476	TENDON LENGTHENING	090	153	160	7	5%	5.35	6.12	0.77	14%	0			3.5									
26477	TENDON SHORTENING	090	153	160	7	5%	5.32	6.09	0.77	14%	0			3.5									
26478	LENGTHENING OF HAND TENDON	090	163	170	7	4%	5.97	6.74	0.77	13%	0			3.5									
26479	SHORTENING OF HAND TENDON	090	159	166	7	4%	5.91	6.68	0.77	13%	0			3.5									
26480	TRANSPLANT HAND TENDON	090	263	293	30	11%	9	10.52	1.52	17%	-2			3.0	1.0					0.5			
26483	TRANSPLANT/GRAFT HAND TENDON	090	242	250	8	3%	8.48	9.58	1.10	13%	0			4.0						1.0			
26485	TRANSPLANT PALM TENDON	090	233	241	8	3%	7.89	8.99	1.10	14%	0			4.0						1.0			
26489	TRANSPLANT/GRAFT PALM TENDON	090	282	295	13	5%	9.86	11.20	1.34	14%	0			4.0				1.0		1.0			
26490	REVISE THUMB TENDON	090	241	249	8	3%	8.6	9.70	1.10	13%	0			4.0						1.0			
26492	TENDON TRANSFER WITH GRAFT	090	273	282	9	3%	9.84	11.05	1.21	12%	0			4.5						1.0			
26494	HAND TENDON/MUSCLE TRANSFER	090	243	251	8	3%	8.66	9.76	1.10	13%	0			4.0						1.0			
26496	REVISE THUMB TENDON	090	253	261	8	3%	9.78	10.88	1.10	11%	0			4.0						1.0			
26497	FINGER TENDON TRANSFER	090	249	257	8	3%	9.76	10.86	1.10	11%	0			4.0						1.0			
26498	FINGER TENDON TRANSFER	090	294	303	9	3%	14.21	15.42	1.21	9%	0			4.5						1.0			
26499	REVISION OF FINGER	090	272	280	8	3%	9.17	10.27	1.10	12%	0			4.0						1.0			
26500	HAND TENDON RECONSTRUCTION	090	179	186	7	4%	6.13	7.01	0.88	14%	0			3.5						0.5			
26502	HAND TENDON RECONSTRUCTION	090	223	230	7	3%	7.31	8.30	0.99	14%	0			3.5						1.0			
26508	RELEASE THUMB CONTRACTURE	090	206	213	7	3%	6.18	7.17	0.99	16%	0			3.5						1.0			
26510	THUMB TENDON TRANSFER	090	254	261	7	3%	5.6	6.59	0.99	18%	0			3.5						1.0			

26516	FUSION OF KNUCKLE JOINT	090	217	224	7	3%	7.32	8.31	0.99	14%	0			3.5						1.0			
26517	FUSION OF KNUCKLE JOINTS	090	260	270.5	10.5	4%	9.08	10.30	1.22	13%	0			4.0				0.5		1.0			
26518	FUSION OF KNUCKLE JOINTS	090	283	293.5	10.5	4%	9.27	10.49	1.22	13%	0			4.0				0.5		1.0			
26520	RELEASE KNUCKLE CONTRACTURE	090	176	183	7	4%	5.47	6.35	0.88	16%	0			3.5						0.5			
26525	RELEASE FINGER CONTRACTURE	090	175	182	7	4%	5.5	6.38	0.88	16%	0			3.5						0.5			
26530	REVISE KNUCKLE JOINT	090	205	213	8	4%	6.88	7.87	0.99	14%	0			4.0						0.5			
26531	REVISE KNUCKLE WITH IMPLANT	090	215	224	9	4%	8.13	9.23	1.10	14%	0			4.5						0.5			
26535	REVISE FINGER JOINT	090	196	203	7	4%	5.41	6.29	0.88	16%	0			3.5						0.5			
26536	REVISE/IMPLANT FINGER JOINT	090	211	219	8	4%	6.56	7.55	0.99	15%	0			4.0						0.5			
26540	REPAIR HAND JOINT	090	204	211	7	3%	6.6	7.59	0.99	15%	0			3.5						1.0			
26541	REPAIR HAND JOINT WITH GRAFT	090	245	253	8	3%	8.81	9.91	1.10	12%	0			4.0						1.0			
26542	REPAIR HAND JOINT WITH GRAFT	090	220	227	7	3%	6.95	7.94	0.99	14%	0			3.5						1.0			
26545	RECONSTRUCT FINGER JOINT	090	227	235	8	4%	7.11	8.21	1.10	15%	0			4.0						1.0			
26546	REPAIR NONUNION HAND	090	341	383	42	12%	10.83	13.03	2.20	20%	0				6.0					1.0			
26548	RECONSTRUCT FINGER JOINT	090	226	234	8	4%	8.22	9.32	1.10	13%	0			4.0						1.0			
26550	POLLICIZATION DIGIT	090	491	504	13	3%	21.68	22.67	0.99	5%	0			3.0	1.0								
26551	GREAT TOE-HAND TRANSFER	090	1004	1073	69	7%	48.48	52.62	4.14	9%	0			5.0	2.0			9.0		1.0			
26553	SINGLE TRANSFER TOE-HAND	090	989	1058	69	7%	48.17	52.31	4.14	9%	0			5.0	2.0			9.0		1.0			
26554	DOUBLE TRANSFER TOE-HAND	090	1155	1231	76	7%	57.01	61.61	4.60	8%	0			6.0	2.0			10.0		1.0			
26555	POSITIONAL CHANGE OF FINGER	090	401	414	13	3%	17.08	18.07	0.99	6%	0			3.0	1.0								
26556	TOE JOINT TRANSFER	090	1004	1085	81	8%	49.75	54.33	4.58	9%	0			4.0	4.0			9.0		1.0			
26560	REPAIR OF WEB FINGER	090	183	189	6	3%	5.52	6.18	0.66	12%	0			3.0									
26561	REPAIR OF WEB FINGER	090	258	266	8	3%	11.1	12.20	1.10	10%	0			4.0						1.0			
26562	REPAIR OF WEB FINGER	090	425	462	37	9%	16.68	18.64	1.96	12%	-2				4.0	1.0				1.0			
26565	CORRECT METACARPAL FLAW	090	194	201	7	4%	6.91	7.79	0.88	13%	0			3.5						0.5			
26567	CORRECT FINGER DEFORMITY	090	195	202	7	4%	6.99	7.87	0.88	13%	0			3.5						0.5			
26568	LENGTHEN METACARPAL/FINGER	090	239	247	8	3%	9.27	10.37	1.10	12%	0			4.0						1.0			
26580	REPAIR CLEFT HAND	090	425	460	35	8%	19.75	21.40	1.65	8%	0				5.0								
26587	RECONSTRUCT EXTRA FINGER	090	401	414	13	3%	14.5	15.49	0.99	7%	0			3.0	1.0								
26590	REPAIR FINGER DEFORMITY	090	408	426	18	4%	18.67	19.77	1.10	6%	0			2.0	2.0								
26591	REPAIR MUSCLES OF HAND	090	222	227	5	2%	3.38	4.15	0.77	23%	0			2.5						1.0			
26593	RELEASE MUSCLES OF HAND	090	233	241	8	3%	5.5	6.60	1.10	20%	0			4.0						1.0			
26596	EXCISION CONSTRICTING TISSUE	090	210	218	8	4%	9.14	10.13	0.99	11%	0			4.0						0.5			
26600	TREAT METACARPAL FRACTURE	090	93	101	8	9%	2.6	3.48	0.88	34%	0			4.0									
26605	TREAT METACARPAL FRACTURE	090	107	114	7	7%	3.03	3.80	0.77	25%	0			3.5									
26607	TREAT METACARPAL FRACTURE	090	149	154	5	3%	5.48	6.14	0.66	12%	0			2.5						0.5			
26608	TREAT METACARPAL FRACTURE	090	191	199	8	4%	5.55	6.54	0.99	18%	0			4.0						0.5			
26615	TREAT METACARPAL FRACTURE	090	217	235	18	8%	7.07	8.28	1.21	17%	0			2.0	2.0					0.5			
26641	TREAT THUMB DISLOCATION	090	138	146	8	6%	4.13	5.01	0.88	21%	0			4.0									
26645	TREAT THUMB FRACTURE	090	131	138	7	5%	4.58	5.35	0.77	17%	0			3.5									
26650	TREAT THUMB FRACTURE	090	197	215	18	9%	5.35	6.56	1.21	23%	0			2.0	2.0					0.5			
26665	TREAT THUMB FRACTURE	090	237	255	18	8%	7.94	9.15	1.21	15%	0			2.0	2.0					0.5			
26670	TREAT HAND DISLOCATION	090	101	107	6	6%	3.83	4.49	0.66	17%	0			3.0									
26675	TREAT HAND DISLOCATION	090	129	137	8	6%	4.83	5.71	0.88	18%	0			4.0									
26676	PIN HAND DISLOCATION	090	171	180	9	5%	5.74	6.73	0.99	17%	0			4.5									
26685	TREAT HAND DISLOCATION	090	227	245	18	8%	7.07	8.28	1.21	17%	0			2.0	2.0					0.5			
26686	TREAT HAND DISLOCATION	090	231	240.5	9.5	4%	8.17	9.28	1.11	14%	0			3.5				0.5		1.0			
26700	TREAT KNUCKLE DISLOCATION	090	110	116	6	5%	3.83	4.49	0.66	17%	0			3.0									
26705	TREAT KNUCKLE DISLOCATION	090	142	150	8	6%	4.38	5.26	0.88	20%	0			4.0									
26706	PIN KNUCKLE DISLOCATION	090	155	163	8	5%	5.31	6.19	0.88	17%	0			4.0									
26715	TREAT KNUCKLE DISLOCATION	090	220	238	18	8%	7.03	8.24	1.21	17%	0			2.0	2.0					0.5			
26720	TREAT FINGER FRACTURE EACH	090	63	67	4	6%	1.76	2.20	0.44	25%	0			2.0									
26725	TREAT FINGER FRACTURE EACH	090	104	110	6	6%	3.48	4.14	0.66	19%	0			3.0									
26727	TREAT FINGER FRACTURE EACH	090	174	182	8	5%	5.42	6.41	0.99	18%	0			4.0						0.5			
26735	TREAT FINGER FRACTURE EACH	090	237	255	18	8%	7.42	8.63	1.21	16%	0			2.0	2.0					0.5			
26740	TREAT FINGER FRACTURE EACH	090	78	83	5	6%	2.07	2.62	0.55	27%	0			2.5									
26742	TREAT FINGER FRACTURE EACH	090	104	110	6	6%	3.99	4.65	0.66	17%	0			3.0									
26746	TREAT FINGER FRACTURE EACH	090	303	328	25	8%	9.8	11.34	1.54	16%	0			2.0	3.0					0.5			
26750	TREAT FINGER FRACTURE EACH	090	65	69	4	6%	1.8	2.24	0.44	24%	0			2.0									
26755	TREAT FINGER FRACTURE EACH	090	85	90	5	6%	3.23	3.78	0.55	17%	0			2.5									
26756	PIN FINGER FRACTURE EACH	090	146	154	8	5%	4.58	5.46	0.88	19%	0			4.0									
26765	TREAT FINGER FRACTURE EACH	090	217	235	18	8%	5.86	7.07	1.21	21%	0			2.0	2.0					0.5			
26770	TREAT FINGER DISLOCATION	090	86	91	5	6%	3.15	3.70	0.55	17%	0			2.5									
26775	TREAT FINGER DISLOCATION	090	142	150	8	6%	3.9	4.78	0.88	23%	0			4.0									
26776	PIN FINGER DISLOCATION	090	152	160	8	5%	4.99	5.87	0.88	18%	0			4.0									
26785	TREAT FINGER DISLOCATION	090	227	245	18	8%	6.6	7.81	1.21	18%	0			2.0	2.0					0.5			
26820	THUMB FUSION WITH GRAFT	090	254	262	8	3%	8.45	9.55	1.10	13%	0			4.0						1.0			
26841	FUSION OF THUMB	090	222	231	9	4%	7.35	8.45	1.10	15%	0			4.5						0.5			
26842	THUMB FUSION WITH GRAFT	090	258	268.5	10.5	4%	8.49	9.71	1.22	14%	0			4.0				0.5		1.0			
26843	FUSION OF HAND JOINT	090	232	239	7	3%	7.78	8.77	0.99	13%	0			3.5						1.0			
26844	FUSION/GRAFT OF HAND JOINT	090	275	285.5	10.5	4%	8.98	10.20	1.22	14%	0			4.0				0.5		1.0			
26850	FUSION OF KNUCKLE	090	237	244	7	3%	7.14	8.13	0.99	14%	0			3.5						1.0			
26852	FUSION OF KNUCKLE WITH GRAF	090	272	282.5	10.5	4%	8.71	9.93	1.22	14%	0			4.0				0.5		1.0			

26860	FUSION OF FINGER JOINT	090	163	171	8	5%	4.88	5.76	0.88	18%	0			4.0										
26862	FUSION/GRAFT OF FINGER JOINT	090	227	235	8	4%	7.56	8.55	0.99	13%	0			4.0							0.5			
26910	AMPUTATE METACARPAL BONE	090	251	259	8	3%	7.79	8.89	1.10	14%	0			4.0							1.0			
26951	AMPUTATION OF FINGER/THUMB	090	203	223	20	10%	6.04	7.47	1.43	24%	0			3.0	2.0						0.5			
26952	AMPUTATION OF FINGER/THUMB	090	173	180	7	4%	6.48	7.36	0.88	14%	0			3.5							0.5			
26990	DRAINAGE OF PELVIS LESION	090	265	284.5	19.5	7%	7.95	9.54	1.59	20%	0			3.5				2.5			1.0			
26991	DRAINAGE OF PELVIS BURSA	090	229	245	16	7%	7.06	8.42	1.36	19%	0			3.0				2.0			1.0			
26992	DRAINAGE OF BONE LESION	090	291	310.5	19.5	7%	13.48	15.07	1.59	12%	0			3.5				2.5			1.0			
27000	INCISION OF HIP TENDON	090	147	152	5	3%	5.74	6.51	0.77	13%	0			2.5							1.0			
27001	INCISION OF HIP TENDON	090	189	197.5	8.5	4%	7.14	8.14	1.00	14%	0			3.0				0.5			1.0			
27003	INCISION OF HIP TENDON	090	267	286.5	19.5	7%	7.81	9.40	1.59	20%	0			3.5				2.5			1.0			
27005	INCISION OF HIP TENDON	090	248	265	17	7%	10.07	11.54	1.47	15%	0			3.5				2.0			1.0			
27006	INCISION OF HIP TENDONS	090	254	272	18	7%	10.11	11.69	1.58	16%	0			4.0				2.0			1.0			
27025	INCISION OF HIP/THIGH FASCIA	090	392.5	436.5	44	11%	12.89	15.20	2.31	18%	0				4.5			2.5			1.0			
27027	BUTTOCK FASCIOTOMY	090	359	383	24	7%	13.04	15.17	2.13	16%	0			3.0	1.0			3.0	1.0		1.0			
27030	DRAINAGE OF HIP JOINT	090	302	329	27	9%	13.65	15.60	1.95	14%	0			3.5				4.0			1.0			
27033	EXPLORATION OF HIP JOINT	090	342	372.5	30.5	9%	14.11	16.29	2.18	15%	0			4.0				4.5			1.0			
27035	DENERVATION OF HIP JOINT	090	369	398	29	8%	17.37	19.54	2.17	12%	0			4.5				4.0			1.0			
27036	EXCISION OF HIP JOINT/MUSCLE	090	380	418	38	10%	14.38	16.40	2.02	14%	0				4.0			2.0			1.0			
27040	BIOPSY OF SOFT TISSUES	010	106	108	2	2%	2.92	3.25	0.33	11%	0			1.0							0.5			
27041	BIOPSY OF SOFT TISSUES	090	250	262	12	5%	10.18	11.41	1.23	12%	0			3.5				1.0			1.0			
27043	EXC HIP PELVIS LES SC 3 CM/>	090	206	215	9	4%	6.88	7.54	0.66	10%	0			1.0	1.0						0.5			
27045	EXC HIP/PELV TUM DEEP 5 CM/>	090	320	341	21	7%	11.13	12.47	1.34	12%	0			1.0	2.0			1.0			1.0			
27047	EXC HIP/PELVIS LES SC < 3 CM	090	160	169	9	6%	4.94	5.60	0.66	13%	0			1.0	1.0	1.0					0.5			
27048	EXC HIP/PELV TUM DEEP < 5 CM	090	288	304	16	6%	8.85	10.08	1.23	14%	0			2.0	1.0			1.0			1.0			
27049	RESECT HIP/PELV TUM < 5 CM	090	496	516	20	4%	21.55	23.62	2.07	10%	0			1.0	3.0			1.0	2.0		1.0			
27050	BIOPSY OF SACROILIAC JOINT	090	260	276	16	6%	4.74	6.10	1.36	29%	0			3.0				2.0			1.0			
27052	BIOPSY OF HIP JOINT	090	327	358	31	9%	7.42	9.11	1.69	23%	0				3.0			2.0			1.0			
27054	REMOVAL OF HIP JOINT LINING	090	358	386	28	8%	9.21	11.27	2.06	22%	0			4.0				4.0			1.0			
27057	BUTTOCK FASCIOTOMY W/DBRDI	090	389	413	24	6%	14.91	17.04	2.13	14%	0			3.0	1.0			3.0	1.0		1.0			
27059	RESECT HIP/PELV TUM 5 CM/>	090	608	640	32	5%	29.35	31.99	2.64	9%	-2			1.0	2.0	1.0		3.0	2.0		1.0			
27060	REMOVAL OF ISCHIAL BURSA	090	254	272.5	18.5	7%	5.87	7.35	1.48	25%	0			3.0				2.5			1.0			
27062	REMOVE FEMUR LESION/BURSA	090	185	191	6	3%	5.75	6.52	0.77	13%	0			3.0							0.5			
27065	REMOVE HIP BONE LES SUPER	090	329	356	27	8%	6.55	8.50	1.95	30%	0			3.5				4.0			1.0			
27066	REMOVE HIP BONE LES DEEP	090	406	442.5	36.5	9%	11.2	13.73	2.53	23%	0			4.5				5.5			1.0			
27067	REMOVE/GRAFT HIP BONE LESION	090	443	480.5	37.5	8%	14.72	17.36	2.64	18%	0			5.0				5.5			1.0			
27070	PART REMOVE HIP BONE SUPER	090	363	398.5	35.5	10%	11.56	13.98	2.42	21%	0			4.0				5.5			1.0			
27071	PART REMOVAL HIP BONE DEEP	090	409	448	39	10%	12.39	15.04	2.65	21%	0			4.5				6.0			1.0			
27075	RESECT HIP TUMOR	090	633	656	23	4%	32.71	35.31	2.60	8%	-2			1.0	2.0	1.0		2.0	3.0		1.0			
27076	RESECT HIP TUM INCL ACETABUL	090	840	864	24	3%	40.21	43.25	3.04	8%	-2			1.0	2.0	1.0		3.0	4.0		1.0			
27077	RESECT HIP TUM W/INNOM BON	090	905	934	29	3%	45.21	48.49	3.28	7%	-2			1.0	2.0	1.0		4.0	4.0		1.0			
27078	RSECT HIP TUM INCL FEMUR	090	665	688	23	3%	32.21	34.81	2.60	8%	-2			1.0	2.0	1.0		2.0	3.0		1.0			
27080	REMOVAL OF TAIL BONE	090	274	295	21	8%	6.89	8.49	1.60	23%	0			3.0				3.0			1.0			
27086	REMOVE HIP FOREIGN BODY	010	82	84	2	2%	1.92	2.14	0.22	11%	0			1.0										
27087	REMOVE HIP FOREIGN BODY	090	249	261	12	5%	8.83	10.06	1.23	14%	0			3.5				1.0			1.0			
27090	REMOVAL OF HIP PROSTHESIS	090	317	340	23	7%	11.69	13.51	1.82	16%	0			4.0				3.0			1.0			
27091	REMOVAL OF HIP PROSTHESIS	090	577	645	68	12%	24.35	27.81	3.46	14%	0				4.0			8.0			1.0			
27097	REVISION OF HIP TENDON	090	271	290.5	19.5	7%	9.27	10.86	1.59	17%	0			3.5				2.5			1.0			
27098	TRANSFER TENDON TO PELVIS	090	303	323.5	20.5	7%	9.32	11.02	1.70	18%	0			4.0				2.5			1.0			
27100	TRANSFER OF ABDOMINAL MUSC	090	311	322.5	11.5	4%	11.35	12.68	1.33	12%	0			4.5				0.5			1.0			
27105	TRANSFER OF SPINAL MUSCLE	090	332	343.5	11.5	3%	12.04	13.37	1.33	11%	0			4.5				0.5			1.0			
27110	TRANSFER OF ILIOPSOAS MUSCLE	090	365	386.5	21.5	6%	13.77	15.58	1.81	13%	0			4.5				2.5			1.0			
27111	TRANSFER OF ILIOPSOAS MUSCLE	090	339	358	19	6%	12.6	14.29	1.69	13%	0			4.5				2.0			1.0			
27120	RECONSTRUCTION OF HIP SOCKE	090	515	567.5	52.5	10%	19.25	22.61	3.36	17%	0			5.0				8.5			1.0			
27122	RECONSTRUCTION OF HIP SOCKE	090	436	482.5	46.5	11%	16.09	19.10	3.01	19%	0			4.5				7.5			1.0			
27125	PARTIAL HIP REPLACEMENT	090	430.5	490	59.5	14%	16.64	19.70	3.06	18%	0				3.5			7.0			1.0			
27130	TOTAL HIP ARTHROPLASTY	090	377	390	13	3%	19.6	21.21	1.61	8%	0				3.0				2.0		1.0			
27132	TOTAL HIP ARTHROPLASTY	090	611	686.5	75.5	12%	25.69	29.51	3.82	15%	0				4.0			9.5			1.0			
27134	REVISE HIP JOINT REPLACEMENT	090	617	673	56	9%	30.28	33.17	2.89	10%	0				3.0			7.0			1.0			
27137	REVISE HIP JOINT REPLACEMENT	090	492	538	46	9%	22.7	25.11	2.41	11%	0				3.0			5.0			1.0			
27138	REVISE HIP JOINT REPLACEMENT	090	492	538	46	9%	23.7	26.11	2.41	10%	0					3.0			5.0			1.0		
27140	TRANSPLANT FEMUR RIDGE	090	335	358	23	7%	12.78	14.60	1.82	14%	0			4.0				3.0			1.0			
27146	INCISION OF HIP BONE	090	443	481	38	9%	18.92	20.94	2.02	11%	0				4.0			2.0			1.0			
27147	REVISION OF HIP BONE	090	473	511	38	8%	22.07	24.09	2.02	9%	0				4.0			2.0			1.0			
27151	INCISION OF HIP BONES	090	523	566	43	8%	24.12	26.38	2.26	9%	0				4.0			3.0			1.0			
27156	REVISION OF HIP BONES	090	538	581	43	8%	26.23	28.49	2.26	9%	0				4.0			3.0			1.0			
27158	REVISION OF PELVIS	090	562	617	55	10%	21.04	24.52	3.48	17%	0			5.0				9.0			1.0			
27161	INCISION OF NECK OF FEMUR	090	489	539	50	10%	17.89	21.13	3.24	18%	0			5.0				8.0			1.0			
27165	INCISION/FIXATION OF FEMUR	090	531.5	603	71.5	13%	20.29	23.92	3.63	18%	0					4.5		8.0			1.0			
27170	REPAIR/GRAFT FEMUR HEAD/NEC	090	444	490	46	10%	17.61	20.02	2.41	14%	0					3.0		5.0			1.0			
27175	TREAT SLIPPED EPIPHYSIS	090	308	346.5	38.5	13%	9.38	11.82	2.44	26%	0			3.0				6.5			1.0			
27176	TREAT SLIPPED EPIPHYSIS	090	385	421.5	36.5	9%	12.92	15.45	2.53	20%	0			4.5				5.5			1.0			
27177	TREAT SLIPPED EPIPHYSIS	090	477	519.5	42.5	9%	16.09	18.97	2.88	18%	0			5.0				6.5			1.0			

27178	TREAT SLIPPED EPIPHYSIS	090	408	447	39	10%	12.92	15.57	2.65	21%	0			4.5				6.0			1.0			
27179	REVISE HEAD/NECK OF FEMUR	090	442	483.5	41.5	9%	13.97	16.74	2.77	20%	0			4.5				6.5			1.0			
27181	TREAT SLIPPED EPIPHYSIS	090	445	483	38	9%	16.18	18.20	2.02	12%	0				4.0			2.0			1.0			
27185	REVISION OF FEMUR EPIPHYSIS	090	320	345.5	25.5	8%	9.79	11.73	1.94	20%	0			4.0				3.5			1.0			
27187	REINFORCE HIP BONES	090	396	425	29	7%	14.23	16.40	2.17	15%	0			4.5				4.0			1.0			
27200	TREAT TAIL BONE FRACTURE	090	63	66	3	5%	1.92	2.25	0.33	17%	0			1.5										
27202	TREAT TAIL BONE FRACTURE	090	216	227.5	11.5	5%	7.31	8.33	1.02	14%	0			2.0				1.5			1.0			
27215	TREAT PELVIC FRACTURE(S)	090	388	405	17	4%	10.45	12.12	1.67	16%	0			2.0	1.0			2.0	1.0		1.0			
27216	TREAT PELVIC RING FRACTURE	090	393	427	34	9%	15.73	18.08	2.35	15%	0			1.0	3.0			3.0	1.0		1.0			
27217	TREAT PELVIC RING FRACTURE	090	443	477	34	8%	14.65	17.00	2.35	16%	0			1.0	3.0			3.0	1.0		1.0			
27218	TREAT PELVIC RING FRACTURE	090	543	587	44	8%	20.93	23.76	2.83	14%	0			1.0	3.0			5.0	1.0		1.0			
27220	TREAT HIP SOCKET FRACTURE	090	184	191	7	4%	5.5	6.82	1.32	24%	0			3.0				1.0	1.0		1.0			
27222	TREAT HIP SOCKET FRACTURE	090	472	531	59	13%	14.11	17.72	3.61	26%	0			4.5				10.0			1.0			
27226	TREAT HIP WALL FRACTURE	090	412	440	28	7%	15.57	17.63	2.06	13%	0			4.0				4.0			1.0			
27227	TREAT HIP FRACTURE(S)	090	550	608	58	11%	25.41	28.39	2.98	12%	0				4.0			6.0			1.0			
27228	TREAT HIP FRACTURE(S)	090	680	729	49	7%	29.33	32.27	2.94	10%	0				4.0			5.0	1.0		1.0			
27230	TREAT THIGH FRACTURE	090	205	218	13	6%	5.81	7.15	1.34	23%	0			4.0				1.0			1.0			
27232	TREAT THIGH FRACTURE	090	353	397	44	12%	11.72	14.30	2.58	22%	0			2.0				8.0			1.0			
27235	TREAT THIGH FRACTURE	090	360	395.5	35.5	10%	13	15.42	2.42	19%	0			4.0				5.5			1.0			
27236	TREAT THIGH FRACTURE	090	418	438	20	5%	17.61	19.68	2.07	12%	0			1.0	3.0			1.0	2.0		1.0			
27238	TREAT THIGH FRACTURE	090	207	216.5	9.5	5%	5.75	6.86	1.11	19%	0			3.5				0.5			1.0			
27240	TREAT THIGH FRACTURE	090	454	509	55	12%	13.81	17.29	3.48	25%	0			5.0				9.0			1.0			
27244	TREAT THIGH FRACTURE	090	438	463	25	6%	18.18	20.49	2.31	13%	0			1.0	3.0			2.0	2.0		1.0			
27245	TREAT THIGH FRACTURE	090	443	468	25	6%	18.18	20.49	2.31	13%	0			1.0	3.0			2.0	2.0		1.0			
27246	TREAT THIGH FRACTURE	090	141	146	5	4%	4.83	5.60	0.77	16%	0			2.5							1.0			
27248	TREAT THIGH FRACTURE	090	384	394	10	3%	10.78	12.63	1.85	17%	0			3.0	1.0			1.0	2.0		1.0			
27252	TREAT HIP DISLOCATION	090	284	311	27	10%	11.03	12.98	1.95	18%	0			3.5				4.0			1.0			
27253	TREAT HIP DISLOCATION	090	344	372	28	8%	13.58	15.64	2.06	15%	0			4.0				4.0			1.0			
27254	TREAT HIP DISLOCATION	090	413	442	29	7%	18.94	21.11	2.17	11%	0			4.5				4.0			1.0			
27256	TREAT HIP DISLOCATION	010	154	161	7	5%	4.28	4.96	0.68	16%	0			1.0				1.0			1.0			
27257	TREAT HIP DISLOCATION	010	173	180	7	4%	5.38	6.06	0.68	13%	0			1.0				1.0			1.0			
27258	TREAT HIP DISLOCATION	090	395	426.5	31.5	8%	16.18	18.47	2.29	14%	0			4.5				4.5			1.0			
27259	TREAT HIP DISLOCATION	090	537	582	45	8%	23.26	25.61	2.35	10%	-2				3.0	1.0		3.0			1.0			
27265	TREAT HIP DISLOCATION	090	150	158	8	5%	5.24	6.23	0.99	19%	0			4.0							0.5			
27266	TREAT HIP DISLOCATION	090	202	214	12	6%	7.78	9.01	1.23	16%	0			3.5				1.0			1.0			
27267	CLTX THIGH FX	090	171	189	18	11%	5.5	7.08	1.58	29%	0			4.0				2.0			1.0			
27268	CLTX THIGH FX W/MNPJ	090	196	214	18	9%	7.12	8.70	1.58	22%	0			4.0				2.0			1.0			
27269	OPTX THIGH FX	090	404	423	19	5%	18.89	20.78	1.89	10%	0			3.0	1.0			2.0	1.0		1.0			
27275	MANIPULATION OF HIP JOINT	010	110	112	2	2%	2.32	2.76	0.44	19%	0			1.0							1.0			
27278	ARTHRO SI JT PRQ WO TFXJ DEV	090	185	199	14	8%	7.86	8.63	0.77	10%	0				2.0						0.5			
27279	ARTHRO SI JT PERQ/MIN NVAS	090	241	257	16	7%	12.13	13.12	0.99	8%	0			1.0	2.0						0.5			
27280	ARTHRO SI JT OPN B1GRF INSTRM	090	383	400	17	4%	20	21.54	1.54	8%	0			1.0	2.0			1.0	1.0		1.0			
27282	ARTHRODESIS SYMPHYSIS PUBIS	090	342	363.5	21.5	6%	11.85	13.66	1.81	15%	0			4.5				2.5			1.0			
27284	ARTHRODESIS HIP JOINT	090	497	529	32	6%	25.06	27.19	2.13	8%	0				3.0			3.0	1.0		1.0			
27286	ARTHRO HIP JT SBTRCHC OSTEO	090	540	588	48	9%	25.17	27.67	2.50	10%	0				4.0			4.0			1.0			
27290	AMPUTATION OF LEG AT HIP	090	615	668.5	53.5	9%	24.55	28.02	3.47	14%	0			5.5				8.5			1.0			
27295	AMPUTATION OF LEG AT HIP	090	499	542	43	9%	19.66	22.44	2.78	14%	0			4.0				7.0			1.0			
27301	DRAIN THIGH/KNEE LESION	090	220	232	12	5%	6.78	8.01	1.23	18%	0			3.5				1.0			1.0			
27303	DRAINAGE OF BONE LESION	090	249	263.5	14.5	6%	8.63	9.98	1.35	16%	0			3.5				1.5			1.0			
27305	INCISE THIGH TENDON & FASCIA	090	207	218	11	5%	6.18	7.30	1.12	18%	0			3.0				1.0			1.0			
27306	INCISION OF THIGH TENDON	090	162	167	5	3%	4.74	5.51	0.77	16%	0			2.5							1.0			
27307	INCISION OF THIGH TENDONS	090	206	217	11	5%	6.06	7.18	1.12	18%	0			3.0				1.0			1.0			
27310	EXPLORATION OF KNEE JOINT	090	311	341.5	30.5	10%	10	12.18	2.18	22%	0			4.0				4.5			1.0			
27323	BIOPSY THIGH SOFT TISSUES	010	74	76	2	3%	2.33	2.55	0.22	9%	0			1.0										
27324	BIOPSY THIGH SOFT TISSUES	090	168	174	6	4%	5.04	5.81	0.77	15%	0			3.0							0.5			
27325	NEURECTOMY HAMSTRING	090	229	238.5	9.5	4%	7.2	8.31	1.11	15%	0			3.5				0.5			1.0			
27326	NEURECTOMY POPLITEAL	090	215	222	7	3%	6.47	7.46	0.99	15%	0			3.5							1.0			
27327	EXC THIGH/KNEE LES SC < 3 CM	090	140	149	9	6%	3.96	4.62	0.66	17%	0			1.0	1.0						0.5			
27328	EXC THIGH/KNEE TUM DEEP <5CM	090	261	277	16	6%	8.85	10.08	1.23	14%	0			2.0	1.0			1.0			1.0			
27329	RESECT THIGH/KNEE TUM < 5 CM	090	413	437	24	6%	15.72	17.59	1.87	12%	0			1.0	3.0			1.0	1.0		1.0			
27330	BIOPSY KNEE JOINT LINING	090	165	171	6	4%	5.11	5.88	0.77	15%	0			3.0							0.5			
27331	EXPLORE/TREAT KNEE JOINT	090	200	206	6	3%	6.02	6.90	0.88	15%	0			3.0							1.0			
27332	REMOVAL OF KNEE CARTILAGE	090	235	243	8	3%	8.46	9.56	1.10	13%	0			4.0							1.0			
27333	REMOVAL OF KNEE CARTILAGE	090	263	273.5	10.5	4%	7.55	8.77	1.22	16%	0			4.0				0.5			1.0			
27334	REMOVE KNEE JOINT LINING	090	294	314.5	20.5	7%	9.19	10.89	1.70	18%	0			4.0				2.5			1.0			
27335	REMOVE KNEE JOINT LINING	090	329	352	23	7%	10.55	12.37	1.82	17%	0			4.0				3.0			1.0			
27337	EXC THIGH/KNEE LES SC 3 CM/>	090	181	190	9	5%	5.91	6.57	0.66	11%	0			1.0	1.0						0.5			
27339	EXC THIGH/KNEE TUM DEP 5CM/	090	310	331	21	7%	11.13	12.47	1.34	12%	0			1.0	2.0			1.0			1.0			
27340	REMOVAL OF KNEECAP BURSA	090	155	161	6	4%	4.32	5.09	0.77	18%	0			3.0							0.5			
27345	REMOVAL OF KNEE CYST	090	204	211	7	3%	6.09	6.97	0.88	14%	0			3.5							0.5			
27347	REMOVE KNEE CYST	090	214	235	21	10%	6.73	7.72	0.99	15%	0				3.0									
27350	REMOVAL OF KNEECAP	090	289	309.5	20.5	7%	8.66	10.36	1.70	20%	0			4.0				2.5			1.0			
27355	REMOVE FEMUR LESION	090	258	272.5	14.5	6%	8	9.35	1.35	17%	0			3.5										

27356	REMOVE FEMUR LESION/GRAFT	090	331	356.5	25.5	8%	10.09	12.03	1.94	19%	0			4.0				3.5			1.0			
27357	REMOVE FEMUR LESION/GRAFT	090	361	387.5	26.5	7%	11.16	13.21	2.05	18%	0			4.5				3.5			1.0			
27360	PARTIAL REMOVAL LEG BONE(S)	090	386	426.5	40.5	10%	11.46	14.12	2.66	23%	0			4.0				6.5			1.0			
27364	RESECT THIGH/KNEE TUM 5 CM/3	090	550	577	27	5%	24.49	26.89	2.40	10%	-2			1.0	2.0	1.0		2.0	2.0		1.0			
27365	RESECT FEMUR/KNEE TUMOR	090	633	656	23	4%	32.21	34.81	2.60	8%	-2			1.0	2.0	1.0		2.0	3.0		1.0			
27372	REMOVAL OF FOREIGN BODY	090	168	174	6	4%	5.21	5.98	0.77	15%	0			3.0							0.5			
27380	REPAIR OF KNEECAP TENDON	090	235	247	12	5%	7.45	8.68	1.23	17%	0			3.5				1.0			1.0			
27381	REPAIR/GRAFT KNEECAP TENDON	090	320	338	18	6%	10.76	12.34	1.58	15%	0			4.0				2.0			1.0			
27385	REPAIR OF THIGH MUSCLE	090	237	250	13	5%	6.93	8.03	1.10	16%	0			3.0	1.0						0.5			
27386	REPAIR/GRAFT OF THIGH MUSCLE	090	350	374	24	7%	11.13	13.06	1.93	17%	0			4.5				3.0			1.0			
27390	INCISION OF THIGH TENDON	090	184	192.5	8.5	5%	5.53	6.53	1.00	18%	0			3.0				0.5			1.0			
27391	INCISION OF THIGH TENDONS	090	233	245	12	5%	7.49	8.72	1.23	16%	0			3.5				1.0			1.0			
27392	INCISION OF THIGH TENDONS	090	292	310	18	6%	9.63	11.21	1.58	16%	0			4.0				2.0			1.0			
27393	LENGTHENING OF THIGH TENDON	090	197	205.5	8.5	4%	6.59	7.59	1.00	15%	0			3.0				0.5			1.0			
27394	LENGTHENING OF THIGH TENDON	090	248	260	12	5%	8.79	10.02	1.23	14%	0			3.5				1.0			1.0			
27395	LENGTHENING OF THIGH TENDON	090	348	369.5	21.5	6%	12.24	14.05	1.81	15%	0			4.5				2.5			1.0			
27396	TRANSPLANT OF THIGH TENDON	090	254	266	12	5%	8.15	9.38	1.23	15%	0			3.5				1.0			1.0			
27397	TRANSPLANTS OF THIGH TENDON	090	360	393	33	9%	12.66	14.44	1.78	14%	0				4.0			1.0			1.0			
27400	REVISE THIGH MUSCLES/TENDON	090	274	287	13	5%	9.33	10.67	1.34	14%	0			4.0				1.0			1.0			
27403	REPAIR OF KNEE CARTILAGE	090	257	269	12	5%	8.62	9.85	1.23	14%	0			3.5				1.0			1.0			
27405	REPAIR OF KNEE LIGAMENT	090	282	300	18	6%	9.08	10.66	1.58	17%	0			4.0				2.0			1.0			
27407	REPAIR OF KNEE LIGAMENT	090	349	373	24	7%	10.85	12.78	1.93	18%	0			4.5				3.0			1.0			
27409	REPAIR OF KNEE LIGAMENTS	090	410	444	34	8%	13.71	16.12	2.41	18%	0			4.5				5.0			1.0			
27412	AUTOCHONDROCYTE IMPLANT KNEE	090	484	510	26	5%	24.74	26.83	2.09	8%	0			2.0	3.0			1.0	1.0		1.0			
27415	OSTEOCHONDRAL KNEE ALLOGRAFT	090	424	450	26	6%	20	22.09	2.09	10%	0			2.0	3.0			1.0	1.0		1.0			
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	090	287	305	18	6%	14.16	15.37	1.21	9%	0			2.0	2.0						0.5			
27418	REPAIR DEGENERATED KNEECAP	090	358	389.5	31.5	9%	11.6	13.89	2.29	20%	0			4.5				4.5			1.0			
27420	REVISION OF UNSTABLE KNEECAP	090	295	313	18	6%	10.26	11.84	1.58	15%	0			4.0				2.0			1.0			
27422	REVISION OF UNSTABLE KNEECAP	090	297	315	18	6%	10.21	11.79	1.58	15%	0			4.0				2.0			1.0			
27424	REVISION/REMOVAL OF KNEECAP	090	298	316	18	6%	10.24	11.82	1.58	15%	0			4.0				2.0			1.0			
27425	LAT RETINACULAR RELEASE OPEN	090	159	166	7	4%	5.39	6.16	0.77	14%	0			3.5										
27427	RECONSTRUCTION KNEE	090	302	320	18	6%	9.79	11.37	1.58	16%	0			4.0				2.0			1.0			
27428	RECONSTRUCTION KNEE	090	363	398	35	10%	15.58	17.45	1.87	12%	0				5.0						1.0			
27429	RECONSTRUCTION KNEE	090	466	513	47	10%	17.54	19.98	2.44	14%	0				6.0			1.0			1.0			
27430	REVISION OF THIGH MUSCLES	090	303	323.5	20.5	7%	10.16	11.86	1.70	17%	0			4.0				2.5			1.0			
27435	INCISION OF KNEE JOINT	090	340	373	33	10%	10.88	12.66	1.78	16%	0				4.0			1.0			1.0			
27437	REVISE KNEECAP	090	273	292.5	19.5	7%	8.93	10.52	1.59	18%	0			3.5				2.5			1.0			
27438	REVISE KNEECAP WITH IMPLANT	090	332	360	28	8%	11.89	13.95	2.06	17%	0			4.0				4.0			1.0			
27440	REVISION OF KNEE JOINT	090	334	362	28	8%	11.09	13.15	2.06	19%	0			4.0				4.0			1.0			
27441	REVISION OF KNEE JOINT	090	360	390.5	30.5	8%	11.54	13.72	2.18	19%	0			4.0				4.5			1.0			
27442	REVISION OF KNEE JOINT	090	307	327.5	20.5	7%	12.37	14.07	1.70	14%	0			4.0				2.5			1.0			
27443	REVISION OF KNEE JOINT	090	323	343.5	20.5	6%	11.41	13.11	1.70	15%	0			4.0				2.5			1.0			
27445	REVISION OF KNEE JOINT	090	447	488.5	41.5	9%	18.66	21.43	2.77	15%	0			4.5				6.5			1.0			
27446	REVISION OF KNEE JOINT	090	310	333	23	7%	17.13	18.32	1.19	7%	-2				2.0	1.0					0.5			
27447	TOTAL KNEE ARTHROPLASTY	090	374	387	13	3%	19.6	21.21	1.61	8%	0				3.0				2.0		1.0			
27448	INCISION OF THIGH	090	324	347	23	7%	11.6	13.42	1.82	16%	0			4.0				3.0			1.0			
27450	INCISION OF THIGH	090	392	418.5	26.5	7%	14.61	16.66	2.05	14%	0			4.5				3.5			1.0			
27454	REALIGNMENT OF THIGH BONE	090	430	473	43	10%	19.17	21.43	2.26	12%	0				4.0			3.0			1.0			
27455	REALIGNMENT OF KNEE	090	344	367	23	7%	13.36	15.18	1.82	14%	0			4.0				3.0			1.0			
27457	REALIGNMENT OF KNEE	090	370	394.5	24.5	7%	14.03	15.86	1.83	13%	0			3.5				3.5			1.0			
27465	SHORTENING OF THIGH BONE	090	383.5	416.5	33	9%	18.6	20.64	2.04	11%	0			2.0	2.0			3.0			1.0			
27466	LENGTHENING OF THIGH BONE	090	467	507	40	9%	17.28	20.04	2.76	16%	0			5.0				6.0			1.0			
27468	SHORTEN/LENGTHEN THIGHS	090	515	557.5	42.5	8%	19.97	22.85	2.88	14%	0			5.0				6.5			1.0			
27470	REPAIR OF THIGH	090	400	421	21	5%	17.14	19.25	2.11	12%	0			4.0	1.0			2.0	1.0		1.0			
27472	REPAIR/GRAFT OF THIGH	090	502	544.5	42.5	8%	18.72	21.60	2.88	15%	0			5.0				6.5			1.0			
27475	SURGERY TO STOP LEG GROWTH	090	252	264	12	5%	8.93	10.16	1.23	14%	0			3.5				1.0			1.0			
27477	SURGERY TO STOP LEG GROWTH	090	262	274	12	5%	10.14	11.37	1.23	12%	0			3.5				1.0			1.0			
27479	SURGERY TO STOP LEG GROWTH	090	326	341.5	15.5	5%	13.16	14.62	1.46	11%	0			4.0				1.5			1.0			
27485	SURGERY TO STOP LEG GROWTH	090	241	253	12	5%	9.13	10.36	1.23	13%	0			3.5				1.0			1.0			
27486	REVISE/REPLACE KNEE JOINT	090	470	523	53	11%	21.12	23.86	2.74	13%	0				4.0			5.0			1.0			
27487	REVISE/REPLACE KNEE JOINT	090	520	573	53	10%	27.11	29.85	2.74	10%	0				4.0			5.0			1.0			
27488	REMOVAL OF KNEE PROSTHESIS	090	470	523	53	11%	17.6	20.34	2.74	16%	0				4.0			5.0			1.0			
27495	REINFORCE THIGH	090	452	493.5	41.5	9%	16.54	19.31	2.77	17%	0			4.5				6.5			1.0			
27496	DECOMPRESSION OF THIGH/KNEE	090	287	315	28	10%	6.78	8.84	2.06	30%	0			4.0				4.0			1.0			
27497	DECOMPRESSION OF THIGH/KNEE	090	301	327	26	9%	7.79	9.63	1.84	24%	0			3.0				4.0			1.0			
27498	DECOMPRESSION OF THIGH/KNEE	090	327	355	28	9%	8.66	10.72	2.06	24%	0			4.0				4.0			1.0			
27499	DECOMPRESSION OF THIGH/KNEE	090	332	350	18	5%	9.43	11.01	1.58	17%	0			4.0				2.0			1.0			
27500	TREATMENT OF THIGH FRACTURE	090	216	232	16	7%	6.3	7.66	1.36	22%	0			3.0				2.0			1.0			
27501	TREATMENT OF THIGH FRACTURE	090	169	185	16	9%	6.45	7.68	1.23	19%	0			2.0	1.0			1.0			1.0			
27502	TREATMENT OF THIGH FRACTURE	090	328	361	33	10%	11.36	13.66	2.30	20%	0			4.0				5.0			1.0			
27503	TREATMENT OF THIGH FRACTURE	090	249	272	23	9%	11.27	12.96	1.69	15%	0			3.0	1.0			2.0			1.0			
27506	TREATMENT OF THIGH FRACTURE	090	501.5	565.5	64	13%	19.65	22.92	3.27	17%	0				4.5			6.5			1.0			

27508	TREATMENT OF THIGH FRACTURE	090	221	236.5	15.5	7%	6.2	7.66	1.46	24%	0			4.0				1.5			1.0			
27509	TREATMENT OF THIGH FRACTURE	090	297	315	18	6%	8.14	9.72	1.58	19%	0			4.0				2.0			1.0			
27510	TREATMENT OF THIGH FRACTURE	090	298	326	28	9%	9.8	11.86	2.06	21%	0			4.0				4.0			1.0			
27511	TREATMENT OF THIGH FRACTURE	090	439	449	10	2%	15.11	16.96	1.85	12%	0			3.0	1.0			1.0	2.0		1.0			
27513	TREATMENT OF THIGH FRACTURE	090	464	474	10	2%	19.25	21.10	1.85	10%	0			3.0	1.0			1.0	2.0		1.0			
27514	TREATMENT OF THIGH FRACTURE	090	409	419	10	2%	14.6	16.45	1.85	13%	0			3.0	1.0			1.0	2.0		1.0			
27516	TREAT THIGH FX GROWTH PLATE	090	215	224	9	4%	5.59	6.80	1.21	22%	0			4.5							1.0			
27517	TREAT THIGH FX GROWTH PLATE	090	249	263	14	6%	9.12	10.57	1.45	16%	0			4.5				1.0			1.0			
27519	TREAT THIGH FX GROWTH PLATE	090	359	373	14	4%	13.25	14.90	1.65	12%	0			3.0	1.0			1.0	1.0		1.0			
27520	TREAT KNEECAP FRACTURE	090	124	131	7	6%	3.04	3.81	0.77	25%	0			3.5										
27524	TREAT KNEECAP FRACTURE	090	274	289.5	15.5	6%	10.37	11.83	1.46	14%	0			4.0				1.5			1.0			
27530	TREAT KNEE FRACTURE	090	91	99	8	9%	2.65	3.53	0.88	33%	0			4.0										
27532	TREAT KNEE FRACTURE	090	218	228.5	10.5	5%	7.55	8.77	1.22	16%	0			4.0				0.5			1.0			
27535	TREAT KNEE FRACTURE	090	389	394	5	1%	13.41	15.02	1.61	12%	0			3.0	1.0				2.0		1.0			
27536	TREAT KNEE FRACTURE	090	475	523	48	10%	17.39	19.89	2.50	14%	0				4.0			4.0			1.0			
27538	TREAT KNEE FRACTURE(S)	090	140	149	9	6%	5.09	6.08	0.99	19%	0			4.5										
27540	TREAT KNEE FRACTURE	090	334	343	9	3%	11.3	12.71	1.41	12%	0			3.0	1.0				1.0		1.0			
27550	TREAT KNEE DISLOCATION	090	143	152	9	6%	5.98	6.97	0.99	17%	0			4.5										
27552	TREAT KNEE DISLOCATION	090	228	239.5	11.5	5%	8.18	9.51	1.33	16%	0			4.5				0.5			1.0			
27556	TREAT KNEE DISLOCATION	090	369	383	14	4%	13	14.65	1.65	13%	0			3.0	1.0			1.0	1.0		1.0			
27557	TREAT KNEE DISLOCATION	090	399	413	14	4%	15.9	17.55	1.65	10%	0			3.0	1.0			1.0	1.0		1.0			
27558	TREAT KNEE DISLOCATION	090	429	443	14	3%	18.39	20.04	1.65	9%	0			3.0	1.0			1.0	1.0		1.0			
27560	TREAT KNEECAP DISLOCATION	090	105	112	7	7%	3.99	4.76	0.77	19%	0			3.5										
27562	TREAT KNEECAP DISLOCATION	090	168	176	8	5%	5.98	6.97	0.99	17%	0			4.0							0.5			
27566	TREAT KNEECAP DISLOCATION	090	303	323.5	20.5	7%	12.71	14.41	1.70	13%	0			4.0				2.5			1.0			
27570	FIXATION OF KNEE JOINT	010	71	73	2	3%	1.79	2.01	0.22	12%	0			1.0										
27580	FUSION OF KNEE	090	450	498	48	11%	21.1	23.60	2.50	12%	0				4.0			4.0			1.0			
27590	AMPUTATE LEG AT THIGH	090	449	509.5	60.5	13%	13.47	17.09	3.62	27%	0							10.5			1.0			
27591	AMPUTATE LEG AT THIGH	090	462	515	53	11%	13.94	17.20	3.26	23%	0			4.0				9.0			1.0			
27592	AMPUTATE LEG AT THIGH	090	358	398.5	40.5	11%	10.98	13.64	2.66	24%	0			4.0				6.5			1.0			
27594	AMPUTATION FOLLOW-UP SURG	090	268	283.5	15.5	6%	7.29	8.75	1.46	20%	0			4.0				1.5			1.0			
27596	AMPUTATION FOLLOW-UP SURG	090	345	374	29	8%	11.29	13.46	2.17	19%	0			4.5				4.0			1.0			
27598	AMPUTATE LOWER LEG AT KNEE	090	340	369	29	9%	11.22	13.39	2.17	19%	0			4.5				4.0			1.0			
27600	DECOMPRESSION OF LOWER LEG	090	211	227	16	8%	6.03	7.39	1.36	23%	0			3.0				2.0			1.0			
27601	DECOMPRESSION OF LOWER LEG	090	220	237	17	8%	6.05	7.52	1.47	24%	0			3.5				2.0			1.0			
27602	DECOMPRESSION OF LOWER LEG	090	253	272.5	19.5	8%	7.82	9.41	1.59	20%	0			3.5				2.5			1.0			
27603	DRAIN LOWER LEG LESION	090	199	211	12	6%	5.23	6.46	1.23	24%	0			3.5				1.0			1.0			
27604	DRAIN LOWER LEG BURSA	090	130	135	5	4%	4.59	5.25	0.66	14%	0			2.5							0.5			
27605	INCISION OF ACHILLES TENDON	010	88	90	2	2%	2.92	3.14	0.22	8%	0			1.0										
27606	INCISION OF ACHILLES TENDON	010	131	133	2	2%	4.18	4.62	0.44	11%	0			1.0							1.0			
27607	TREAT LOWER LEG BONE LESION	090	281	308	27	10%	8.62	10.57	1.95	23%	0			3.5				4.0			1.0			
27610	EXPLORE/TREAT ANKLE JOINT	090	311	344	33	11%	9.13	11.43	2.30	25%	0			4.0				5.0			1.0			
27612	EXPLORATION OF ANKLE JOINT	090	353	387	34	10%	8.15	10.56	2.41	30%	0			4.5				5.0			1.0			
27613	BIOPSY LOWER LEG SOFT TISSUE	010	77	79	2	3%	2.22	2.44	0.22	10%	0			1.0										
27614	BIOPSY LOWER LEG SOFT TISSUE	090	192	198	6	3%	5.8	6.68	0.88	15%	0			3.0							1.0			
27615	RESECT LEG/ANKLE TUM < 5 CM	090	416	440	24	6%	15.72	17.59	1.87	12%	0			1.0	3.0			1.0	1.0		1.0			
27616	RESECT LEG/ANKLE TUM 5 CM/>	090	463	489	26	6%	19.63	21.59	1.96	10%	-2			1.0	2.0	1.0		1.0	1.0		1.0			
27618	EXC LEG/ANKLE TUM < 3 CM	090	137	146	9	7%	3.96	4.62	0.66	17%	0			1.0	1.0						0.5			
27619	EXC LEG/ANKLE TUM DEEP	090	225	236	11	5%	6.91	7.79	0.88	13%	0			2.0	1.0						0.5			
27620	EXPLORE/TREAT ANKLE JOINT	090	180	187	7	4%	6.15	7.03	0.88	14%	0			3.5							0.5			
27625	REMOVE ANKLE JOINT LINING	090	249	257	8	3%	8.49	9.59	1.10	13%	0			4.0							1.0			
27626	REMOVE ANKLE JOINT LINING	090	268	276	8	3%	9.1	10.20	1.10	12%	0			4.0							1.0			
27630	REMOVAL OF TENDON LESION	090	146	152	6	4%	4.94	5.60	0.66	13%	0			3.0										
27632	EXC LEG/ANKLE LES SC 3 CM/>	090	183	192	9	5%	5.91	6.57	0.66	11%	0			1.0	1.0						0.5			
27634	EXC LEG/ANKLE TUM DEP 5 CM/>	090	281	302	21	7%	10.13	11.47	1.34	13%	0			1.0	2.0			1.0			1.0			
27635	REMOVE LOWER LEG BONE LESIO	090	267	277.5	10.5	4%	8.03	9.25	1.22	15%	0			4.0				0.5			1.0			
27637	REMOVE/GRAFT LEG BONE LESIO	090	336	355	19	6%	10.31	12.00	1.69	16%	0			4.5				2.0			1.0			
27638	REMOVE/GRAFT LEG BONE LESIO	090	315	333	18	6%	10.99	12.57	1.58	14%	0			4.0				2.0			1.0			
27640	PARTIAL REMOVAL OF TIBIA	090	382	418.5	36.5	10%	12.24	14.77	2.53	21%	0			4.5				5.5			1.0			
27641	PARTIAL REMOVAL OF FIBULA	090	319	344.5	25.5	8%	9.84	11.78	1.94	20%	0			4.0				3.5			1.0			
27645	RESECT TIBIA TUMOR	090	553	580	27	5%	27.21	29.61	2.40	9%	-2			1.0	2.0	1.0		2.0	2.0		1.0			
27646	RESECT FIBULA TUMOR	090	540	562	22	4%	23.21	25.37	2.16	9%	-2			1.0	2.0	1.0		1.0	2.0		1.0			
27647	RESECT TALUS/CALCANEUS TUM	090	469	484	15	3%	20.26	22.09	1.83	9%	-2			1.0	1.0	1.0		1.0	2.0		1.0			
27650	REPAIR ACHILLES TENDON	090	239	264	25	10%	9.21	10.75	1.54	17%	0			2.0	3.0						0.5			
27652	REPAIR/GRAFT ACHILLES TENDON	090	312	331	19	6%	10.78	12.47	1.69	16%	0			4.5				2.0			1.0			
27654	REPAIR OF ACHILLES TENDON	090	283	308	25	9%	10.53	12.07	1.54	15%	0			2.0	3.0						0.5			
27656	REPAIR LEG FASCIA DEFECT	090	171	177	6	4%	4.71	5.48	0.77	16%	0			3.0							0.5			
27658	REPAIR OF LEG TENDON EACH	090	196	202	6	3%	5.12	6.00	0.88	17%	0			3.0							1.0			
27659	REPAIR OF LEG TENDON EACH	090	246	258	12	5%	7.1	8.33	1.23	17%	0			3.5				1.0			1.0			
27664	REPAIR OF LEG TENDON EACH	090	173	179	6	3%	4.73	5.50	0.77	16%	0			3.0							0.5			
27665	REPAIR OF LEG TENDON EACH	090	201	208	7	3%	5.57	6.45	0.88	16%	0			3.5							0.5			
27675	REPAIR LOWER LEG TENDONS	090	228	235	7	3%	7.35	8.34	0.99	13%	0			3.5							1.0			
27676	REPAIR LOWER LEG TENDONS	090	274	287	13	5%	8.73	10.07	1.34	15%	0			4.0				1.0			1.0			

27680	RELEASE OF LOWER LEG TENDON	090	197	203	6	3%	5.88	6.76	0.88	15%	0			3.0						1.0			
27681	RELEASE OF LOWER LEG TENDON	090	232	241.5	9.5	4%	7.05	8.16	1.11	16%	0			3.5				0.5		1.0			
27685	REVISION OF LOWER LEG TENDON	090	200	208	8	4%	6.69	7.68	0.99	15%	0			4.0						0.5			
27686	REVISE LOWER LEG TENDONS	090	252	264	12	5%	7.75	8.98	1.23	16%	0			3.5				1.0		1.0			
27687	REVISION OF CALF TENDON	090	199	206	7	4%	6.41	7.29	0.88	14%	0			3.5						0.5			
27690	REVISE LOWER LEG TENDON	090	258	283	25	10%	9.17	10.71	1.54	17%	0			2.0	3.0					0.5			
27691	REVISE LOWER LEG TENDON	090	292	317	25	9%	10.49	12.14	1.65	16%	0			2.0	3.0					1.0			
27695	REPAIR OF ANKLE LIGAMENT	090	225	233	8	4%	6.7	7.80	1.10	16%	0			4.0						1.0			
27696	REPAIR OF ANKLE LIGAMENTS	090	280	293	13	5%	8.58	9.92	1.34	16%	0			4.0				1.0		1.0			
27698	REPAIR OF ANKLE LIGAMENT	090	275	285.5	10.5	4%	9.61	10.83	1.22	13%	0			4.0				0.5		1.0			
27700	REVISION OF ANKLE JOINT	090	310	325.5	15.5	5%	9.66	11.12	1.46	15%	0			4.0				1.5		1.0			
27702	RECONSTRUCT ANKLE JOINT	090	416	447.5	31.5	8%	14.42	16.71	2.29	16%	0			4.5				4.5		1.0			
27703	RECONSTRUCTION ANKLE JOINT	090	488	533	45	9%	16.94	19.94	3.00	18%	0			5.0				7.0		1.0			
27704	REMOVAL OF ANKLE IMPLANT	090	251	259	8	3%	7.81	8.91	1.10	14%	0			4.0						1.0			
27705	OSTEOTOMY TIBIA	090	303	323.5	20.5	7%	10.86	12.56	1.70	16%	0			4.0				2.5		1.0			
27707	OSTEOTOMY FIBULA	090	243	260	17	7%	4.78	6.25	1.47	31%	0			3.5				2.0		1.0			
27709	OSTEOTOMY TIBIA & FIBULA	090	346	374	28	8%	17.48	19.28	1.80	10%	0			2.0	2.0			2.0		1.0			
27712	OSTEOT MLT RELIGNMT IMED RO	090	400	443	43	11%	15.87	18.13	2.26	14%	0				4.0			3.0		1.0			
27715	OSTPL TIBFIB LNGTH/SHRT	090	457	503.5	46.5	10%	15.5	18.51	3.01	19%	0			4.5				7.5		1.0			
27720	REPAIR OF TIBIA	090	356	380	24	7%	12.36	14.29	1.93	16%	0			4.5				3.0		1.0			
27722	REPAIR/GRAFT OF TIBIA	090	389	415.5	26.5	7%	12.45	14.50	2.05	16%	0			4.5				3.5		1.0			
27724	REPAIR/GRAFT OF TIBIA	090	460	477	17	4%	19.31	20.85	1.54	8%	0			1.0	2.0			1.0	1.0	1.0			
27725	REPAIR OF LOWER LEG	090	464	511	47	10%	17.41	19.85	2.44	14%	-4				2.0	2.0		3.0		1.0			
27726	REPAIR FIBULA NONUNION	090	319	337	18	6%	14.34	15.79	1.45	10%	0			3.0	1.0			1.0		1.0			
27727	REPAIR OF LOWER LEG	090	445	480	35	8%	14.84	17.36	2.52	17%	0			5.0				5.0		1.0			
27730	REPAIR OF TIBIA EPIPHYSIS	090	241	253	12	5%	7.7	8.93	1.23	16%	0			3.5				1.0		1.0			
27732	REPAIR OF FIBULA EPIPHYSIS	090	183	189	6	3%	5.46	6.23	0.77	14%	0			3.0						0.5			
27734	REPAIR LOWER LEG EPIPHYSES	090	273	287.5	14.5	5%	8.83	10.18	1.35	15%	0			3.5				1.5		1.0			
27740	REPAIR OF LEG EPIPHYSES	090	315	328	13	4%	9.61	10.95	1.34	14%	0			4.0				1.0		1.0			
27742	REPAIR OF LEG EPIPHYSES	090	340	354	14	4%	10.63	12.08	1.45	14%	0			4.5				1.0		1.0			
27745	REINFORCE TIBIA	090	312	330	18	6%	10.49	12.07	1.58	15%	0			4.0				2.0		1.0			
27750	TREATMENT OF TIBIA FRACTURE	090	143	150	7	5%	3.37	4.25	0.88	26%	0			3.5						0.5			
27752	TREATMENT OF TIBIA FRACTURE	090	250	268	18	7%	6.27	7.85	1.58	25%	0			4.0				2.0		1.0			
27756	TREATMENT OF TIBIA FRACTURE	090	344	372	28	8%	7.45	9.51	2.06	28%	0			4.0				4.0		1.0			
27758	TREATMENT OF TIBIA FRACTURE	090	435	471.5	36.5	8%	12.54	15.07	2.53	20%	0			4.5				5.5		1.0			
27759	TREATMENT OF TIBIA FRACTURE	090	324	347	23	7%	14.45	16.14	1.69	12%	0			3.0	1.0			2.0		1.0			
27760	CLTX MEDIAL ANKLE FX	090	124	132	8	6%	3.21	4.09	0.88	27%	0			4.0									
27762	CLTX MED ANKLE FX W/MNPJ	090	212	221	9	4%	5.47	6.68	1.21	22%	0			4.5						1.0			
27766	OPTX MEDIAL ANKLE FX	090	266	289	23	9%	7.89	9.45	1.56	20%	0			2.0	2.0			1.0		1.0			
27767	CLTX POST ANKLE FX	090	96	109	13	14%	2.64	3.63	0.99	38%	0			3.0	1.0								
27768	CLTX POST ANKLE FX W/MNPJ	090	170	183	13	8%	5.14	6.24	1.10	21%	0			3.0	1.0					0.5			
27769	OPTX POST ANKLE FX	090	279	297	18	6%	10.14	11.59	1.45	14%	0			3.0	1.0			1.0		1.0			
27780	TREATMENT OF FIBULA FRACTUR	090	110	117	7	6%	2.83	3.60	0.77	27%	0			3.5									
27781	TREATMENT OF FIBULA FRACTUR	090	146	154	8	5%	4.59	5.47	0.88	19%	0			4.0									
27784	TREATMENT OF FIBULA FRACTUR	090	281	304	23	8%	9.67	11.23	1.56	16%	0			2.0	2.0			1.0		1.0			
27786	TREATMENT OF ANKLE FRACTURE	090	114	121	7	6%	3.02	3.79	0.77	25%	0			3.5									
27788	TREATMENT OF ANKLE FRACTURE	090	148	156	8	5%	4.64	5.52	0.88	19%	0			4.0									
27792	TREATMENT OF ANKLE FRACTURE	090	245	263	18	7%	8.75	9.96	1.21	14%	0			2.0	2.0					0.5			
27808	TREATMENT OF ANKLE FRACTURE	090	127	135	8	6%	3.03	3.91	0.88	29%	0			4.0									
27810	TREATMENT OF ANKLE FRACTURE	090	180	188	8	4%	5.32	6.31	0.99	19%	0			4.0						0.5			
27814	TREATMENT OF ANKLE FRACTURE	090	346	360	14	4%	10.62	12.14	1.52	14%	0			2.0	2.0			1.0		1.0			
27816	TREATMENT OF ANKLE FRACTURE	090	119	126	7	6%	3.07	3.84	0.77	25%	0			3.5									
27818	TREATMENT OF ANKLE FRACTURE	090	193	201	8	4%	5.69	6.68	0.99	17%	0			4.0						0.5			
27822	TREATMENT OF ANKLE FRACTURE	090	353	372	19	5%	11.21	12.84	1.63	15%	0			1.0	3.0			1.0		1.0			
27823	TREATMENT OF ANKLE FRACTURE	090	366	385	19	5%	13.16	14.79	1.63	12%	0			1.0	3.0			1.0		1.0			
27824	TREAT LOWER LEG FRACTURE	090	137	148	11	8%	3.31	4.08	0.77	23%	0			2.0	1.0								
27825	TREAT LOWER LEG FRACTURE	090	345	366	21	6%	6.69	8.29	1.60	24%	0			3.0				3.0		1.0			
27826	TREAT LOWER LEG FRACTURE	090	328	347	19	6%	11.1	12.73	1.63	15%	0			1.0	3.0				1.0	1.0			
27827	TREAT LOWER LEG FRACTURE	090	441	472	31	7%	14.79	16.99	2.20	15%	0			1.0	4.0			1.0	1.0	1.0			
27828	TREAT LOWER LEG FRACTURE	090	471	502	31	7%	18.43	20.63	2.20	12%	0			1.0	4.0			1.0	1.0	1.0			
27829	TREAT LOWER LEG JOINT	090	271	294	23	8%	8.8	10.36	1.56	18%	0			2.0	2.0			1.0		1.0			
27830	TREAT LOWER LEG DISLOCATION	090	152	159	7	5%	3.96	4.84	0.88	22%	0			3.5						0.5			
27831	TREAT LOWER LEG DISLOCATION	090	166	173	7	4%	4.73	5.61	0.88	19%	0			3.5						0.5			
27832	TREAT LOWER LEG DISLOCATION	090	301	324	23	8%	10.17	11.73	1.56	15%	0			2.0	2.0			1.0		1.0			
27840	TREAT ANKLE DISLOCATION	090	160	168	8	5%	4.77	5.76	0.99	21%	0			4.0						0.5			
27842	TREAT ANKLE DISLOCATION	090	225	235.5	10.5	5%	6.46	7.68	1.22	19%	0			4.0				0.5		1.0			
27846	TREAT ANKLE DISLOCATION	090	312	332.5	20.5	7%	10.28	11.98	1.70	17%	0			4.0				2.5		1.0			
27848	TREAT ANKLE DISLOCATION	090	334	354.5	20.5	6%	11.68	13.38	1.70	15%	0			4.0				2.5		1.0			
27860	FIXATION OF ANKLE JOINT	010	105	107	2	2%	2.39	2.61	0.22	9%	0			1.0									
27870	FUSION OF ANKLE JOINT OPEN	090	400	438	38	10%	15.41	17.43	2.02	13%	0				4.0			2.0		1.0			
27871	FUSION OF TIBIOFIBULAR JOINT	090	301	316.5	15.5	5%	9.54	11.00	1.46	15%	0			4.0				1.5		1.0			
27880	AMPUTATION OF LOWER LEG	090	400	437	37	9%	15.37	17.87	2.50	16%	0			1.0	2.0			5.0	1.0	1.0			
27881	AMPUTATION OF LOWER LEG	090	468	515.5	47.5	10%	13.47	16.59	3.12	23%	0			5.0				7.5		1.0			

27882	AMPUTATION OF LOWER LEG	090	331	366.5	35.5	11%	9.79	12.21	2.42	25%	0			4.0				5.5			1.0			
27884	AMPUTATION FOLLOW-UP SURG	090	292	315	23	8%	8.76	10.58	1.82	21%	0			4.0				3.0			1.0			
27886	AMPUTATION FOLLOW-UP SURG	090	340	369	29	9%	10.02	12.19	2.17	22%	0			4.5				4.0			1.0			
27888	AMPUTATION OF FOOT AT ANKLE	090	335	364	29	9%	10.37	12.54	2.17	21%	0			4.5				4.0			1.0			
27889	ANKLE DISARTICULATION	090	361	397.5	36.5	10%	10.86	13.39	2.53	23%	0			4.5				5.5			1.0			
27892	DECOMPRESSION OF LEG	090	307	330	23	7%	7.94	9.76	1.82	23%	0			4.0				3.0			1.0			
27893	DECOMPRESSION OF LEG	090	307	330	23	7%	7.9	9.72	1.82	23%	0			4.0				3.0			1.0			
27894	DECOMPRESSION OF LEG	090	433	493	60	14%	12.67	15.74	3.07	24%	0				5.0			5.0			1.0			
28005	TREAT FOOT BONE LESION	090	320	351.5	31.5	10%	9.44	11.73	2.29	24%	0			4.5				4.5			1.0			
28008	INCISION OF FOOT FASCIA	090	159	165	6	4%	4.59	5.36	0.77	17%	0			3.0							0.5			
28010	INCISION OF TOE TENDON	090	90	95	5	6%	2.97	3.52	0.55	19%	0			2.5										
28011	INCISION OF TOE TENDONS	090	123	129	6	5%	4.28	4.94	0.66	15%	0			3.0										
28020	EXPLORATION OF FOOT JOINT	090	161	167	6	4%	5.15	5.92	0.77	15%	0			3.0							0.5			
28022	EXPLORATION OF FOOT JOINT	090	157	163	6	4%	4.81	5.58	0.77	16%	0			3.0							0.5			
28024	EXPLORATION OF TOE JOINT	090	151	157	6	4%	4.52	5.29	0.77	17%	0			3.0							0.5			
28035	DECOMPRESSION OF TIBIA NERVE	090	169	175	6	4%	5.23	6.00	0.77	15%	0			3.0							0.5			
28039	EXC FOOT/TOE TUM SC 1.5 CM/>	090	153	162	9	6%	5.42	6.08	0.66	12%	0			1.0	1.0						0.5			
28041	EXC FOOT/TOE TUM DEP 1.5CM/3	090	217	233	16	7%	7.13	8.12	0.99	14%	0			1.0	2.0						0.5			
28043	EXC FOOT/TOE TUM SC < 1.5 CM	090	138	147	9	7%	3.96	4.62	0.66	17%	0			1.0	1.0						0.5			
28045	EXC FOOT/TOE TUM DEEP <1.5CM	090	169	180	11	7%	5.45	6.33	0.88	16%	0			2.0	1.0						0.5			
28046	RESECT FOOT/TOE TUMOR < 3 CM	090	334	367	33	10%	12.38	14.29	1.91	15%	0			1.0	3.0			2.0			1.0			
28047	RESECT FOOT/TOE TUMOR 3 CM/	090	413	439	26	6%	17.45	19.41	1.96	11%	-2			1.0	2.0	1.0		1.0	1.0		1.0			
28050	BIOPSY OF FOOT JOINT LINING	090	163	169	6	4%	4.39	5.16	0.77	18%	0			3.0							0.5			
28052	BIOPSY OF FOOT JOINT LINING	090	149	154	5	3%	4.06	4.72	0.66	16%	0			2.5							0.5			
28054	BIOPSY OF TOE JOINT LINING	090	133	138	5	4%	3.57	4.23	0.66	18%	0			2.5							0.5			
28055	NEURECTOMY FOOT	090	197	203	6	3%	6.29	7.17	0.88	14%	0			3.0							1.0			
28060	PARTIAL REMOVAL FOOT FASCIA	090	156	163	7	4%	5.4	6.17	0.77	14%	0			3.5										
28062	REMOVAL OF FOOT FASCIA	090	221	228	7	3%	6.69	7.57	0.88	13%	0			3.5							0.5			
28070	REMOVAL OF FOOT JOINT LINING	090	190	196	6	3%	5.24	6.12	0.88	17%	0			3.0							1.0			
28072	REMOVAL OF FOOT JOINT LINING	090	166	172	6	4%	4.72	5.49	0.77	16%	0			3.0							0.5			
28080	REMOVAL OF FOOT LESION	090	169	197	28	17%	4.86	6.18	1.32	27%	-2		1.0		4.0									
28086	EXCISE FOOT TENDON SHEATH	090	172	178	6	3%	4.92	5.69	0.77	16%	0			3.0							0.5			
28088	EXCISE FOOT TENDON SHEATH	090	142	147	5	4%	3.98	4.64	0.66	17%	0			2.5							0.5			
28090	REMOVAL OF FOOT LESION	090	130	136	6	5%	4.55	5.21	0.66	15%	0			3.0										
28092	REMOVAL OF TOE LESIONS	090	115	121	6	5%	3.78	4.44	0.66	17%	0			3.0										
28100	REMOVAL OF ANKLE/HEEL LESION	090	195	202	7	4%	5.83	6.71	0.88	15%	0			3.5							0.5			
28102	REMOVE/GRAFT FOOT LESION	090	273	281	8	3%	7.92	9.02	1.10	14%	0			4.0							1.0			
28103	REMOVE/GRAFT FOOT LESION	090	233	240	7	3%	6.67	7.66	0.99	15%	0			3.5							1.0			
28104	REMOVAL OF FOOT LESION	090	173	179	6	3%	5.26	6.03	0.77	15%	0			3.0							0.5			
28106	REMOVE/GRAFT FOOT LESION	090	243	251	8	3%	7.35	8.45	1.10	15%	0			4.0							1.0			
28107	REMOVE/GRAFT FOOT LESION	090	232	239	7	3%	5.73	6.72	0.99	17%	0			3.5							1.0			
28108	REMOVAL OF TOE LESIONS	090	134	140	6	4%	4.3	4.96	0.66	15%	0			3.0										
28110	PART REMOVAL OF METATARSAL	090	151	157	6	4%	4.22	4.99	0.77	18%	0			3.0							0.5			
28111	PART REMOVAL OF METATARSAL	090	171	177	6	4%	5.15	5.92	0.77	15%	0			3.0							0.5			
28112	PART REMOVAL OF METATARSAL	090	163	169	6	4%	4.63	5.40	0.77	17%	0			3.0							0.5			
28113	PART REMOVAL OF METATARSAL	090	178	208	30	17%	6.11	7.65	1.54	25%	0			1.0	4.0									
28114	REMOVAL OF METATARSAL HEAD	090	339	387	48	14%	12	14.25	2.25	19%	-6				3.0	3.0								
28116	REVISION OF FOOT	090	320	353	33	10%	9.14	10.92	1.78	19%	0				4.0			1.0			1.0			
28118	REMOVAL OF HEEL BONE	090	196	203	7	4%	6.13	7.01	0.88	14%	0			3.5							0.5			
28119	REMOVAL OF HEEL SPUR	090	183	190	7	4%	5.56	6.44	0.88	16%	0			3.5							0.5			
28120	PART REMOVAL OF ANKLE/HEEL	090	251	271	20	8%	7.31	8.74	1.43	20%	0			3.0	2.0						0.5			
28122	PARTIAL REMOVAL OF FOOT BONE	090	230	248	18	8%	6.76	7.97	1.21	18%	0			2.0	2.0						0.5			
28124	PARTIAL REMOVAL OF TOE	090	151	159	8	5%	5	5.88	0.88	18%	0			4.0										
28126	PARTIAL REMOVAL OF TOE	090	116	121	5	4%	3.64	4.19	0.55	15%	0			2.5										
28130	REMOVAL OF ANKLE BONE	090	330	363	33	10%	9.5	11.28	1.78	19%	0				4.0			1.0			1.0			
28140	REMOVAL OF METATARSAL	090	228	237.5	9.5	4%	7.14	8.25	1.11	16%	0			3.5				0.5			1.0			
28150	REMOVAL OF TOE	090	151	157	6	4%	4.23	5.00	0.77	18%	0			3.0							0.5			
28153	PARTIAL REMOVAL OF TOE	090	142	148	6	4%	3.8	4.57	0.77	20%	0			3.0							0.5			
28160	PARTIAL REMOVAL OF TOE	090	129	135	6	5%	3.88	4.54	0.66	17%	0			3.0										
28171	RESECT TARSAL TUMOR	090	365	388	23	6%	16.41	17.84	1.43	9%	-2			1.0	1.0	1.0		1.0			1.0			
28173	RESECT METATARSAL TUMOR	090	304	327	23	8%	14.16	15.59	1.43	10%	-2			1.0	1.0	1.0		1.0			1.0			
28175	RESECT PHALANX OF TOE TUMOR	090	205	223	18	9%	8.29	9.37	1.08	13%	-2			1.0	1.0	1.0					0.5			
28190	REMOVAL OF FOOT FOREIGN BODY	010	64	66	2	3%	2.01	2.23	0.22	11%	0			1.0										
28192	REMOVAL OF FOOT FOREIGN BODY	090	141	147	6	4%	4.78	5.44	0.66	14%	0			3.0										
28193	REMOVAL OF FOOT FOREIGN BODY	090	189	196	7	4%	5.9	6.78	0.88	15%	0			3.5							0.5			
28200	REPAIR OF FOOT TENDON	090	149	155	6	4%	4.74	5.40	0.66	14%	0			3.0										
28202	REPAIR/GRAFT OF FOOT TENDON	090	240	249.5	9.5	4%	7.07	8.18	1.11	16%	0			3.5				0.5			1.0			
28208	REPAIR OF FOOT TENDON	090	154	160	6	4%	4.51	5.28	0.77	17%	0			3.0							0.5			
28210	REPAIR/GRAFT OF FOOT TENDON	090	209	216	7	3%	6.52	7.51	0.99	15%	0			3.5							1.0			
28220	RELEASE OF FOOT TENDON	090	149	155	6	4%	4.67	5.44	0.77	16%	0			3.0							0.5			
28222	RELEASE OF FOOT TENDONS	090	175	181	6	3%	5.76	6.53	0.77	13%	0			3.0							0.5			
28225	RELEASE OF FOOT TENDON	090	133	138	5	4%	3.78	4.44	0.66	17%	0			2.5							0.5			
28226	RELEASE OF FOOT TENDONS	090	162	168	6	4%	4.67	5.44	0.77	16%	0			3.0							0.5			

28230	INCISION OF FOOT TENDON(S)	090	143	148	5	3%	4.36	5.02	0.66	15%	0			2.5						0.5			
28232	INCISION OF TOE TENDON	090	107	112	5	5%	3.51	4.06	0.55	16%	0			2.5									
28234	INCISION OF FOOT TENDON	090	122	129	7	6%	3.54	4.31	0.77	22%	0			3.5									
28238	REVISION OF FOOT TENDON	090	248	257.5	9.5	4%	7.96	9.07	1.11	14%	0			3.5				0.5		1.0			
28240	RELEASE OF BIG TOE	090	139	144	5	4%	4.48	5.14	0.66	15%	0			2.5						0.5			
28250	REVISION OF FOOT FASCIA	090	164	170	6	4%	6.06	6.83	0.77	13%	0			3.0						0.5			
28260	RELEASE OF MIDFOOT JOINT	090	225	234.5	9.5	4%	8.19	9.30	1.11	14%	0			3.5				0.5		1.0			
28261	REVISION OF FOOT TENDON	090	343	376	33	10%	13.11	14.89	1.78	14%	0				4.0			1.0		1.0			
28262	REVISION OF FOOT AND ANKLE	090	380	413	33	9%	17.21	18.99	1.78	10%	0				4.0			1.0		1.0			
28264	RELEASE OF MIDFOOT JOINT	090	269	282	13	5%	10.65	11.99	1.34	13%	0			4.0				1.0		1.0			
28270	RELEASE OF FOOT CONTRACTURE	090	145	152	7	5%	4.93	5.70	0.77	16%	0			3.5									
28272	RELEASE OF TOE JOINT EACH	090	113	118	5	4%	3.92	4.47	0.55	14%	0			2.5									
28280	FUSION OF TOES	090	167	173	6	4%	5.33	6.10	0.77	14%	0			3.0						0.5			
28285	REPAIR OF HAMMERTOE	090	190	208	18	9%	5.62	6.83	1.21	22%	0			2.0	2.0					0.5			
28286	REPAIR OF HAMMERTOE	090	145	151	6	4%	4.7	5.36	0.66	14%	0			3.0									
28288	PARTIAL REMOVAL OF FOOT BON	090	169	197	28	17%	6.02	7.34	1.32	22%	-2		1.0		4.0								
28289	CORRJ HALUX RIGDUS W/O IMPL	090	210	228	18	9%	6.9	8.11	1.21	18%	0			2.0	2.0					0.5			
28291	CORRJ HALUX RIGDUS W/IMPLT	090	215	233	18	8%	8.01	9.22	1.21	15%	0			2.0	2.0					0.5			
28292	COR HLX VLGS RSC PRX PHLX BS	090	226	246	20	9%	7.44	8.87	1.43	19%	0			3.0	2.0					0.5			
28295	COR HLX VLGS PRX MTAR OSTEO	090	241	261	20	8%	8.57	10.00	1.43	17%	0			3.0	2.0					0.5			
28296	COR HLX VLGS DSTL MTAR OSTEO	090	241	261	20	8%	8.25	9.68	1.43	17%	0			3.0	2.0					0.5			
28297	COR HLX VLGS JT ARTHRD	090	256	276	20	8%	9.29	10.72	1.43	15%	0			3.0	2.0					0.5			
28298	COR HLX VLGS PRX PHLX OSTEO	090	225	243	18	8%	7.75	8.96	1.21	16%	0			2.0	2.0					0.5			
28299	COR HLX VLGS DOUBLE OSTEO	090	256	276	20	8%	9.29	10.72	1.43	15%	0			3.0	2.0					0.5			
28300	INCISION OF HEEL BONE	090	218	226	8	4%	9.73	10.72	0.99	10%	0			4.0						0.5			
28302	INCISION OF ANKLE BONE	090	234	242	8	3%	9.74	10.84	1.10	11%	0			4.0						1.0			
28304	INCISION OF MIDFOOT BONES	090	239	249.5	10.5	4%	9.41	10.63	1.22	13%	0			4.0				0.5		1.0			
28305	INCISE/GRAFT MIDFOOT BONES	090	283	294.5	11.5	4%	10.77	12.10	1.33	12%	0			4.5				0.5		1.0			
28306	INCISION OF METATARSAL	090	163	169	6	4%	6	6.66	0.66	11%	0			3.0									
28307	INCISION OF METATARSAL	090	213	220	7	3%	6.5	7.38	0.88	14%	0			3.5						0.5			
28308	INCISION OF METATARSAL	090	165	173	8	5%	5.48	6.36	0.88	16%	0			4.0									
28309	INCISION OF METATARSALS	090	350	383	33	9%	14.16	15.94	1.78	13%	0				4.0			1.0		1.0			
28310	REVISION OF BIG TOE	090	165	171	6	4%	5.57	6.34	0.77	14%	0			3.0						0.5			
28312	REVISION OF TOE	090	160	166	6	4%	4.69	5.46	0.77	16%	0			3.0						0.5			
28313	REPAIR DEFORMITY OF TOE	090	151	157	6	4%	5.15	5.92	0.77	15%	0			3.0						0.5			
28315	REMOVAL OF SESAMOID BONE	090	156	162	6	4%	5	5.77	0.77	15%	0			3.0						0.5			
28320	REPAIR OF FOOT BONES	090	254	262	8	3%	9.37	10.47	1.10	12%	0			4.0						1.0			
28322	REPAIR OF METATARSALS	090	221	229	8	4%	8.53	9.52	0.99	12%	0			4.0						0.5			
28340	RESECT ENLARGED TOE TISSUE	090	230	237	7	3%	7.15	8.14	0.99	14%	0			3.5						1.0			
28341	RESECT ENLARGED TOE	090	298	311	13	4%	8.72	10.06	1.34	15%	0			4.0				1.0		1.0			
28344	REPAIR EXTRA TOE(S)	090	185	191	6	3%	4.4	5.28	0.88	20%	0			3.0						1.0			
28345	REPAIR WEBBED TOE(S)	090	222	229	7	3%	6.09	7.08	0.99	16%	0			3.5						1.0			
28360	RECONSTRUCT CLEFT FOOT	090	395	430	35	9%	14.92	16.57	1.65	11%	0				5.0								
28400	TREATMENT OF HEEL FRACTURE	090	97	103	6	6%	2.31	2.97	0.66	29%	0			3.0									
28405	TREATMENT OF HEEL FRACTURE	090	164	171	7	4%	4.74	5.62	0.88	19%	0			3.5						0.5			
28406	TREATMENT OF HEEL FRACTURE	090	229	239.5	10.5	5%	6.56	7.78	1.22	19%	0			4.0				0.5		1.0			
28415	TREAT HEEL FRACTURE	090	441	472	31	7%	16.19	18.39	2.20	14%	0			1.0	4.0			1.0	1.0	1.0			
28420	TREAT/GRAFT HEEL FRACTURE	090	481	512	31	6%	17.52	19.72	2.20	13%	0			1.0	4.0			1.0	1.0	1.0			
28430	TREATMENT OF ANKLE FRACTURE	090	89	94	5	6%	2.22	2.77	0.55	25%	0			2.5									
28435	TREATMENT OF ANKLE FRACTURE	090	116	122	6	5%	3.54	4.20	0.66	19%	0			3.0									
28436	TREATMENT OF ANKLE FRACTURE	090	190	198	8	4%	4.9	5.89	0.99	20%	0			4.0						0.5			
28445	TREAT ANKLE FRACTURE	090	444	475	31	7%	15.76	17.96	2.20	14%	0			1.0	4.0			1.0	1.0	1.0			
28446	OSTEOCHONDRAL TALUS AUTOGR	090	339	364	25	7%	17.71	19.36	1.65	9%	0			2.0	3.0					1.0			
28450	TREAT MIDFOOT FRACTURE EACH	090	87	92	5	6%	2.03	2.58	0.55	27%	0			2.5									
28455	TREAT MIDFOOT FRACTURE EACH	090	113	119	6	5%	3.24	3.90	0.66	20%	0			3.0									
28456	TREAT MIDFOOT FRACTURE	090	182	189	7	4%	2.86	3.74	0.88	31%	0			3.5						0.5			
28465	TREAT MIDFOOT FRACTURE EACH	090	257	275	18	7%	8.8	10.01	1.21	14%	0			2.0	2.0					0.5			
28470	TREAT METATARSAL FRACTURE	090	77	83	6	8%	2.03	2.69	0.66	33%	0			3.0									
28475	TREAT METATARSAL FRACTURE	090	80.5	80.5	0	0%	3.01	3.01	-	0%	-7		3.5										
28476	TREAT METATARSAL FRACTURE	090	168	177	9	5%	3.6	4.59	0.99	28%	0			4.5									
28485	TREAT METATARSAL FRACTURE	090	242	260	18	7%	7.44	8.65	1.21	16%	0			2.0	2.0					0.5			
28490	TREAT BIG TOE FRACTURE	090	64	67	3	5%	1.17	1.50	0.33	28%	0			1.5									
28495	TREAT BIG TOE FRACTURE	090	89	93	4	4%	1.68	2.12	0.44	26%	0			2.0									
28496	TREAT BIG TOE FRACTURE	090	142	148	6	4%	2.48	3.14	0.66	27%	0			3.0									
28505	TREAT BIG TOE FRACTURE	090	227	245	18	8%	7.44	8.65	1.21	16%	0			2.0	2.0					0.5			
28510	TREATMENT OF TOE FRACTURE	090	53	56	3	6%	1.17	1.50	0.33	28%	0			1.5									
28515	TREATMENT OF TOE FRACTURE	090	71	75	4	6%	1.56	2.00	0.44	28%	0			2.0									
28525	TREAT TOE FRACTURE	090	207	225	18	9%	5.62	6.83	1.21	22%	0			2.0	2.0					0.5			
28530	TREAT SESAMOID BONE FRACTUR	090	56	58	2	4%	1.11	1.33	0.22	20%	0			1.0									
28531	TREAT SESAMOID BONE FRACTUR	090	225	234	9	4%	2.57	3.47	0.90	35%	0						1.0			1.0			
28540	TREAT FOOT DISLOCATION	090	106	112	6	6%	2.19	2.85	0.66	30%	0			3.0									
28545	TREAT FOOT DISLOCATION	090	142	148	6	4%	2.6	3.37	0.77	30%	0			3.0						0.5			
28546	TREAT FOOT DISLOCATION	090	184	192	8	4%	3.4	4.39	0.99	29%	0			4.0						0.5			

28555	REPAIR FOOT DISLOCATION	090	281	304	23	8%	9.65	11.21	1.56	16%	0			2.0	2.0			1.0			1.0			
28570	TREAT FOOT DISLOCATION	090	92	96	4	4%	1.76	2.20	0.44	25%	0			2.0										
28575	TREAT FOOT DISLOCATION	090	178	185	7	4%	3.49	4.48	0.99	28%	0			3.5							1.0			
28576	TREAT FOOT DISLOCATION	090	277	295	18	6%	4.6	6.18	1.58	34%	0			4.0				2.0			1.0			
28585	REPAIR FOOT DISLOCATION	090	324	354	30	9%	11.13	13.02	1.89	17%	0			2.0	3.0			1.0			1.0			
28600	TREAT FOOT DISLOCATION	090	105	110	5	5%	2.02	2.57	0.55	27%	0			2.5										
28605	TREAT FOOT DISLOCATION	090	156	163	7	4%	2.89	3.77	0.88	30%	0			3.5							0.5			
28606	TREAT FOOT DISLOCATION	090	224	232	8	4%	5.09	6.19	1.10	22%	0			4.0							1.0			
28615	REPAIR FOOT DISLOCATION	090	323	355	32	10%	10.7	12.81	2.11	20%	0			3.0	3.0			1.0			1.0			
28630	TREAT TOE DISLOCATION	010	55	57	2	4%	1.75	1.97	0.22	13%	0			1.0										
28635	TREAT TOE DISLOCATION	010	61	63	2	3%	1.96	2.18	0.22	11%	0			1.0										
28645	REPAIR TOE DISLOCATION	090	217	235	18	8%	7.44	8.65	1.21	16%	0			2.0	2.0						0.5			
28660	TREAT TOE DISLOCATION	010	49	51	2	4%	1.28	1.50	0.22	17%	0			1.0										
28665	TREAT TOE DISLOCATION	010	53	55	2	4%	1.97	2.19	0.22	11%	0			1.0										
28675	REPAIR OF TOE DISLOCATION	090	197	215	18	9%	5.62	6.83	1.21	22%	0			2.0	2.0						0.5			
28705	ARTHRODESIS PANTALAR	090	490	516	26	5%	20.33	22.29	1.96	10%	-2			1.0	2.0	1.0		1.0	1.0		1.0			
28715	ARTHRODESIS TRIPLE	090	366	398	32	9%	13.42	15.29	1.87	14%	0			2.0	4.0						0.5			
28725	ARTHRODESIS SUBTALAR	090	298	323	25	8%	11.22	12.76	1.54	14%	0			2.0	3.0						0.5			
28730	FUSION OF FOOT BONES	090	308	333	25	8%	10.7	12.24	1.54	14%	0			2.0	3.0						0.5			
28735	FUSION OF FOOT BONES	090	360	393	33	9%	12.23	14.01	1.78	15%	0				4.0			1.0			1.0			
28737	REVISION OF FOOT BONES	090	340	373	33	10%	11.03	12.81	1.78	16%	0				4.0			1.0			1.0			
28740	FUSION OF FOOT BONES	090	266	294	28	11%	9.29	10.72	1.43	15%	0				4.0						0.5			
28750	FUSION OF BIG TOE JOINT	090	237	265	28	12%	8.57	9.89	1.32	15%	0				4.0									
28755	FUSION OF BIG TOE JOINT	090	172	178	6	3%	4.88	5.65	0.77	16%	0			3.0							0.5			
28760	FUSION OF BIG TOE JOINT	090	330	363	33	10%	9.14	10.92	1.78	19%	0				4.0			1.0			1.0			
28800	AMPUTATION OF MIDFOOT	090	306	330	24	8%	8.79	10.72	1.93	22%	0			4.5				3.0			1.0			
28805	AMPUTATION THRU METATARSA	090	376	424	48	13%	12.71	15.47	2.76	22%	0			2.0	2.0			6.0			1.0			
28810	AMPUTATION TOE & METATARSA	090	251	269	18	7%	6.64	8.22	1.58	24%	0			4.0				2.0			1.0			
28890	HI ENRGY ESWT PLANTAR FASCIA	090	140	146	6	4%	3.45	4.22	0.77	22%	0			3.0							0.5			
29800	JAW ARTHROSCOPY/SURGERY	090	161	172	11	7%	6.84	7.72	0.88	13%	0			2.0	1.0						0.5			
29804	JAW ARTHROSCOPY/SURGERY	090	206	224	18	9%	8.87	10.08	1.21	14%	0			2.0	2.0						0.5			
29805	SHO ARTHRS DX +- SYNOVIAL BX	090	154	160	6	4%	6.03	6.69	0.66	11%	0			3.0										
29806	SHO ARTHRS SRG CAPSULORRAPHY	090	298	318	20	7%	15.14	16.57	1.43	9%	0			3.0	2.0						0.5			
29807	SHO ARTHRS SRG RPR SLAP LES	090	288	308	20	7%	14.67	16.10	1.43	10%	0			3.0	2.0						0.5			
29819	SHO ARTHRS SRG RMVL LOOSE/F	090	196	203	7	4%	7.79	8.67	0.88	11%	0			3.5							0.5			
29820	SHO ARTHRS SRG PRTL SYNVC	090	189	195	6	3%	7.21	7.98	0.77	11%	0			3.0							0.5			
29821	SHO ARTHRS SRG COMPL SYNVC	090	223	230	7	3%	7.89	8.77	0.88	11%	0			3.5							0.5			
29822	SHO ARTHRS SRG LMTD DBRDM	090	191	207	16	8%	7.03	8.02	0.99	14%	0			1.0	2.0						0.5			
29823	SHO ARTHRS SRG XTNSV DBRDM	090	211	227	16	8%	7.98	8.97	0.99	12%	0			1.0	2.0						0.5			
29824	SHO ARTHRS SRG DSTL CLAVICLC	090	225	243	18	8%	8.98	10.19	1.21	13%	0			2.0	2.0						0.5			
29825	SHO ARTHRS SRG LSS&RESCJ ADS	090	212	219	7	3%	7.79	8.67	0.88	11%	0			3.5							0.5			
29827	SHO ARTHRS SRG RT8TR CUF RPR	090	334	344	10	3%	15.59	16.80	1.21	8%	0			5.0							0.5			
29828	SHO ARTHRS SRG BICP TENODSIS	090	252	270	18	7%	13.16	14.37	1.21	9%	0			2.0	2.0						0.5			
29830	ELBOW ARTHROSCOPY	090	132	137	5	4%	5.88	6.43	0.55	9%	0			2.5										
29834	ELBOW ARTHROSCOPY/SURGERY	090	153	159	6	4%	6.42	7.08	0.66	10%	0			3.0										
29835	ELBOW ARTHROSCOPY/SURGERY	090	160	166	6	4%	6.62	7.28	0.66	10%	0			3.0										
29836	ELBOW ARTHROSCOPY/SURGERY	090	196	203	7	4%	7.72	8.49	0.77	10%	0			3.5										
29837	ELBOW ARTHROSCOPY/SURGERY	090	165	171	6	4%	7.01	7.67	0.66	9%	0			3.0										
29838	ELBOW ARTHROSCOPY/SURGERY	090	220	227	7	3%	7.88	8.76	0.88	11%	0			3.5							0.5			
29840	WRIST ARTHROSCOPY	090	146	152	6	4%	5.68	6.34	0.66	12%	0			3.0										
29843	WRIST ARTHROSCOPY/SURGERY	090	157	163	6	4%	6.15	6.81	0.66	11%	0			3.0										
29844	WRIST ARTHROSCOPY/SURGERY	090	160	166	6	4%	6.51	7.17	0.66	10%	0			3.0										
29845	WRIST ARTHROSCOPY/SURGERY	090	199	206	7	4%	7.69	8.46	0.77	10%	0			3.5										
29846	WRIST ARTHROSCOPY/SURGERY	090	179	185	6	3%	6.89	7.55	0.66	10%	0			3.0										
29847	WRIST ARTHROSCOPY/SURGERY	090	190	196	6	3%	7.22	7.88	0.66	9%	0			3.0										
29848	WRIST ENDOSCOPY/SURGERY	090	179	200	21	12%	6.39	7.38	0.99	15%	0				3.0									
29850	KNEE ARTHROSCOPY/SURGERY	090	192	198	6	3%	8.27	9.04	0.77	9%	0			3.0							0.5			
29851	KNEE ARTHROSCOPY/SURGERY	090	274	297	23	8%	13.26	14.58	1.32	10%	0			1.0	3.0						0.5			
29855	TIBIAL ARTHROSCOPY/SURGERY	090	255	273	18	7%	10.76	11.97	1.21	11%	0			2.0	2.0						0.5			
29856	TIBIAL ARTHROSCOPY/SURGERY	090	314	332	18	6%	14.28	15.60	1.32	9%	0			2.0	2.0						1.0			
29860	HIP ARTHROSCOPY DX	090	244	265	21	9%	9	9.99	0.99	11%	0				3.0									
29861	HIP ARTHRO W/FB REMOVAL	090	254	275	21	8%	10.1	11.09	0.99	10%	0				3.0									
29862	HIP ARTHRO W/DEBRIDEMENT	090	297	325	28	9%	11.17	12.49	1.32	12%	0				4.0									
29863	HIP ARTHRO W/SYNOVECTOMY	090	297	325	28	9%	11.17	12.49	1.32	12%	0				4.0									
29866	AUTGRFT IMPLNT KNEE W/SCOPE	090	308	328	20	6%	14.67	16.10	1.43	10%	0			3.0	2.0						0.5			
29867	ALLGRFT IMPLNT KNEE W/SCOPE	090	404	425	21	5%	18.39	20.24	1.85	10%	0			2.0	3.0				1.0		1.0			
29868	MENISCAL TRNSPL KNEE W/SCPE	090	484	510	26	5%	25.1	27.19	2.09	8%	0			2.0	3.0			1.0	1.0		1.0			
29870	KNEE ARTHROSCOPY DX	090	129	134	5	4%	5.19	5.74	0.55	11%	0			2.5										
29871	KNEE ARTHROSCOPY/DRAINAGE	090	184	190	6	3%	6.69	7.46	0.77	12%	0			3.0							0.5			
29873	KNEE ARTHROSCOPY/SURGERY	090	249	259	10	4%	6.24	7.45	1.21	19%	0			5.0							0.5			
29874	KNEE ARTHROSCOPY/SURGERY	090	181	187	6	3%	7.19	7.96	0.77	11%	0			3.0							0.5			
29875	KNEE ARTHROSCOPY/SURGERY	090	168	174	6	4%	6.45	7.11	0.66	10%	0			3.0										
29876	KNEE ARTHROSCOPY/SURGERY	090	233	254	21	9%	8.87	9.97	1.10	12%	0				3.0						0.5			

29877	KNEE ARTHROSCOPY/SURGERY	090	197	218	21	11%	8.3	9.29	0.99	12%	0				3.0									
29879	KNEE ARTHROSCOPY/SURGERY	090	217	238	21	10%	8.99	10.09	1.10	12%	0				3.0							0.5		
29880	KNEE ARTHROSCOPY/SURGERY	090	199	215	16	8%	7.39	8.38	0.99	13%	0			1.0	2.0							0.5		
29881	KNEE ARTHROSCOPY/SURGERY	090	194	210	16	8%	7.03	8.02	0.99	14%	0			1.0	2.0							0.5		
29882	KNEE ARTHROSCOPY/SURGERY	090	244	265	21	9%	9.6	10.70	1.10	11%	0				3.0							0.5		
29883	KNEE ARTHROSCOPY/SURGERY	090	311	329	18	6%	11.77	13.09	1.32	11%	0			2.0	2.0							1.0		
29884	KNEE ARTHROSCOPY/SURGERY	090	208	229	21	10%	8.28	9.38	1.10	13%	0				3.0							0.5		
29885	KNEE ARTHROSCOPY/SURGERY	090	250.5	275	24.5	10%	10.21	11.48	1.27	12%	0				3.5							0.5		
29886	KNEE ARTHROSCOPY/SURGERY	090	221	242	21	10%	8.49	9.59	1.10	13%	0				3.0							0.5		
29887	KNEE ARTHROSCOPY/SURGERY	090	261.5	286	24.5	9%	10.16	11.43	1.27	12%	0				3.5							0.5		
29888	KNEE ARTHROSCOPY/SURGERY	090	295	313	18	6%	14.3	15.51	1.21	8%	0			2.0	2.0							0.5		
29889	KNEE ARTHROSCOPY/SURGERY	090	433	465	32	7%	17.41	19.26	1.85	11%	-2			1.0	3.0	1.0						1.0		
29891	ANKLE ARTHROSCOPY/SURGERY	090	227	255	28	12%	9.67	10.99	1.32	14%	0				4.0									
29892	ANKLE ARTHROSCOPY/SURGERY	090	272	300	28	10%	10.27	11.59	1.32	13%	0				4.0									
29893	SCOPE PLANTAR FASCIOTOMY	090	247	274	27	11%	6.32	7.97	1.65	26%	0			3.0	3.0									
29894	ANKLE ARTHROSCOPY/SURGERY	090	179	185	6	3%	7.35	8.12	0.77	10%	0			3.0								0.5		
29895	ANKLE ARTHROSCOPY/SURGERY	090	178	184	6	3%	7.13	7.90	0.77	11%	0			3.0								0.5		
29897	ANKLE ARTHROSCOPY/SURGERY	090	186	192	6	3%	7.32	8.09	0.77	11%	0			3.0								0.5		
29898	ANKLE ARTHROSCOPY/SURGERY	090	222	229	7	3%	8.49	9.37	0.88	10%	0			3.5								0.5		
29899	ANKLE ARTHROSCOPY/SURGERY	090	395	433	38	10%	15.41	17.43	2.02	13%	0				4.0			2.0				1.0		
29900	MCP JOINT ARTHROSCOPY DX	090	220	233	13	6%	5.88	6.98	1.10	19%	0			3.0	1.0							0.5		
29901	MCP JOINT ARTHROSCOPY SURG	090	235	248	13	6%	6.59	7.69	1.10	17%	0			3.0	1.0							0.5		
29902	MCP JOINT ARTHROSCOPY SURG	090	250	263	13	5%	7.16	8.26	1.10	15%	0			3.0	1.0							0.5		
29904	SUBTALAR ARTHRO W/FB RMVL	090	228	249	21	9%	8.65	9.75	1.10	13%	0				3.0							0.5		
29905	SUBTALAR ARTHRO W/EXC	090	244	267	23	9%	9.18	10.50	1.32	14%	0			1.0	3.0							0.5		
29906	SUBTALAR ARTHRO W/DEB	090	244	267	23	9%	9.65	10.97	1.32	14%	0			1.0	3.0							0.5		
29907	SUBTALAR ARTHRO W/FUSION	090	293	316	23	8%	12.18	13.61	1.43	12%	0			1.0	3.0							1.0		
29914	HIP ARTHRO W/FEMOROPLASTY	090	280	298	18	6%	14.67	15.88	1.21	8%	0			2.0	2.0							0.5		
29915	HIP ARTHRO ACETABULOPLASTY	090	270	288	18	7%	15	16.21	1.21	8%	0			2.0	2.0							0.5		
29916	HIP ARTHRO W/LABRAL REPAIR	090	270	288	18	7%	15	16.21	1.21	8%	0			2.0	2.0							0.5		
30000	DRAINAGE OF NOSE LESION	010	56	58	2	4%	1.48	1.70	0.22	15%	0			1.0										
30020	DRAINAGE OF NOSE LESION	010	57	59	2	4%	1.48	1.70	0.22	15%	0			1.0										
30110	REMOVAL OF NOSE POLYP(S)	010	62	64	2	3%	1.68	1.90	0.22	13%	0			1.0										
30115	REMOVAL OF NOSE POLYP(S)	090	120	124	4	3%	4.44	4.88	0.44	10%	0			2.0										
30117	REMOVAL OF INTRANASAL LESION	090	133	147	14	11%	3.91	4.68	0.77	20%	0				2.0							0.5		
30118	REMOVAL OF INTRANASAL LESION	090	211	232	21	10%	7.75	8.85	1.10	14%	0				3.0							0.5		
30120	REVISION OF NOSE	090	160	165	5	3%	5.39	5.94	0.55	10%	0			2.5										
30124	REMOVAL OF NOSE LESION	090	101	105	4	4%	3.2	3.64	0.44	14%	0			2.0										
30125	REMOVAL OF NOSE LESION	090	252	258	6	2%	7.3	8.18	0.88	12%	0			3.0								1.0		
30130	EXCISE INFERIOR TURBINATE	090	122	126	4	3%	3.47	4.02	0.55	16%	0			2.0								0.5		
30150	RHINECTOMY PARTIAL	090	267	284	17	6%	9.55	11.02	1.47	15%	0			3.5				2.0				1.0		
30160	RHINECTOMY TOTAL	090	302	319	17	6%	9.99	11.46	1.47	15%	0			3.5				2.0				1.0		
30210	NASAL SINUS THERAPY	010	39	41	2	5%	1.13	1.35	0.22	19%	0			1.0										
30220	INSERT NASAL SEPTAL BUTTON	010	51	53	2	4%	1.59	1.81	0.22	14%	0			1.0										
30300	REMOVE NASAL FOREIGN BODY	010	46	48	2	4%	1.09	1.31	0.22	20%	0			1.0										
30310	REMOVE NASAL FOREIGN BODY	010	68	70	2	3%	2.01	2.23	0.22	11%	0			1.0										
30320	REMOVE NASAL FOREIGN BODY	090	151	156	5	3%	4.64	5.19	0.55	12%	0			2.5										
30400	RECONSTRUCTION OF NOSE	090	312	338	26	8%	10.86	12.58	1.72	16%	-4			4.0		2.0								
30410	RECONSTRUCTION OF NOSE	090	362	388	26	7%	14	15.72	1.72	12%	-4			4.0		2.0								
30420	RECONSTRUCTION OF NOSE	090	399	425	26	7%	16.9	18.62	1.72	10%	-4			4.0		2.0								
30430	REVISION OF NOSE	090	274	300	26	9%	8.24	9.96	1.72	21%	-4			4.0		2.0								
30435	REVISION OF NOSE	090	354	380	26	7%	12.73	14.45	1.72	14%	-4			4.0		2.0								
30450	REVISION OF NOSE	090	414	440	26	6%	19.66	21.38	1.72	9%	-4			4.0		2.0								
30460	REVISION OF NOSE	090	232	241	9	4%	10.32	10.87	0.55	5%	0			1.0	1.0									
30462	REVISION OF NOSE	090	388	406	18	5%	20.28	21.38	1.10	5%	0			2.0	2.0									
30465	REPAIR NASAL STENOSIS	090	277	295	18	6%	12.36	13.57	1.21	10%	0			2.0	2.0							0.5		
30520	REPAIR OF NASAL SEPTUM	090	210.5	228.5	18	9%	7.01	8.22	1.21	17%	0			2.0	2.0							0.5		
30540	RPR CHOANAL ATRESIA NTRANAS	090	196	203	7	4%	7.92	8.80	0.88	11%	0			3.5								0.5		
30545	RPR CHOANAL ATRESIA TRSNPLTM	090	305	315.5	10.5	3%	11.62	12.84	1.22	10%	0			4.0				0.5				1.0		
30560	LYSIS INTRANASAL SYNECHIA	010	46	48	2	4%	1.31	1.53	0.22	17%	0			1.0										
30580	REPAIR UPPER JAW FISTULA	090	204	212	8	4%	6.88	7.76	0.88	13%	0			4.0										
30600	REPAIR MOUTH/NOSE FISTULA	090	167	173	6	4%	6.16	6.82	0.66	11%	0			3.0										
30620	INTRANASAL RECONSTRUCTION	090	234	242	8	3%	6.16	7.26	1.10	18%	0			4.0								1.0		
30630	REPAIR NASAL SEPTUM DEFECT	090	260	267	7	3%	7.29	8.17	0.88	12%	0			3.5								0.5		
30801	ABLATE INF TURBINATE SUPERF	010	46	48	2	4%	1.14	1.36	0.22	19%	0			1.0										
30802	ABLATE INF TURBINATE SUBMUC	010	56	58	2	4%	2.08	2.30	0.22	11%	0			1.0										
30915	LIGATION NASAL SINUS ARTERY	090	242	252	10	4%	7.44	8.45	1.01	14%	0			2.5				1.0				1.0		
30920	LIGATION UPPER JAW ARTERY	090	428	441	13	3%	11.14	13.01	1.87	17%	0			2.0	1.0			2.0	2.0			1.0		
30930	THER FX NASAL INF TURBINATE	010	56	58	2	4%	1.31	1.53	0.22	17%	0			1.0										
31000	IRRIGATION MAXILLARY SINUS	010	52	54	2	4%	1.2	1.42	0.22	18%	0			1.0										
31002	IRRIGATION SPHENOID SINUS	010	62	64	2	3%	1.96	2.18	0.22	11%	0			1.0										
31020	EXPLORATION MAXILLARY SINUS	090	105	110	5	5%	3.07	3.62	0.55	18%	0			2.5										
31030	EXPLORATION MAXILLARY SINUS	090	167	171	4	2%	6.01	6.67	0.66	11%	0			2.0								1.0		

31032	EXPLORE SINUS REMOVE POLYPS	090	211	216	5	2%	6.69	7.46	0.77	12%	0			2.5						1.0			
31040	EXPLORATION BEHIND UPPER JAW	090	300	314.5	14.5	5%	9.77	11.12	1.35	14%	0			3.5				1.5		1.0			
31050	EXPLORATION SPHENOID SINUS	090	147	151	4	3%	5.37	5.92	0.55	10%	0			2.0						0.5			
31051	SPHENOID SINUS SURGERY	090	179	185	6	3%	7.25	8.02	0.77	11%	0			3.0						0.5			
31070	EXPLORATION OF FRONTAL SINUS	090	144	149	5	3%	4.4	5.06	0.66	15%	0			2.5						0.5			
31075	EXPLORATION OF FRONTAL SINUS	090	263	277.5	14.5	6%	9.51	10.86	1.35	14%	0			3.5					1.5	1.0			
31080	REMOVAL OF FRONTAL SINUS	090	343	373.5	30.5	9%	12.74	14.40	1.66	13%	0				4.0				0.5		1.0		
31081	REMOVAL OF FRONTAL SINUS	090	365	400.5	35.5	10%	14.19	16.09	1.90	13%	0				4.0				1.5		1.0		
31084	REMOVAL OF FRONTAL SINUS	090	387	422.5	35.5	9%	14.95	16.85	1.90	13%	0				4.0				1.5		1.0		
31085	REMOVAL OF FRONTAL SINUS	090	400	435.5	35.5	9%	15.64	17.54	1.90	12%	0				4.0				1.5		1.0		
31086	REMOVAL OF FRONTAL SINUS	090	370	408	38	10%	14.36	16.38	2.02	14%	0				4.0					2.0		1.0	
31087	REMOVAL OF FRONTAL SINUS	090	423.5	463	39.5	9%	14.57	16.67	2.10	14%	0				3.5					3.0		1.0	
31090	EXPLORATION OF SINUSES	090	425	464	39	9%	11.17	13.35	2.18	20%	-4			1.0	2.0	2.0			1.0		1.0		
31200	REMOVAL OF ETHMOID SINUS	090	186	193	7	4%	5.14	6.02	0.88	17%	0			3.5							0.5		
31201	REMOVAL OF ETHMOID SINUS	090	237	246.5	9.5	4%	8.6	9.71	1.11	13%	0			3.5					0.5		1.0		
31205	REMOVAL OF ETHMOID SINUS	090	258	272.5	14.5	6%	10.58	11.93	1.35	13%	0			3.5					1.5		1.0		
31225	REMOVAL OF UPPER JAW	090	608	634	26	4%	26.7	29.59	2.89	11%	-2			1.0	3.0	1.0			1.0	2.0	1.0	1.0	
31230	REMOVAL OF UPPER JAW	090	688	719	31	5%	30.82	33.95	3.13	10%	-2			1.0	3.0	1.0			2.0	2.0	1.0	1.0	
31239	NSL/SINUS ENDOSCOPY SURG DC	010	168	175	7	4%	9.04	9.48	0.44	5%	0				1.0							0.5	
31241	NSL/SNS NDSC LIG SPHNPTN ART	000	142	142	0	0%	8	8.11	0.11	1%	0											0.5	
31290	NASAL/SINUS ENDOSCOPY SURG	010	578	600	22	4%	18.61	20.64	2.03	11%	-1						1.0	3.0	2.0		1.0		
31291	NASAL/SINUS ENDOSCOPY SURG	010	581	603	22	4%	19.56	21.59	2.03	10%	-1						1.0	3.0	2.0		1.0		
31292	NSL/SINS NDSC MED/INF DCMPR	010	453	465	12	3%	15.9	17.45	1.55	10%	-1						1.0	1.0	2.0		1.0		
31293	NSL/SINS NDSC MED&INF DCMPR	010	528	545	17	3%	17.47	19.26	1.79	10%	-1						1.0	2.0	2.0	2.0		1.0	
31294	NSL/SINS NDSC SURG ON DCMPR	010	563	580	17	3%	20.31	22.10	1.79	9%	-1						1.0	2.0	2.0		1.0		
31300	REMOVAL OF LARYNX LESION	090	414	457	43	10%	15.91	18.17	2.26	14%	0				4.0				3.0			1.0	
31360	REMOVAL OF LARYNX	090	768	809	41	5%	29.91	33.90	3.99	13%	-4			1.0	3.0	2.0			3.0	3.0	1.0	1.0	
31365	REMOVAL OF LARYNX	090	893	939	46	5%	38.81	43.04	4.23	11%	-4			1.0	3.0	2.0			4.0	3.0	1.0	1.0	
31367	PARTIAL REMOVAL OF LARYNX	090	728	764	36	5%	30.57	34.32	3.75	12%	-4			1.0	3.0	2.0			2.0	3.0	1.0	1.0	
31368	PARTIAL REMOVAL OF LARYNX	090	858	899	41	5%	34.19	38.18	3.99	12%	-4			1.0	3.0	2.0			3.0	3.0	1.0	1.0	
31370	PARTIAL REMOVAL OF LARYNX	090	728	764	36	5%	27.57	31.32	3.75	14%	-4			1.0	3.0	2.0			2.0	3.0	1.0	1.0	
31375	PARTIAL REMOVAL OF LARYNX	090	698	734	36	5%	26.07	29.82	3.75	14%	-4			1.0	3.0	2.0			2.0	3.0	1.0	1.0	
31380	PARTIAL REMOVAL OF LARYNX	090	708	744	36	5%	25.57	29.32	3.75	15%	-4			1.0	3.0	2.0			2.0	3.0	1.0	1.0	
31382	PARTIAL REMOVAL OF LARYNX	090	728	764	36	5%	28.57	32.32	3.75	13%	-4			1.0	3.0	2.0			2.0	3.0	1.0	1.0	
31390	REMOVAL OF LARYNX & PHARYNX	090	988	1026	38	4%	42.51	46.90	4.39	10%	-4			1.0	3.0	2.0			3.0	3.0	2.0	1.0	
31395	RECONSTRUCT LARYNX & PHARYNX	090	1048	1091	43	4%	43.8	48.43	4.63	11%	-4			1.0	3.0	2.0			4.0	3.0	2.0	1.0	
31400	REVISION OF LARYNX	090	481	514	33	7%	11.6	13.90	2.30	20%	0			4.0					5.0			1.0	1.0
31420	EPIGLOTTIDECTOMY	090	436	465.5	29.5	7%	11.43	13.50	2.07	18%	0			3.5					4.5			1.0	1.0
31545	REMOVE VC LESION W/SCOPE	000	154	154	0	0%	6.3	6.41	0.11	2%	0											0.5	
31546	REMOVE VC LESION SCOPE/GRAFT	000	189	189	0	0%	9.73	9.84	0.11	1%	0											0.5	
31551	LARYNGOPLASTY LARYNGEAL STE	090	658	684	26	4%	21.5	24.43	2.93	14%	0				3.0				3.0	1.0	2.0	1.0	1.0
31552	LARYNGOPLASTY LARYNGEAL STE	090	505	527	22	4%	20.5	22.15	1.65	8%	0				3.0				1.0	1.0		1.0	1.0
31553	LARYNGOPLASTY LARYNGEAL STE	090	718	717	-1	0%	22	24.81	2.81	13%	0				3.0					4.0	2.0	1.0	1.0
31554	LARYNGOPLASTY LARYNGEAL STE	090	540	567	27	5%	22	23.89	1.89	9%	0				3.0				2.0	1.0		1.0	1.0
31561	LARYNSCOP REMVE CART + SCOP	000	218	218	0	0%	5.99	6.21	0.22	4%	0											1.0	
31571	LARYNGOSCOP W/VC INJ + SCOP	000	129	129	0	0%	4.26	4.37	0.11	3%	0											0.5	
31580	LARYNGOPLASTY LARYNGEAL WE	090	405	431	26	6%	14.6	16.05	1.45	10%	0				3.0				1.0			1.0	1.0
31584	LARYNGOPLASTY FX RDCTJ FIXJ	090	445	467	22	5%	17.58	19.23	1.65	9%	0				3.0				1.0	1.0		1.0	1.0
31587	LARYNGOPLASTY CRICOID SPLIT	090	445	474	29	7%	15.27	17.80	2.53	17%	0				3.0				3.0	1.0		1.0	
31590	REINNERVATE LARYNX	090	291	313	22	8%	7.85	9.26	1.41	18%	-2			3.0	1.0	1.0							
31591	LARYNGOPLASTY MEDIALIZATION	090	275	296	21	8%	13.56	14.66	1.10	8%	0				3.0							0.5	
31592	CRICOTRACHEAL RESECTION	090	738	741	3	0%	25	27.61	2.61	10%	0				3.0					3.0	2.0	1.0	1.0
31610	TRACHEOSTOMY FENEST SKIN FLAP	090	367	391	24	7%	12	14.29	2.29	19%	0				3.0				2.0	1.0		1.0	
31611	CONSTJ TRACHESOPHGL FSTL	090	164	169	5	3%	6	6.66	0.66	11%	0			2.5								0.5	
31613	TRACHEOSTOMA REVJ SIMPLE	090	155	160	5	3%	4.71	5.48	0.77	16%	0			2.5								1.0	
31614	TRACHEOSTOMA REVJ COMPLEX	090	346	361	15	4%	8.63	10.59	1.96	23%	0			2.0	2.0				1.0	2.0		1.0	
31750	TRACHEOPLASTY CERVICAL	090	540	561	21	4%	15.39	17.77	2.38	15%	0				4.0				1.0	3.0		1.0	
31755	TRACHPLSTY TRCHPHRYNGL FSTL	090	414	452	38	9%	17.54	19.70	2.16	12%	-4			3.0	2.0	2.0							
31760	TRACHEOPLASTY INTRATHORACIC	090	623	671	48	8%	23.48	26.50	3.02	13%	0			4.0					8.0			1.0	
31766	CARINAL RECONSTRUCTION	090	788	841.5	53.5	7%	31.67	34.83	3.16	10%	0			3.0					9.5			1.0	
31770	REPAIR/GRAFT OF BRONCHUS	090	544	588	44	8%	23.54	26.12	2.58	11%	0				2.0				8.0			1.0	
31775	RECONSTRUCT BRONCHUS	090	557	602	45	8%	24.59	27.28	2.69	11%	0				2.5				8.0			1.0	
31780	RECONSTRUCT WINDPIPE	090	619	631	12	2%	19.84	22.57	2.73	14%	0			3.0	1.0				3.0	4.0		1.0	
31781	RECONSTRUCT WINDPIPE	090	602	637	35	6%	24.85	27.06	2.21	9%	0			2.5					6.0			1.0	1.0
31785	REMOVE WINDPIPE LESION	090	524	550.5	26.5	5%	18.35	20.09	1.74	9%	0			2.0					4.5			1.0	1.0
31786	REMOVE WINDPIPE LESION	090	722	762	40	6%	25.42	27.87	2.45	10%	0			2.5					7.0			1.0	1.0
31800	REPAIR OF WINDPIPE INJURY	090	301	311	10	3%	8.18	9.19	1.01	12%	0			2.5					1.0			1.0	1.0
31805	REPAIR OF WINDPIPE INJURY	090	382	394.5	12.5	3%	13.42	14.55	1.13	8%	0			2.5					1.5			1.0	
31820	CLOSURE OF WINDPIPE LESION	090	168	174.5	6.5	4%	4.64	5.42	0.78	17%	0			2.0					0.5			1.0	
31825	REPAIR OF WINDPIPE DEFECT	090	230	241	11	5%	7.07	8.19	1.12	16%	0				3.0				1.0			1.0	
31830	REVISE WINDPIPE SCAR	090	153	158	5	3%	4.62	5.28	0.66	14%	0			2.5								0.5	
32035	THORACOSTOMY W/RIB RESECTION	090	667	723	56	8%	11.29	14.57	3.28	29%	0			3.0					10.0			1.0	2.5
32036	THORACOSTOMY W/FLAP DRAINAGE	090	674	730	56	8%	12.3	15.58	3.28	27%													

32096	OPEN WEDGE/BX LUNG INFILTR	090	436	434	-2	0%	13.75	15.74	1.99	14%	0				1.0			1.0	2.0	2.0	1.0			
32097	OPEN WEDGE/BX LUNG NODULE	090	401	402	1	0%	13.75	15.34	1.59	12%	0				1.0			1.0	2.0	1.0	1.0			
32098	OPEN BIOPSY OF LUNG PLEURA	090	341	346	5	1%	12.91	14.30	1.39	11%	0				1.0			1.0	1.0	1.0	1.0			
32100	EXPLORATION OF CHEST	090	411	412	1	0%	13.75	15.34	1.59	12%	0				1.0			1.0	2.0	1.0	1.0			
32110	EXPLORE/REPAIR CHEST	090	561	580	19	3%	25.28	27.33	2.05	8%	-2				1.0	1.0		2.0	1.0	1.0	1.0		1.0	
32120	RE-EXPLORATION OF CHEST	090	647	700.5	53.5	8%	14.39	17.16	2.77	19%	-3					1.5		8.0			1.0		2.5	
32124	EXPLORE CHEST FREE ADHESIONS	090	696	744.5	48.5	7%	15.45	17.98	2.53	16%	-3					1.5		7.0			1.0		2.5	
32140	REMOVAL OF LUNG LESION(S)	090	664	712.5	48.5	7%	16.66	19.19	2.53	15%	-3					1.5		7.0			1.0		2.5	
32141	REMOVE/TREAT LUNG LESIONS	090	673	662	-11	-2%	27.18	30.19	3.01	11%	0			1.0	1.0			1.0	4.0	3.0	1.0			
32150	REMOVAL OF LUNG LESION(S)	090	626	672	46	7%	16.82	19.23	2.41	14%	-3					1.5		6.5			1.0		2.5	
32151	REMOVE LUNG FOREIGN BODY	090	656	704.5	48.5	7%	16.94	19.47	2.53	15%	-3					1.5		7.0			1.0		2.5	
32160	OPEN CHEST HEART MASSAGE	090	788	832	44	6%	13.1	15.42	2.32	18%	-2					1.0		7.0			1.0		5.0	
32200	DRAIN OPEN LUNG LESION	090	691	758.5	67.5	10%	18.68	22.11	3.43	18%	-5					2.5		9.0			1.0		2.5	
32215	TREAT CHEST LINING	090	471	509.5	38.5	8%	13.05	15.10	2.05	16%	-3					1.5		5.0			1.0		1.0	
32220	RELEASE OF LUNG	090	722	756	34	5%	26.65	29.51	2.86	11%	-2			2.0	2.0		1.0	3.0	2.0		1.0		1.0	
32225	PARTIAL RELEASE OF LUNG	090	716	767	51	7%	16.75	19.40	2.65	16%	-3					1.5		7.5			1.0		2.5	
32310	REMOVAL OF CHEST LINING	090	516	559.5	43.5	8%	15.28	17.57	2.29	15%	-3					1.5		6.0			1.0		1.0	
32320	FREE/REMOVE CHEST LINING	090	735	765	30	4%	27.25	30.49	3.24	12%	-2			1.0	2.0	1.0		3.0	1.0	2.0	1.0		1.0	
32440	REMOVE LUNG PNEUMONECTOMY	090	628	638	10	2%	27.28	29.55	2.27	8%	0			2.0	1.0			2.0	2.0	1.0	1.0		1.0	
32442	SLEEVE PNEUMONECTOMY	090	1035	1020	-15	-1%	56.47	60.79	4.32	8%	0				2.0			1.0	4.0	6.0	1.0			
32445	REMOVAL OF LUNG EXTRAPLEURAL	090	1182	1180	-2	0%	63.84	68.89	5.05	8%	-4			1.0	1.0	2.0		1.0	4.0	6.0	1.0		1.0	
32480	PARTIAL REMOVAL OF LUNG	090	593	612	19	3%	25.82	28.13	2.31	9%	0			2.0	1.0			3.0	1.0	1.0	1.0		1.0	
32482	BILOBECTOMY	090	680	706	26	4%	27.44	29.95	2.51	9%	-2			1.0	1.0	1.0		3.0	1.0	1.0	1.0		1.0	
32484	SEGMENTECTOMY	090	561	561	0	0%	25.38	27.59	2.21	9%	0			1.0	1.0			1.0	2.0	2.0	1.0			
32486	SLEEVE LOBECTOMY	090	812	802	-10	-1%	42.88	46.09	3.21	7%	0			1.0	1.0			1.0	3.0	4.0	1.0			
32488	COMPLETION PNEUMONECTOMY	090	836	839	3	0%	42.99	46.42	3.43	8%	-2			1.0	1.0	1.0		1.0	2.0	4.0	1.0		1.0	
32491	LUNG VOLUME REDUCTION	090	887	1000	113	13%	25.24	31.65	6.41	25%	0				3.0			20.0	2.0		1.0			
32503	RESECT APICAL LUNG TUMOR	090	645	687	42	7%	31.74	34.48	2.74	9%	0			1.0	2.0			6.0	1.0			1.0		
32504	RESECT APICAL LUNG TUM/CHES	090	705	747	42	6%	36.54	39.28	2.74	7%	0			1.0	2.0			6.0	1.0			1.0		
32505	WEDGE RESECT OF LUNG INITIAL	090	427	430	3	1%	15.75	17.56	1.81	11%	0			1.0	1.0			1.0	2.0	1.0	1.0			
32540	REMOVAL OF LUNG LESION	090	740	732	-8	-1%	30.35	33.89	3.54	12%	0			1.0	2.0			1.0	5.0	3.0	1.0			
32552	REMOVE LUNG CATHETER	010	82	84	2	2%	2.53	2.86	0.33	13%	0			1.0								0.5		
32601	THORACOSCOPY DIAGNOSTIC	000	193	189	-4	-2%	5.5	5.70	0.20	4%	0								1.0					
32607	THORACOSCOPY W/BX INFILTRAT	000	178	174	-4	-2%	5.5	5.70	0.20	4%	0								1.0					
32608	THORACOSCOPY W/BX NODULE	000	195	191	-4	-2%	6.84	7.04	0.20	3%	0								1.0					
32609	THORACOSCOPY W/BX PLEURA	000	178	174	-4	-2%	4.58	4.78	0.20	4%	0								1.0					
32650	THORACOSCOPY W/PLEURODESIS	090	290	304	14	5%	10.83	11.97	1.14	11%	0			2.0				2.0			1.0			
32651	THORACOSCOPY REMOVE CORTE	090	502	496	-6	-1%	18.78	20.79	2.01	11%	0			1.0	1.0			1.0	5.0		1.0			
32652	THORACOSCOPY REM TOTL CORT	090	645	648	3	0%	29.13	31.87	2.74	9%	0			1.0	2.0			1.0	3.0	2.0	1.0			
32653	THORACOSCOPY REMOV FB/FIBR	090	509	503	-6	-1%	18.17	20.18	2.01	11%	0			1.0	1.0			1.0	5.0		1.0			
32654	THORACOSCOPY CONTRL BLEEDIN	090	515	507	-8	-2%	20.52	23.13	2.61	13%	0			1.0	1.0			1.0	4.0	2.0	1.0			
32655	THORACOSCOPY RESECT BULLAE	090	425	427	2	0%	16.17	17.78	1.61	10%	0			1.0	1.0			1.0	3.0		1.0			
32656	THORACOSCOPY W/PLEURECTOM	090	377	401	24	6%	13.26	14.75	1.49	11%	0			1.0	1.0			3.0			1.0			
32658	THORACOSCOPY W/SAC FB REMO	090	330	339	9	3%	11.71	12.61	0.90	8%	0			2.0				1.0			1.0			
32659	THORACOSCOPY W/SAC DRAINAGE	090	357	376	19	5%	11.94	13.19	1.25	10%	0			1.0	1.0			2.0			1.0			
32661	THORACOSCOPY W/PERICARD EX	090	300	309	9	3%	13.33	14.23	0.90	7%	0			2.0				1.0			1.0			
32662	THORACOSCOPY W/MEDIAST EXC	090	350	355	5	1%	14.99	15.96	0.97	6%	0			1.0	1.0				1.0		1.0			
32663	THORACOSCOPY W/LOBECTOMY	090	507	511	4	1%	24.64	26.65	2.01	8%	0			1.0	1.0			1.0	1.0	2.0	1.0			
32664	THORACOSCOPY W/ TH NRV EXC	090	330	339	9	3%	14.28	15.18	0.90	6%	0			2.0				1.0			1.0			
32665	THORACOSCOP W/ESOPH MUSC	090	512	511	-1	0%	21.53	23.54	2.01	9%	0			1.0	1.0			1.0	3.0	1.0	1.0			
32666	THORACOSCOPY W/WEDGE RESE	090	332	343	11	3%	14.5	15.91	1.41	10%	0			1.0	1.0			1.0			1.0	1.0		
32669	THORACOSCOPY REMOVE SEGME	090	502	506	4	1%	23.53	25.54	2.01	9%	0			1.0	1.0			1.0	1.0	2.0	1.0			
32670	THORACOSCOPY BILOBECTOMY	090	532	536	4	1%	28.52	30.53	2.01	7%	0			1.0	1.0			1.0	1.0	2.0	1.0			
32671	THORACOSCOPY PNEUMONECTO	090	602	606	4	1%	31.92	33.93	2.01	6%	0			1.0	1.0			1.0	1.0	2.0	1.0		1.0	
32672	THORACOSCOPY FOR LVRS	090	567	564	-3	-1%	27	29.61	2.61	10%	0			1.0	1.0			1.0	2.0	3.0	1.0			
32673	THORACOSCOPY W/THYMUS RES	090	447	454	7	2%	21.13	22.74	1.61	8%	0			1.0	1.0			1.0	1.0	1.0	1.0			
32800	REPAIR LUNG HERNIA	090	578	629	51	9%	15.71	18.36	2.65	17%	-3					1.5		7.5			1.0		1.0	
32810	CLOSE CHEST AFTER DRAINAGE	090	523	569	46	9%	14.95	17.36	2.41	16%	-3					1.5		6.5			1.0		1.0	
32815	CLOSE BRONCHIAL FISTULA	090	1147	1133	-14	-1%	50.03	55.68	5.65	11%	-4			1.0	1.0	2.0		1.0	7.0	6.0	1.0		1.0	
32820	RECONSTRUCT INJURED CHEST	090	854	894.5	40.5	5%	22.51	24.65	2.14	10%	-2				2.0	1.0		3.5			1.0		4.5	
32851	LUNG TRANSPLANT SINGLE	090	1165	1182	17	1%	59.64	63.04	3.40	6%	-3					1.0	1.0	1.0	3.0	3.0		1.0	3.0	1.0
32852	LUNG TRANSPLANT WITH BYPASS	090	1320	1330	10	1%	65.5	69.50	4.00	6%	-3					1.0	1.0	1.0	4.0	4.0		1.0	3.0	1.0
32853	LUNG TRANSPLANT DOUBLE	090	1440	1447	7	0%	84.48	88.88	4.40	5%	-3					1.0	1.0	1.0	4.0	5.0		1.0	3.0	1.0
32854	LUNG TRANSPLANT WITH BYPASS	090	1600	1596	-4	0%	90	95.20	5.20	6%	-3					1.0	1.0	1.0	6.0	6.0		1.0	3.0	1.0
32900	REMOVAL OF RIB(S)	090	821	872	51	6%	23.81	26.46	2.65	11%	-3					1.5		7.5			1.0		4.0	
32905	REVISE & REPAIR CHEST WALL	090	721	762	41	6%	23.29	25.46	2.17	9%	-3					1.5		5.5			1.0		2.5	
32906	REVISE & REPAIR CHEST WALL	090	751	792	41	5%	29.3	31.47	2.17	7%	-3					1.5		5.5			1.0		2.5	
32940	REVISION OF LUNG	090	546	582	36	7%	21.34	23.27	1.93	9%	-3					1.5		4.5			1.0		1.5	
32997	TOTAL LUNG LAVAGE	000	424	435	11	3%	7.31	8.83	1.52	21%	0				2.0			1.0	2.0		1.0			
33020	INCISION OF HEART SAC	090	321	326	5	2%	14.31</																	

33050	RESECT HEART SAC LESION	090	623	666.5	43.5	7%	16.97	19.26	2.29	13%	-3					1.5		6.0			1.0		2.5	
33120	EXC ICAR TUM RESC W/CARD BYP	090	686	686	0	0%	38.45	40.53	2.08	5%	-2					1.0		1.0	2.0	2.0	1.0		1.0	
33130	RESCJ EXTERNAL CARDIAC TUMO	090	719	770	51	7%	24.17	26.82	2.65	11%	-3					1.5		7.5			1.0		2.5	
33140	HEART REVASCULARIZE (TMR)	090	621	622	1	0%	28.34	30.62	2.28	8%	-2					1.0		1.0	1.0	3.0	1.0		1.0	
33202	INSERT EPICARD ELTRD OPEN	090	301	309	8	3%	13.2	14.19	0.99	8%	0				1.0			1.0	1.0		1.0			
33203	INSERT EPICARD ELTRD ENDO	090	326	334	8	2%	13.97	14.96	0.99	7%	0				1.0			1.0	1.0		1.0			
33206	INSERT HEART PM ATRIAL	090	248.5	269	20.5	8%	7.14	8.34	1.20	17%	0				1.5			2.0				1.0		
33207	INSERT HEART PM VENTRICULAR	090	233.5	236.5	3	1%	7.8	8.55	0.75	10%	0				1.0				1.0			1.0		
33208	INSRT HEART PM ATRIAL & VENT	090	231	234	3	1%	8.52	9.27	0.75	9%	0				1.0				1.0			1.0		
33212	INSERT PULSE GEN SNGL LEAD	090	124	131	7	6%	5.01	5.45	0.44	9%	0				1.0							0.5		
33213	INSERT PULSE GEN DUAL LEADS	090	125	132	7	6%	5.28	5.72	0.44	8%	0				1.0							0.5		
33214	UPGRADE OF PACEMAKER SYSTEM	090	262	266	4	2%	7.59	8.03	0.44	6%	0			2.0										
33215	REPOSITION PACING-DEFIB LEAD	090	179	186	7	4%	4.92	5.60	0.68	14%	0			1.0				1.0				1.0		
33216	INSERT 1 ELECTRODE PM-DEFIB	090	262	266	4	2%	5.62	6.06	0.44	8%	0			2.0										
33217	INSERT 2 ELECTRODE PM-DEFIB	090	262	266	4	2%	5.59	6.03	0.44	8%	0			2.0										
33218	REPAIR LEAD PACE-DEFIB ONE	090	246	260	14	6%	5.82	6.48	0.66	11%	0				2.0									
33220	REPAIR LEAD PACE-DEFIB DUAL	090	276	290	14	5%	5.9	6.56	0.66	11%	0				2.0									
33221	INSERT PULSE GEN MULT LEADS	090	129	136	7	5%	5.55	5.99	0.44	8%	0				1.0							0.5		
33222	RELOCATION POCKET PACEMAKE	090	275	281	6	2%	4.85	5.51	0.66	14%	0			3.0										
33223	RELOCATE POCKET FOR DEFIB	090	230	234	4	2%	6.3	6.74	0.44	7%	0			2.0										
33224	INSERT PACING LEAD & CONNECT	000	204	204	0	0%	9.04	9.15	0.11	1%	0											0.5		
33226	REPOSITION L VENTRIC LEAD	000	189	189	0	0%	8.68	8.79	0.11	1%	0											0.5		
33227	REMOVE&REPLAC PM GEN SING	090	124	131	7	6%	5.25	5.69	0.44	8%	0				1.0							0.5		
33228	REMOV&REPLC PM GEN DUAL LEA	090	129	136	7	5%	5.52	5.96	0.44	8%	0				1.0							0.5		
33229	REMOV&REPLC PM GEN MULT LEA	090	139	146	7	5%	5.79	6.23	0.44	8%	0				1.0							0.5		
33230	INSRT PULSE GEN W/DUAL LEADS	090	150	157	7	5%	6.07	6.51	0.44	7%	0				1.0							0.5		
33231	INSRT PULSE GEN W/MULT LEADS	090	150	157	7	5%	6.34	6.78	0.44	7%	0				1.0							0.5		
33233	REMOVAL OF PM GENERATOR	090	150	154	4	3%	3.14	3.58	0.44	14%	0			2.0										
33234	REMOVAL OF PACEMAKER SYSTEM	090	292	296	4	1%	7.66	8.10	0.44	6%	0			2.0										
33235	REMOVAL PACEMAKER ELECTRODE	090	390	420	30	8%	9.9	11.28	1.38	14%	-2						2.0							
33236	REMOVE ELECTRODE/THORACOT	090	346	372	26	8%	12.73	14.57	1.84	14%	0			3.0				4.0			1.0			
33237	REMOVE ELECTRODE/THORACOT	090	456	487	31	7%	13.84	15.92	2.08	15%	0			3.0				5.0			1.0			
33238	REMOVE ELECTRODE/THORACOT	090	472	505	33	7%	15.4	17.70	2.30	15%	0			4.0				5.0			1.0			
33240	INSRT PULSE GEN W/SINGL LEAD	090	135	142	7	5%	5.8	6.24	0.44	8%	0				1.0							0.5		
33241	REMOVE PULSE GENERATOR	090	171	173	2	1%	3.04	3.26	0.22	7%	0			1.0										
33243	REMOVE ELTRD/THORACOTOMY	090	537	583	46	9%	23.57	25.98	2.41	10%	0				3.0			5.0			1.0			
33244	REMOVE ELCTRD TRANSVENOUS	090	310	320	10	3%	13.74	14.84	1.10	8%	0			5.0										
33249	INSJ/RPLCMT DEFIB W/LEAD(S)	090	239	260	21	9%	14.92	15.91	0.99	7%	0				3.0									
33250	ABLATE HEART DYSRHYTHM FOCU	090	983	1034	51	5%	25.9	28.55	2.65	10%	-3					1.5		7.5			1.0		5.0	
33251	ABLATE HEART DYSRHYTHM FOCU	090	1001	1052	51	5%	28.92	31.57	2.65	9%	-3					1.5		7.5			1.0		5.0	
33254	ABLATE ATRIA LMTD	090	416	433	17	4%	23.71	25.12	1.41	6%	-2				1.0	1.0		1.0	1.0		1.0			
33255	ABLATE ATRIA W/O BYPASS EXT	090	516	529	13	3%	29.04	30.65	1.61	6%	-2				1.0	1.0		1.0	2.0		1.0			
33256	ABLATE ATRIA W/BYPASS EXTEN	090	646	655	9	1%	34.9	36.71	1.81	5%	-2				1.0	1.0		1.0	3.0		1.0		1.0	
33257	ABLATE ATRIA LMTD ADD-ON	ZZZ	180.35	185.52	5.17	3%	9.63	10.31	0.68	7%	0				1.0						0.6	0.5		0.6
33258	ABLATE ATRIA X10SV ADD-ON	ZZZ	190.3	196.28	5.98	3%	11	11.58	0.58	5%	0				1.0						0.3	0.5		0.8
33259	ABLATE ATRIA W/BYPASS ADD-ON	ZZZ	222.75	234.92	12.17	5%	14.14	15.15	1.01	7%	0				2.0						0.6	0.5		0.7
33261	ABLATE HEART DYSRHYTHM FOCU	090	1004	1055	51	5%	28.92	31.57	2.65	9%	-3					1.5		7.5			1.0		5.0	
33262	RMVL& REPLC PULSE GEN 1 LEAD	090	150	157	7	5%	5.81	6.25	0.44	8%	0				1.0							0.5		
33263	RMVL & RPLCMT DFB GEN 2 LEAD	090	150	157	7	5%	6.08	6.52	0.44	7%	0				1.0							0.5		
33264	RMVL & RPLCMT DFB GEN MLT L	090	150	157	7	5%	6.35	6.79	0.44	7%	0				1.0							0.5		
33265	ABLATE ATRIA LMTD ENDO	090	446	463	17	4%	23.71	25.12	1.41	6%	-2				1.0	1.0		1.0	1.0		1.0			
33266	ABLATE ATRIA X10SV ENDO	090	536	549	13	2%	33.04	34.65	1.61	5%	-2				1.0	1.0		1.0	2.0		1.0			
33267	EXCL LAA OPEN ANY METHOD	090	401	400	-1	0%	18.5	19.45	0.95	5%	0				1.0				2.0		1.0		1.0	
33269	EXCL LAA THRSCP ANY METHOD	090	323	323	0	0%	14.31	15.46	1.15	8%	0				1.0				1.0	1.0		1.0		
33270	INS/REP SUBQ DEFIBRILLATOR	090	232	241	9	4%	9.1	9.74	0.64	7%	-2					1.0						1.0		
33271	INSJ SUBQ IMPLTBL DFB ELCTRD	090	202	211	9	4%	7.5	8.14	0.64	9%	-2					1.0						1.0		
33272	RMVL OF SUBQ DEFIBRILLATOR	090	151	158	7	5%	5.42	5.86	0.44	8%	0				1.0							0.5		
33273	REPOS PREV IMPLTBL SUBQ DFB	090	202	211	9	4%	6.5	7.14	0.64	10%	-2					1.0						1.0		
33274	TCAT INSJ/RPL PERM LDLS PM	090	173	180	7	4%	7.8	8.24	0.44	6%	0				1.0							0.5		
33275	TCAT RMVL PERM LDLS PM W/IM	090	188	195	7	4%	8.59	9.03	0.44	5%	0				1.0							0.5		
33276	INSJ PHRNC NRV STIM SYS	090	253	262	9	4%	9.5	10.03	0.53	6%	-2					1.0						0.5		
33278	RMVL PHRNC NRV STIM SYS	090	239	246	7	3%	9.55	9.99	0.44	5%	0				1.0							0.5		
33279	RMVL PHRNC NRV STIM TRANSV	090	239	246	7	3%	5.42	5.86	0.44	8%	0				1.0							0.5		
33280	RMVL PHRNC NRV STIM PG ONLY	090	155	162	7	5%	3.04	3.48	0.44	14%	0				1.0							0.5		
33281	REPOSG PHRNC NRV STIM TRNSV	090	246	255	9	4%	6	6.53	0.53	9%	-2					1.0						0.5		
33287	RMV&RPLCMT PHRNC NRV STIM	090	177	186	9	5%	6.05	6.58	0.53	9%	-2					1.0						0.5		
33288	RMV&RPLCMT PHRNC NRV STIM	090	256	265	9	4%	8.51	9.04	0.53	6%	-2					1.0						0.5		
33300	REPAIR OF HEART WOUND	090	859	853	-6	-1%	44.97	47.85	2.88	6%	-2					1.0		1.0	2.0	4.0	1.0		3.0	1.0
33305	REPAIR OF HEART WOUND	090	1251	1245	-6	0%	76.93	79.81	2.88	4%	-2					1.0		1.0	2.0	4.0	1.0		6.0	2.0
33310	EXPLORATORY HEART SURGERY	090	532	575.5	43.5	8%	20.34	22.63	2.29	11%	-3					1.5		6.0			1.0		1.0	
33315	EXPLORATORY HEART SURGERY	090	621	625	4	1%	35	36.88	1.88	5%	-2					1.0		1.0	1.0	2.0	1.0		1.0	
33320	REPAIR MAJOR BLOOD VESSEL(S)	090	516.5	559.5	43	8%	18.54	20.82	2.28	12%	0				1.5			6.5			1.0		1.0	
33321	REPAIR MAJOR VESSEL	090	754	808	54	7%	20.81	23.61	2.80	13%	0				2.0			8.0			1.0			

33322	REPAIR MAJOR BLOOD VESSEL(S)	090	884	935	51	6%	24.42	27.07	2.65	11%	-3					1.5		7.5			1.0		4.5	
33330	INSERT MAJOR VESSEL GRAFT	090	916	969.5	53.5	6%	25.29	28.06	2.77	11%	-3					1.5		8.0			1.0		4.5	
33335	INSERT MAJOR VESSEL GRAFT	090	963	1019	56	6%	33.91	36.80	2.89	9%	-3					1.5		8.5			1.0		4.5	
33361	REPLACE AORTIC VALVE PERQ	000	275	275	0	0%	22.47	22.47	-	0%	0												1.0	
33362	REPLACE AORTIC VALVE OPEN	000	303	303	0	0%	24.54	24.54	-	0%	0												1.0	
33363	REPLACE AORTIC VALVE OPEN	000	300	300	0	0%	25.47	25.47	-	0%	0												1.0	
33364	REPLACE AORTIC VALVE OPEN	000	294	294	0	0%	25.97	25.97	-	0%	0												1.0	
33365	REPLACE AORTIC VALVE OPEN	000	320	320	0	0%	26.59	26.59	-	0%	0												1.0	
33366	TRCATH REPLACE AORTIC VALVE	000	320	320	0	0%	29.35	29.35	-	0%	0												1.0	
33390	VALVULOPLASTY AORTIC VALVE	090	622	625	3	0%	35	36.81	1.81	5%	0			1.0	1.0			1.0	2.0	1.0	1.0		1.0	
33391	VALVULOPLASTY AORTIC VALVE	090	676	686	10	1%	41.5	43.51	2.01	5%	-2				1.0	1.0			1.0	2.0	1.0	1.0		1.0
33404	PREPARE HEART-AORTA CONDUIT	090	846	899.5	53.5	6%	31.37	34.14	2.77	9%	-3					1.5		8.0			1.0	1.0		2.5
33405	REPLACEMENT AORTIC VALVE OP	090	768	772	4	1%	41.32	44.13	2.81	7%	-2				1.0	1.0		1.0	2.0	3.0	1.0		1.0	
33406	REPLACEMENT AORTIC VALVE OP	090	853	857	4	0%	52.68	55.49	2.81	5%	-2				1.0	1.0		1.0	2.0	3.0	1.0		1.0	
33410	REPLACEMENT AORTIC VALVE OP	090	800	804	4	0%	46.41	49.22	2.81	6%	-2				1.0	1.0		1.0	2.0	3.0	1.0		1.0	
33411	REPLACEMENT OF AORTIC VALVE	090	1059	1052	-7	-1%	62.07	65.68	3.61	6%	-2				1.0	1.0		1.0	4.0	4.0	1.0		2.0	
33412	REPLACEMENT OF AORTIC VALVE	090	866	867	1	0%	59	61.28	2.28	4%	-2					1.0		1.0	1.0	3.0	1.0		2.0	
33413	REPLACEMENT OF AORTIC VALVE	090	898	906	8	1%	59.87	62.48	2.61	4%	-2				1.0	1.0		1.0	1.0	3.0	1.0		2.0	
33414	REPAIR OF AORTIC VALVE	090	763	764	1	0%	39.37	41.65	2.28	6%	-2					1.0		1.0	1.0	3.0	1.0		1.0	
33415	REVISION SUBVALVULAR TISSUE	090	679	679	0	0%	37.27	39.35	2.08	6%	-2					1.0		1.0	2.0	2.0	1.0		1.0	
33416	REVISE VENTRICLE MUSCLE	090	664	683	19	3%	36.56	38.61	2.05	6%	-2				1.0	1.0		2.0	1.0	1.0	1.0		1.0	
33417	REPAIR OF AORTIC VALVE	090	750	780.5	30.5	4%	29.33	30.99	1.66	6%	-4					2.0		2.5			1.0		2.5	
33418	REPAIR TCAT MITRAL VALVE	090	561	580	19	3%	32.25	33.74	1.49	5%	-4					2.0			2.0			1.0		1.0
33420	REVISION OF MITRAL VALVE	090	761	814.5	53.5	7%	25.79	28.56	2.77	11%	-3					1.5		8.0			1.0		3.0	
33422	REVISION OF MITRAL VALVE	090	892	943	51	6%	29.73	32.38	2.65	9%	-3					1.5		7.5			1.0		4.5	
33425	REPAIR OF MITRAL VALVE	090	880	881	1	0%	49.96	53.17	3.21	6%	-2				1.0	1.0		1.0	2.0	4.0	1.0		1.0	
33426	REPAIR OF MITRAL VALVE	090	776	780	4	1%	43.28	46.09	2.81	6%	-2				1.0	1.0		1.0	2.0	3.0	1.0		1.0	
33427	REPAIR OF MITRAL VALVE	090	737	744	7	1%	44.83	47.24	2.41	5%	-2				1.0	1.0		1.0	2.0	2.0	1.0		1.0	
33430	REPLACEMENT OF MITRAL VALVE	090	913	933	20	2%	50.93	54.10	3.17	6%	-2				2.0	1.0		1.0	2.0	3.0		1.0	2.0	
33440	RPLCMT A-VALVE TLCJ AUTOL PV	090	998	996	-2	0%	64	66.92	2.92	5%	-2					1.0		2.0	3.0	3.0	1.0		2.0	
33460	REVISION OF TRICUSPID VALVE	090	877	867	-10	-1%	44.7	47.78	3.08	7%	-2					1.0		1.0	3.0	4.0	1.0		2.0	
33463	VALVULOPLASTY TRICUSPID	090	1127	1108	-19	-2%	57.08	61.29	4.21	7%	-2				1.0	1.0		1.0	7.0	4.0	1.0		2.0	
33464	VALVULOPLASTY TRICUSPID	090	871	868	-3	0%	44.62	48.03	3.41	8%	-2				1.0	1.0		1.0	3.0	4.0	1.0		1.0	
33465	REPLACE TRICUSPID VALVE	090	972	964	-8	-1%	50.72	54.13	3.41	7%	-2				1.0	1.0		1.0	5.0	3.0	1.0		2.0	
33468	REVISION OF TRICUSPID VALVE	090	806	807	1	0%	45.13	47.41	2.28	5%	-2					1.0		1.0	1.0	3.0	1.0		2.0	
33474	REVISION OF PULMONARY VALVE	090	738	745	7	1%	39.4	41.81	2.41	6%	-2				1.0	1.0		1.0	2.0	2.0	1.0		1.0	
33475	REPLACEMENT PULMONARY VAL	090	750	757	7	1%	42.4	44.81	2.41	6%	-2				1.0	1.0		1.0	2.0	2.0	1.0		1.0	
33476	REVISION OF HEART CHAMBER	090	859	877	18	2%	26.57	27.63	1.06	4%	-4					2.0						1.0		5.0
33478	REVISION OF HEART CHAMBER	090	882	900	18	2%	27.54	28.60	1.06	4%	-4					2.0						1.0		5.0
33496	REPAIR PROSTH VALVE CLOT	090	881	887	6	1%	29.84	32.29	2.45	8%	-2				1.0	1.0		2.0	5.0			1.0		
33500	REPAIR HEART VESSEL FISTULA	090	690	736	46	7%	27.94	30.35	2.41	9%	-3					1.5		6.5				1.0		2.0
33501	REPAIR HEART VESSEL FISTULA	090	411	419	8	2%	19.51	21.56	2.05	11%	0			1.0	1.0			2.0	2.0	1.0	1.0			
33502	CORONARY ARTERY CORRECTION	090	688	718.5	30.5	4%	21.85	23.51	1.66	8%	-4					2.0		2.5			1.0		2.5	
33503	CORONARY ARTERY GRAFT	090	838	895.5	57.5	7%	22.51	25.43	2.92	13%	-2						2.0	5.5			1.0		2.5	
33504	CORONARY ARTERY GRAFT	090	789	829.5	40.5	5%	25.46	27.60	2.14	8%	-4					2.0		4.5			1.0		2.5	
33505	REPAIR ARTERY W/TUNNEL	090	678	727	49	7%	38.4	41.51	3.11	8%	0				1.0			9.0			1.0	1.0		1.0
33506	REPAIR ARTERY TRANSLOCATION	090	678	727	49	7%	37.85	40.96	3.11	8%	0				1.0			9.0			1.0	1.0		1.0
33507	REPAIR ART INTRAMURAL	090	563.5	576.5	13	2%	31.4	32.63	1.23	4%	0					1.0		2.0	1.0			1.0		1.0
33510	CABG VEIN SINGLE	090	718	717	-1	0%	34.98	37.68	2.70	8%	-2			1.0		1.0		1.0	2.0	3.0	1.0		1.0	
33511	CABG VEIN TWO	090	750	749	-1	0%	38.45	41.15	2.70	7%	-2			1.0		1.0		1.0	2.0	3.0	1.0		1.0	
33512	CABG VEIN THREE	090	832	828	-4	0%	43.98	47.08	3.10	7%	-2			1.0		1.0		1.0	2.0	4.0	1.0		1.0	
33513	CABG VEIN FOUR	090	850	846	-4	0%	45.37	48.47	3.10	7%	-2			1.0		1.0		1.0	2.0	4.0	1.0		1.0	
33514	CABG VEIN FIVE	090	867	863	-4	0%	48.08	51.18	3.10	6%	-2			1.0		1.0		1.0	2.0	4.0	1.0		1.0	
33516	CABG VEIN SIX OR MORE	090	883	879	-4	0%	49.76	52.86	3.10	6%	-2			1.0		1.0		1.0	2.0	4.0	1.0		1.0	
33517	CABG ARTERY-VEIN SINGLE	ZZZ	53.5	52.6	-0.9	-2%	3.61	3.73	0.12	3%	0										0.3		0.2	
33518	CABG ARTERY-VEIN TWO	ZZZ	112.6	110.56	-2.04	-2%	7.93	8.20	0.27	3%	0										0.7		0.4	
33519	CABG ARTERY-VEIN THREE	ZZZ	139.8	137.52	-2.28	-2%	10.49	10.79	0.30	3%	0										0.8		0.4	
33521	CABG ARTERY-VEIN FOUR	ZZZ	158.05	155.68	-2.37	-1%	12.59	12.91	0.32	3%	0										0.8		0.4	
33522	CABG ARTERY-VEIN FIVE	ZZZ	174.45	171.72	-2.73	-2%	14.14	14.50	0.36	3%	0										0.9		0.3	
33523	CABG ART-VEIN SIX OR MORE	ZZZ	193	190	-3	-2%	16.08	16.48	0.40	2%	0										1.0		0.4	
33533	CABG ARTERIAL SINGLE	090	682	685	3	0%	33.75	36.25	2.50	7%	-2			1.0		1.0		1.0	1.0	3.0	1.0		1.0	
33534	CABG ARTERIAL TWO	090	717	720	3	0%	39.88	42.38	2.50	6%	-2			1.0		1.0		1.0	1.0	3.0	1.0		1.0	
33535	CABG ARTERIAL THREE	090	755	758	3	0%	44.75	47.25	2.50	6%	-2			1.0		1.0		1.0	1.0	3.0	1.0		1.0	
33536	CABG ARTERIAL FOUR OR MORE	090	783	786	3	0%	48.43	50.93	2.50	5%	-2			1.0		1.0		1.0	1.0	3.0	1.0		1.0	
33542	REMOVAL OF HEART LESION	090	848	852	4	0%	48.21	51.02	2.81	6%	-2				1.0	1.0		1.0	2.0	3.0	1.0		2.0	
33545	REPAIR OF HEART DAMAGE	090	939	953	14	1%	57.06	60.10	3.04	5%	-2				1.0	1.0		1.0	1.0	4.0		1.0	2.0	1.0
33548	RESTORE/REMODEL VENTRICLE	090	928	948	20	2%	54.14	57.31	3.17	6%	-2				2.0	1.0		1.0	2.0	3.0		1.0	2.0	1.0
33600	CLOSURE OF VALVE	090	628	676	48	8%	30.31	32.81	2.50	8%	-4					2.0		6.0			1.0			
33602	CLOSURE OF VALVE	090	628	676	48	8%	29.34	31.84	2.50	9%	-4					2.0		6.0			1.0			
33606	ANASTOMOSIS/ARTERY-AORTA	090	728	786	58	8%	31.53	34.51	2.98	9%	-4													

33612	REPAIR DOUBLE VENTRICLE	090	673	732	59	9%	36.57	39.61	3.04	8%	-2					1.0		10.0			1.0			
33615	REPAIR MODIFIED FONTAN	090	696	762	66	9%	35.89	39.26	3.37	9%	-2				1.0	1.0		10.0			1.0			
33617	REPAIR SINGLE VENTRICLE	090	811	868	57	7%	39.09	42.42	3.33	9%	-2				1.0	1.0		9.0	1.0					
33619	REPAIR SINGLE VENTRICLE	090	1039	1058	19	2%	48.76	52.90	4.14	8%	-12		5.0	1.0		1.0		7.0	6.0	1.0	1.0			
33620	APPLY R&L PULM ART BANDS	090	609	630	21	3%	30	32.55	2.55	9%	0				1.0			5.0	2.0	1.0	1.0		1.0	
33621	TRANSTHOR CATH FOR STENT	090	363.5	385.5	22	6%	16.18	17.23	1.05	6%	0				1.0			3.0					1.0	
33622	REDO COMPL CARDIAC ANOMALY	090	986	1017	31	3%	64	67.72	3.72	6%	-2					1.0		7.0	1.0	3.0	1.0		2.0	
33641	REPAIR HEART SEPTUM DEFECT	090	562	569	7	1%	29.58	31.06	1.48	5%	-2					1.0		1.0	1.0	1.0	1.0		1.0	
33645	REVISION OF HEART VEINS	090	546	553	7	1%	31.3	32.78	1.48	5%	-2					1.0		1.0	1.0	1.0	1.0		1.0	
33647	REPAIR HEART SEPTUM DEFECTS	090	614	618	4	1%	33	34.88	1.88	6%	-2					1.0		1.0	1.0	2.0	1.0		1.0	
33660	REPAIR OF HEART DEFECTS	090	613	620	7	1%	31.83	33.31	1.48	5%	-2					1.0		1.0	1.0	1.0	1.0		1.0	
33665	REPAIR OF HEART DEFECTS	090	613	620	7	1%	34.85	36.33	1.48	4%	-2					1.0		1.0	1.0	1.0	1.0		1.0	
33670	REPAIR OF HEART CHAMBERS	090	626	645	19	3%	36.63	38.30	1.67	5%	0				1.0			3.0		1.0	1.0		1.0	
33675	CLOSE MULT VSD	090	628	644	16	3%	35.95	37.71	1.76	5%	-2					1.0		3.0	2.0		1.0		1.0	
33676	CLOSE MULT VSD W/RESECTION	090	658	674	16	2%	36.95	38.71	1.76	5%	-2					1.0		3.0	2.0		1.0		1.0	
33677	CL MULT VSD W/REM PUL BAND	090	688	704	16	2%	38.45	40.21	1.76	5%	-2					1.0		3.0	2.0		1.0		1.0	
33681	CLOSURE 1 VSD W/WO PATCH	090	506.5	559.5	53	10%	32.34	35.08	2.74	8%	-2				2.0	1.0		6.0			1.0			
33684	CLSR 1 VSD W/WO PATCH W/VLV	090	616	623	7	1%	34.37	35.85	1.48	4%	-2					1.0		1.0	1.0	1.0	1.0		1.0	
33688	CLSR 1VSD W/WO PTCH RMVL BN	090	628	635	7	1%	34.75	36.23	1.48	4%	-2					1.0		1.0	1.0	1.0	1.0		1.0	
33690	BANDING PULMONARY ARTERY	090	636	666.5	30.5	5%	20.36	22.02	1.66	8%	-4					2.0		2.5			1.0		2.5	
33692	COMP RPR TOF WO PULM ATRES	090	684	697	13	2%	36.15	38.31	2.16	6%	-2					1.0		3.0	2.0	1.0	1.0		1.0	
33694	CMP RPR TOF WO PLM ATRS PTC	090	718	777	59	8%	35.57	38.61	3.04	9%	-2					1.0		10.0			1.0			
33697	COMPL RPR TOF W/PULM ATRES	090	693	752	59	9%	37.57	40.61	3.04	8%	-2					1.0		10.0			1.0			
33702	REPAIR OF HEART DEFECTS	090	751	769.5	18.5	2%	27.24	28.33	1.09	4%	-2				1.0	1.0		0.5			1.0		3.5	
33710	REPAIR OF HEART DEFECTS	090	656	663	7	1%	37.5	38.98	1.48	4%	-2					1.0		1.0	1.0	1.0	1.0		2.0	
33720	REPAIR OF HEART DEFECT	090	770	786	16	2%	27.26	28.23	0.97	4%	-2				1.0	1.0					1.0		4.0	
33724	REPAIR VENOUS ANOMALY	090	559	574	15	3%	27.63	28.95	1.32	5%	-2					1.0		2.0	1.0		1.0		1.0	
33726	REPAIR PUL VENOUS STENOSIS	090	643	663	20	3%	37.12	38.68	1.56	4%	-2					1.0		3.0	1.0		1.0		1.0	
33730	REPAIR HEART-VEIN DEFECT(S)	090	671	737	66	10%	36.14	39.51	3.37	9%	-2				1.0	1.0		10.0			1.0			
33732	REPAIR HEART-VEIN DEFECT	090	578	621	43	7%	28.96	31.22	2.26	8%	-4					2.0		5.0			1.0			
33735	REVISION OF HEART CHAMBER	090	770	800.5	30.5	4%	22.2	23.86	1.66	7%	-4					2.0		2.5			1.0		3.5	
33736	REVISION OF HEART CHAMBER	090	548	591	43	8%	24.32	26.58	2.26	9%	-4					2.0		5.0			1.0			
33750	SHUNT SUBCLAVIAN TO PULM AR	090	722	750	28	4%	22.22	23.76	1.54	7%	-4					2.0		2.0			1.0		3.0	
33755	SHUNT AS-AORT TO PULM ART	090	750	775.5	25.5	3%	22.6	24.02	1.42	6%	-4					2.0		1.5			1.0		3.5	
33762	SHUNT DESC AORTA TO PULM AR	090	755	780.5	25.5	3%	22.6	24.02	1.42	6%	-4					2.0		1.5			1.0		3.5	
33764	SHUNT CENTRAL W/PROSTC GRAF	090	750	775.5	25.5	3%	22.6	24.02	1.42	6%	-4					2.0		1.5			1.0		3.5	
33766	SHUNT SUPR V/C P-ART 1 LUNG	090	756	781.5	25.5	3%	23.57	24.99	1.42	6%	-4					2.0		1.5			1.0		3.5	
33767	SHUNT SUPR V/C P-ART BTH LNG	090	608	651	43	7%	25.3	27.56	2.26	9%	-4					2.0		5.0			1.0			
33770	RPR TGA W/O SURG ENLGMNT V	090	696	716	20	3%	39.07	41.18	2.11	5%	0				1.0			4.0	1.0	1.0	1.0		1.0	
33771	RPR TGA W/SURG ENLGMNT VSD	090	716	736	20	3%	40.63	42.74	2.11	5%	0				1.0			4.0	1.0	1.0	1.0		1.0	
33774	RPR TGA ATRIAL BAFFLE PX	090	998	1024.5	26.5	3%	31.73	33.18	1.45	5%	-3					1.0	1.0	0.5			1.0		6.5	
33775	RPR TGA ATR BFL RMVL PLM BND	090	1043	1063.5	20.5	2%	32.99	34.17	1.18	4%	-4					2.0		0.5			1.0		6.5	
33776	RPR TGA ATR BFL CLSR VSD	090	1096	1133.5	37.5	3%	34.75	36.71	1.96	6%	-2						2.0	1.5			1.0		6.5	
33777	RPR TGA BFL RPR SBPULM OBSTR	090	993	1040.5	47.5	5%	34.17	36.61	2.44	7%	-2						2.0	3.5			1.0		4.5	
33778	RPR TGA AORTIC PULM ART RCNS	090	838.5	887.5	49	6%	42.75	46.48	3.73	9%	-2				1.0	1.0		9.0	3.0		1.0			
33779	RPR TGA RCNSTJ RMVL PLM BND	090	733	755	22	3%	43.23	45.43	2.20	5%	-2					1.0		4.0	1.0	1.0	1.0		1.0	
33780	RPR TGA RCNSTJ CLSR VSD	090	731	760	29	4%	43.9	46.29	2.39	5%	0				1.0			6.0	2.0		1.0		1.0	
33781	RPR TGA RCNSTJ RPR SBPL OBST	090	738	767	29	4%	43.21	45.60	2.39	6%	0				1.0			6.0	2.0		1.0		1.0	
33782	NIKAIDOH PROC	090	866	867	1	0%	60.08	62.36	2.28	4%	-2					1.0		1.0	1.0	1.0	3.0	1.0	2.0	
33783	NIKAIDOH PROC W/OSTIA IMPLT	090	926	927	1	0%	65.08	67.36	2.28	4%	-2					1.0		1.0	1.0	3.0	1.0		2.0	
33786	REPAIR ARTERIAL TRUNK	090	838.5	892.5	54	6%	41.87	45.84	3.97	9%	-2				1.0	1.0		10.0	3.0		1.0			
33788	REVISION OF PULMONARY ARTERY	090	736	766.5	30.5	4%	27.42	29.08	1.66	6%	-4					2.0		2.5			1.0		2.5	
33800	AORTIC SUSPENSION	090	375	386	11	3%	17.28	18.61	1.33	8%	0					1.0		2.0	1.5		1.0			
33802	DIVISION ABERRANT VESSEL	090	556	584.5	28.5	5%	18.37	19.94	1.57	9%	-2				1.0	1.0		2.5			1.0		1.5	
33803	DIV ABERRANT VSL W/REANAST	090	586	614.5	28.5	5%	20.31	21.88	1.57	8%	-2				1.0	1.0		2.5			1.0		1.5	
33814	OBLTRJ A-PULM SEP DEF W/BYP	090	838	856	18	2%	26.57	27.63	1.06	4%	-4					2.0					1.0		5.0	
33820	REPAIR PDA BY LIGATION	090	414	428	14	3%	16.69	17.57	0.88	5%	-2					1.0		1.0			1.0		1.0	
33822	REPAIR PDA DIV	090	463	472	9	2%	17.71	18.35	0.64	4%	-2					1.0					1.0		2.0	
33824	REPAIR PDA DIV 18 YRS&OLDER	090	615	633.5	18.5	3%	20.23	21.32	1.09	5%	-2				1.0	1.0		0.5			1.0		2.5	
33840	EXC COA W/DIRECT ANASTOMOS	090	639	662.5	23.5	4%	21.34	22.67	1.33	6%	-2				1.0	1.0		1.5			1.0		2.5	
33845	EXCISION COA W/GRAFT	090	726	749	23	3%	22.93	24.23	1.30	6%	-4					2.0		1.0			1.0		3.0	
33851	EXC COA RPR L SUBCL ART/PRST	090	700	726	26	4%	21.98	23.43	1.45	7%	-2				1.0	1.0		2.0			1.0		3.0	
33852	RPR HYPOPL A-ARCH WO BYP	090	719	745	26	4%	24.41	25.86	1.45	6%	-2				1.0	1.0		2.0			1.0		3.0	
33853	RPR HYPOPL A-ARCH W/BYP	090	668	726	58	9%	32.51	35.49	2.98	9%	-4					2.0		8.0			1.0			
33858	AS-AORT GRF F/AORTIC DSJ	090	911	922	11	1%	63.4	65.61	2.21	3%	-2				1.0	1.0		1.0	1.0	2.0	1.0		3.0	
33859	AS-AORT GRF F/DS OTH/THN DSJ	090	778	782	4	1%	45.13	47.01	1.88	4%	-2					1.0		1.0	1.0	2.0	2.0	1.0	2.0	
33863	ASCENDING AORTIC GRAFT	090	838	842	4	0%	58.79	60.67	1.88	3%	-2					1.0		1.0	1.0	2.0	1.0		2.0	
33864	ASCENDING AORTIC GRAFT	090	838	842	4	0%	60.08	61.96	1.88	3%	-2					1.0		1.0	1.0	2.0	1.0		2.0	
33871	TRANSVRS A-ARCH GRF HYPTRM	090	901	905	4	0%	60.88	62.76	1.88	3%	-2					1.0		1.0	1.0	2.0	1.0		2.0	
33875	TH																							

33883	INSERT ENDOVASC PROSTH TAA	090	404	419	15	4%	21.09	22.41	1.32	6%	0				2.0			1.0	1.0		1.0			
33886	ENDOVASC PROSTH DELAYED	090	379	394	15	4%	18.09	19.41	1.32	7%	0				2.0			1.0	1.0		1.0			
33910	REMOVE LUNG ARTERY EMBOLI	090	889	893	4	0%	48.21	51.02	2.81	6%	-2				1.0	1.0		1.0	2.0	3.0	1.0		3.0	
33915	REMOVE LUNG ARTERY EMBOLI	090	858	904	46	5%	24.95	27.36	2.41	10%	-3					1.5		6.5			1.0		5.0	
33916	SURGERY OF GREAT VESSEL	090	1259	1258	-1	0%	78	82.05	4.05	5%	-2				1.0	1.0		2.0	3.0	5.0	1.0		3.0	1.0
33917	REPAIR PULMONARY ARTERY	090	608	651	43	7%	25.3	27.56	2.26	9%	-4					2.0		5.0			1.0			
33920	REPAIR PULMONARY ATRESIA	090	658	706	48	7%	32.74	35.24	2.50	8%	-4					2.0		6.0				1.0		
33922	TRANSECT PULMONARY ARTERY	090	546	587	41	8%	24.22	26.39	2.17	9%	-2				1.0	1.0		5.0				1.0		
33925	RPR PUL ART UNIFOCAL W/O CPB	090	641	665	24	4%	31.3	33.21	1.91	6%	0				1.0			4.0		1.0	1.0		1.0	
33926	REPR PUL ART UNIFOCAL W/CPB	090	846	891	45	5%	44.73	48.04	3.31	7%	0				1.0			9.0	1.0	1.0	1.0		1.0	
33935	TRANSPLANTATION HEART/LUNG	090	1713	1708	-5	0%	91.78	97.71	5.93	6%	-3				1.0	1.0	1.0	1.0	8.0	6.0		1.0	3.0	1.0
33945	TRANSPLANTATION OF HEART	090	1716	1745	29	2%	89.5	95.71	6.21	7%	-5				3.0	2.0	1.0	1.0	6.0	5.0		1.0	3.0	1.0
33951	ECMO/ECLS INSJ PRPH CANNULA	000	170	175	5	3%	8.15	8.39	0.24	3%	0							1.0						
33952	ECMO/ECLS INSJ PRPH CANNULA	000	158	163	5	3%	8.15	8.39	0.24	3%	0							1.0						
33953	ECMO/ECLS INSJ PRPH CANNULA	000	190	186	-4	-2%	9.11	9.31	0.20	2%	0								1.0					
33954	ECMO/ECLS INSJ PRPH CANNULA	000	178	174	-4	-2%	9.11	9.31	0.20	2%	0								1.0					
33955	ECMO/ECLS INSJ CTR CANNULA	000	250	250	0	0%	16	16.00	-	0%	0												1.0	
33956	ECMO/ECLS INSJ CTR CANNULA	000	250	250	0	0%	16	16.00	-	0%	0												1.0	
33957	ECMO/ECLS REPOS PERPH CNULA	000	130	135	5	4%	3.51	3.75	0.24	7%	0							1.0						
33958	ECMO/ECLS REPOS PERPH CNULA	000	118	123	5	4%	3.51	3.75	0.24	7%	0							1.0						
33959	ECMO/ECLS REPOS PERPH CNULA	000	130	135	5	4%	4.47	4.71	0.24	5%	0							1.0						
33962	ECMO/ECLS REPOS PERPH CNULA	000	118	123	5	4%	4.47	4.71	0.24	5%	0							1.0						
33963	ECMO/ECLS REPOS PERPH CNULA	000	183	180	-3	-2%	9	9.40	0.40	4%	0									1.0				
33964	ECMO/ECLS REPOS PERPH CNULA	000	195	192	-3	-2%	9.5	9.90	0.40	4%	0									1.0				
33965	ECMO/ECLS RMVL PERPH CANNUL	000	130	135	5	4%	3.51	3.75	0.24	7%	0							1.0						
33966	ECMO/ECLS RMVL PRPH CANNUL	000	133	138	5	4%	4.5	4.74	0.24	5%	0							1.0						
33969	ECMO/ECLS RMVL PERPH CANNUL	000	163	159	-4	-2%	5.22	5.42	0.20	4%	0								1.0					
33971	AORTIC CIRCULATION ASSIST	090	494	518	24	5%	11.99	13.35	1.36	11%	-2					1.0		3.0			1.0		3.0	
33974	REMOVE INTRA-AORTIC BALLOON	090	314	333	19	6%	15.03	16.15	1.12	7%	0				2.0			1.0				1.0		
33984	ECMO/ECLS RMVL PRPH CANNUL	000	153	149	-4	-3%	5.46	5.66	0.20	4%	0								1.0					
33985	ECMO/ECLS RMVL CTR CANNULA	000	200	197	-3	-2%	9.89	10.29	0.40	4%	0									1.0				
33986	ECMO/ECLS RMVL CTR CANNULA	000	205	202	-3	-1%	10	10.40	0.40	4%	0									1.0				
33988	INSERTION OF LEFT HEART VENT	000	250	250	0	0%	15	15.00	-	0%	0												1.0	
33989	REMOVAL OF LEFT HEART VENT	000	205	202	-3	-1%	9.5	9.90	0.40	4%	0									1.0				
34001	REMOVAL OF ARTERY CLOT	090	384	386	2	1%	17.88	19.36	1.48	8%	0				2.0				3.0		1.0			
34051	REMOVAL OF ARTERY CLOT	090	594	636.5	42.5	7%	16.99	19.56	2.57	15%	0				2.5			7.5				1.0		1.5
34101	REMOVAL OF ARTERY CLOT	090	322	337	15	5%	10.93	12.38	1.45	13%	0				1.0	1.0		2.0	1.0			1.0		
34111	REMOVAL OF ARM ARTERY CLOT	090	307	322	15	5%	10.93	12.38	1.45	13%	0				1.0	1.0		2.0	1.0			1.0		
34151	REMOVAL OF ARTERY CLOT	090	508	531	23	5%	26.52	28.87	2.35	9%	0				2.0	1.0		4.0	2.0			1.0		
34201	REMOVAL OF ARTERY CLOT	090	422	438	16	4%	19.48	21.24	1.76	9%	0					2.0		2.0	2.0			1.0		
34203	REMOVAL OF LEG ARTERY CLOT	090	413	440	27	7%	17.86	19.88	2.02	11%	0				1.0	2.0		3.0	1.0			1.0		
34401	REMOVAL OF VEIN CLOT	090	503	526	23	5%	26.52	28.87	2.35	9%	0				2.0	1.0		4.0	2.0			1.0		
34421	REMOVAL OF VEIN CLOT	090	412	428	16	4%	13.37	15.26	1.89	14%	0				1.0	1.0		3.0	2.0			1.0		
34451	REMOVAL OF VEIN CLOT	090	533	556	23	4%	28.52	30.87	2.35	8%	0				2.0	1.0		4.0	2.0			1.0		
34471	REMOVAL OF VEIN CLOT	090	453	475	22	5%	21.11	23.02	1.91	9%	0				2.0	1.0		3.0	1.0			1.0		
34490	REMOVAL OF VEIN CLOT	090	367	387	20	5%	10.91	12.60	1.69	15%	0				1.0	1.0		3.0	1.0			1.0		
34501	REPAIR VALVE FEMORAL VEIN	090	393	405	12	3%	16.85	18.28	1.43	8%	0				2.0	1.0		1.0	1.0			1.0		
34502	RECONSTRUCT VENA CAVA	090	741	796	55	7%	28.07	30.90	2.83	10%	-4					1.0	2.0	6.0				1.0		
34510	TRANSPOSITION OF VEIN VALVE	090	448	465	17	4%	19.91	21.58	1.67	8%	0				2.0	1.0		2.0	1.0			1.0		
34520	CROSS-OVER VEIN GRAFT	090	443	465	22	5%	19.18	20.96	1.78	9%	0				1.0	2.0		2.0	1.0			1.0		
34530	LEG VEIN FUSION	090	436	460	24	6%	17.93	19.93	2.00	11%	0				2.0	2.0		2.0	1.0			1.0		
34701	EVASC RPR A-AO NDGFT	090	482	484	2	0%	23.71	25.08	1.37	6%	0				1.0	1.0			1.0	1.0		1.0		
34702	EVASC RPR A-AO NDGFT RPT	090	677	686	9	1%	36	38.63	2.63	7%	-2				1.0	1.0	1.0	1.0	2.0	2.0		1.0		1.0
34703	EVASC RPR A-UNILAC NDGFT	090	507	509	2	0%	26.52	27.89	1.37	5%	0				1.0	1.0			1.0	1.0		1.0		
34704	EVASC RPR A-UNILAC NDGFT RPT	090	737	746	9	1%	45	47.63	2.63	6%	-2				1.0	1.0	1.0	1.0	2.0	2.0		1.0		1.0
34705	EVAC RPR A-BIILIAC NDGFT	090	512	514	2	0%	29.58	30.95	1.37	5%	0				1.0	1.0			1.0	1.0		1.0		
34706	EVASC RPR A-BIILIAC RPT	090	735	744	9	1%	45	47.63	2.63	6%	-2				1.0	1.0	1.0	1.0	2.0	2.0		1.0		1.0
34707	EVASC RPR ILIO-ILIAC NDGFT	090	482	484	2	0%	22.28	23.65	1.37	6%	0				1.0	1.0			1.0	1.0		1.0		
34708	EVASC RPR ILIO-ILIAC RPT	090	677	686	9	1%	36.5	39.13	2.63	7%	-2				1.0	1.0	1.0	1.0	2.0	2.0		1.0		1.0
34710	DLYD PLMT XTN PROSTH 1ST VSL	090	397	407	10	3%	15	16.21	1.21	8%	0				1.0	1.0		1.0	1.0			1.0		
34712	TCAT DLVR ENHNCD FIXJ DEV	090	307	317	10	3%	12	13.21	1.21	10%	0				1.0	1.0		1.0				1.0		
34718	EVASC RPR N/A A-ILIAC NDGFT	090	477	479	2	0%	24	25.37	1.37	6%	0				1.0	1.0			1.0	1.0		1.0		
34830	OPEN AORTIC TUBE PROSTH REPR	090	665	682	17	3%	35.23	38.25	3.02	9%	0				1.0	2.0		3.0	2.0	2.0		1.0		
34831	OPEN AORTOILIAC PROSTH REPR	090	690	707	17	2%	37.98	41.00	3.02	8%	0				1.0	2.0		3.0	2.0	2.0		1.0		
34832	OPEN AORTOFEMOR PROSTH REPR	090	710	727	17	2%	37.98	41.00	3.02	8%	0				1.0	2.0		3.0	2.0	2.0		1.0		
35001	REPAIR DEFECT OF ARTERY	090	568	617.5	49.5	9%	20.81	23.84	3.03	15%	0				3.5			8.5				1.0		
35002	REPAIR ARTERY RUPTURE NECK	090	592	644	52	9%	22.23	25.38	3.15	14%	0				3.5			9.0				1.0		
35005	REPAIR DEFECT OF ARTERY	090	551	600.5	49.5	9%	19.29	22.32	3.03	16%	0				3.5			8.5				1.0		
35011	REPAIR DEFECT OF ARTERY	090	357	376	19	5%	18.58	19.83	1.25	7%	0				1.0	1.0		2.0				1.0		
35013	REPAIR ARTERY RUPTURE ARM	090	433	455	22	5%	23.23	25.01	1.78	8%	0				1.0	2.0		2.0	1.0			1.0		
35021	REPAIR DEFECT OF ARTERY	090	745	797.5	52.5	7%	22.17	25.22	3.05	14%	0				2.5			9.5				1.0		2.5
35022	REPAIR ARTERY RUPTURE CHEST	090	764	816.5</																				

35081	REPAIR DEFECT OF ARTERY	090	677	693	16	2%	33.53	35.80	2.27	7%	-2			1.0	1.0	1.0		2.0	3.0		1.0		1.0	
35082	REPAIR ARTERY RUPTURE AORTA	090	792	810	18	2%	42.09	45.00	2.91	7%	-2			1.0	1.0	1.0		3.0	3.0	1.0	1.0		2.0	
35091	REPAIR DEFECT OF ARTERY	090	790	845	55	7%	35.35	38.21	2.86	8%	0						11.0				1.0		2.0	
35092	REPAIR ARTERY RUPTURE AORTA	090	1172	1179	7	1%	50.97	54.44	3.47	7%	-2			1.0	1.0	1.0		2.0	3.0	3.0	1.0		5.0	
35102	REPAIR DEFECT OF ARTERY	090	732	748	16	2%	36.53	38.80	2.27	6%	-2			1.0	1.0	1.0		2.0	3.0		1.0		1.0	
35103	REPAIR ARTERY RUPTURE AORTA	090	740	764	24	3%	43.62	46.28	2.66	6%	0			1.0	2.0			4.0	3.0		1.0		2.0	
35111	REPAIR DEFECT OF ARTERY	090	483	496	13	3%	26.28	28.15	1.87	7%	0			2.0	1.0			2.0	2.0		1.0			
35112	REPAIR ARTERY RUPTURE SPLEEN	090	690	708	18	3%	32.57	34.55	1.98	6%	0			1.0	2.0			2.0	2.0		1.0		2.0	
35121	REPAIR DEFECT OF ARTERY	090	563	586	23	4%	31.52	33.87	2.35	7%	0			2.0	1.0			4.0	2.0		1.0			
35122	REPAIR ARTERY RUPTURE BELLY	090	770	784	14	2%	37.89	40.07	2.18	6%	0			1.0	2.0			2.0	3.0		1.0		2.0	
35131	REPAIR DEFECT OF ARTERY	090	528	546	18	3%	26.4	28.51	2.11	8%	0			2.0	1.0			3.0	2.0		1.0			
35132	REPAIR ARTERY RUPTURE GROIN	090	655	673	18	3%	32.57	34.55	1.98	6%	0			1.0	2.0			2.0	2.0		1.0		2.0	
35141	REPAIR DEFECT OF ARTERY	090	427	442	15	4%	20.91	22.36	1.45	7%	0			1.0	1.0			2.0	1.0		1.0			
35142	REPAIR ARTERY RUPTURE THIGH	090	555	582	27	5%	25.16	27.18	2.02	8%	0			1.0	2.0			3.0	1.0		1.0		1.0	
35151	REPAIR DEFECT OF ARTERY	090	473	495	22	5%	23.72	25.63	1.91	8%	0			2.0	1.0			3.0	1.0		1.0			
35152	REPAIR RUPTD POPLITEAL ART	090	590	605	15	3%	27.66	30.04	2.38	9%	0			1.0	2.0			2.0	2.0	1.0	1.0			
35180	RPR CGEN AV FISTULA HEAD&NEC	090	500	541	41	8%	15.1	17.66	2.56	17%	0			3.0				7.0			1.0		1.0	
35182	RPR CGEN AV FISTULA THRX&ABD	090	553	572	19	3%	31.71	33.89	2.18	7%	0			1.0	2.0			2.0	1.0	1.0	1.0			
35184	RPR CGEN AV FISTULA XTR	090	413	424	11	3%	18.82	20.14	1.32	7%	0			1.5	1.0			1.0	1.0		1.0			
35188	RPR ACQ AV FISTULA HEAD&NEC	090	380	390	10	3%	18	19.21	1.21	7%	0			1.0	1.0			1.0	1.0		1.0			
35189	RPR ACQ AV FISTULA THRX&ABD	090	548	560.5	12.5	2%	29.98	32.24	2.26	8%	0			1.0	2.0			1.5	2.0	1.0	1.0			
35190	REPAIR ACQ AV FISTULA XTR	090	416	444.5	28.5	7%	13.42	15.38	1.96	15%	0			3.0				4.5			1.0			
35201	REPAIR BLOOD VESSEL DIR NECK	090	382	415.5	33.5	9%	16.93	19.13	2.20	13%	0			3.0				5.5			1.0			
35206	REPAIR BLOOD VESSEL DIR UXTR	090	282	301	19	7%	13.84	15.09	1.25	9%	0			1.0	1.0			2.0			1.0		1.0	
35207	RPR BLD VSL DIR HAND FINGER	090	376	409.5	33.5	9%	10.94	13.14	2.20	20%	0			3.0				5.5			1.0			
35211	RPR BLVSL DIR NTRATHRC W/BYP	090	806	856	50	6%	24.58	27.51	2.93	12%	0			2.5				9.0			1.0		2.5	
35216	RPR BLVSL DIR NTRTHRC WO BYP	090	658	677	19	3%	36.61	38.90	2.29	6%	-4		1.0		1.0	1.0		3.0	3.0		1.0		1.0	
35221	RPR BLD VSL DIR INTRA-ABDL	090	545	553	8	1%	26.62	28.67	2.05	8%	0				1.0	1.0		2.0	2.0	1.0	1.0		1.0	
35226	REPAIR BLOOD VESSEL DIR LXTR	090	327	337	10	3%	15.3	16.51	1.21	8%	0			1.0	1.0			1.0	1.0		1.0			
35231	REPAIR BLVSL VN GRF NECK	090	382	384	2	1%	21.16	22.53	1.37	6%	0			1.0	1.0				1.0	1.0	1.0			
35236	REPAIR BLVSL VN GRF UXTR	090	367	382	15	4%	18.02	19.47	1.45	8%	0			1.0	1.0			2.0	1.0		1.0			
35241	RPR BLVSL VN GRF NTRTHRC W/B	090	797	847	50	6%	25.58	28.51	2.93	11%	0			2.5				9.0			1.0		2.5	
35246	RPR BLVSL VN GRF NTRTHRC W/C	090	577	584	7	1%	28.23	29.84	1.61	6%	0			1.0	1.0			1.0	1.0	1.0	1.0		1.0	
35251	RPR BLVSL VN GRF INTRA-ABDL	090	532	540	8	2%	31.91	33.96	2.05	6%	0			1.0	1.0			2.0	2.0	1.0	1.0			
35256	REPAIR BLVSL VN GRF LXTR	090	347	371	24	7%	19.06	20.55	1.49	8%	0			1.0	1.0			3.0			1.0			
35261	RPR BLVSL GRF OTH/THN VN NCK	090	382	384	2	1%	18.96	20.33	1.37	7%	0			1.0	1.0				1.0	1.0	1.0			
35266	RPR BLVSL GRF OTH/TH VN UXTR	090	337	352	15	4%	15.83	17.28	1.45	9%	0			1.0	1.0			2.0	1.0		1.0			
35271	RPR BLVS GR OT/TH VN NTRTH W	090	778	828	50	6%	24.58	27.51	2.93	12%	0			2.5				9.0			1.0		2.5	
35276	RPR BLVS GR OT/TH VN NTRTH WO	090	553.5	572	18.5	3%	25.83	27.45	1.62	6%	0			1.0	1.5			2.0	1.0		1.0		1.0	
35281	RPR BLVSL GR OT/TH VN NTR-AB	090	595	613	18	3%	30.06	32.04	1.98	7%	0			1.0	2.0			2.0	2.0		1.0		1.0	
35286	RPR BLVSL GRF OTH/TH VN LXTR	090	350	381	31	9%	17.19	19.01	1.82	11%	0			1.0	2.0			3.0			1.0			
35301	RECHANNELING OF ARTERY	090	404	411	7	2%	21.16	22.64	1.48	7%	0				2.0				1.0	1.0	1.0			
35302	RECHANNELING OF ARTERY	090	392	402	10	3%	21.35	22.56	1.21	6%	0			1.0	1.0			1.0	1.0		1.0			
35303	RECHANNELING OF ARTERY	090	392	402	10	3%	23.6	24.81	1.21	5%	0			1.0	1.0			1.0	1.0		1.0			
35304	RECHANNELING OF ARTERY	090	422	432	10	2%	24.6	25.81	1.21	5%	0			1.0	1.0			1.0	1.0		1.0			
35305	RECHANNELING OF ARTERY	090	402	412	10	2%	23.6	24.81	1.21	5%	0			1.0	1.0			1.0	1.0		1.0			
35311	RECHANNELING OF ARTERY	090	532	535	3	1%	28.6	30.41	1.81	6%	0			1.0	1.0			1.0	2.0	1.0	1.0			
35321	RECHANNELING OF ARTERY	090	337	356	19	6%	16.59	17.84	1.25	8%	0			1.0	1.0			2.0			1.0			
35331	RECHANNELING OF ARTERY	090	558	581	23	4%	27.72	30.07	2.35	8%	0			2.0	1.0			4.0	2.0		1.0			
35341	RECHANNELING OF ARTERY	090	549	596	47	9%	26.21	29.12	2.91	11%	0			3.5				8.0			1.0			
35351	RECHANNELING OF ARTERY	090	502	505	3	1%	24.61	26.42	1.81	7%	0			1.0	1.0			1.0	2.0	1.0	1.0			
35355	RECHANNELING OF ARTERY	090	457	473	16	4%	19.86	21.75	1.89	10%	0			1.0	1.0			3.0	2.0		1.0			
35361	RECHANNELING OF ARTERY	090	605	620	15	2%	30.24	32.62	2.38	8%	0			1.0	2.0			2.0	2.0	1.0	1.0			
35363	RECHANNELING OF ARTERY	090	655	675	20	3%	32.35	34.97	2.62	8%	0			1.0	2.0			3.0	2.0	1.0	1.0			
35371	RECHANNELING OF ARTERY	090	325	344	19	6%	15.31	16.56	1.25	8%	0			1.0	1.0			2.0			1.0			
35372	RECHANNELING OF ARTERY	090	347	366	19	5%	18.58	19.83	1.25	7%	0			1.0	1.0			2.0			1.0			
35501	ART BYP GRFT IPSILAT CAROTID	090	449	464	15	3%	29.09	30.41	1.32	5%	0				2.0			1.0	1.0		1.0			
35506	ART BYP GRFT SUBCLAV-CAROTID	090	452	464	12	3%	25.33	27.05	1.72	7%	0				2.0			1.0	1.0	1.0	1.0			
35508	ART BYP GRFT CAROTID-VERTBRL	090	404	419	15	4%	26.09	27.41	1.32	5%	0				2.0			1.0	1.0		1.0			
35509	ART BYP GRFT CONTRAL CAROTID	090	439	454	15	3%	28.09	29.41	1.32	5%	0				2.0			1.0	1.0		1.0			
35510	ART BYP GRFT CAROTID-BRCHIAL	090	497	508	11	2%	24.39	25.91	1.52	6%	0				2.0			1.0	2.0		1.0			
35511	ART BYP GRFT SUBCLAV-SUBCLAV	090	407	408	1	0%	22.2	23.37	1.17	5%	0			1.0	1.0				2.0		1.0			
35512	ART BYP GRFT SUBCLAV-BRCHIAL	090	462	473	11	2%	23.89	25.41	1.52	6%	0				2.0			1.0	2.0		1.0			
35515	ART BYP GRFT SUBCLAV-VERTBRL	090	414	429	15	4%	26.09	27.41	1.32	5%	0				2.0			1.0	1.0		1.0			
35516	ART BYP GRFT SUBCLAV-AXILARY	090	424	444	20	5%	24.21	25.77	1.56	6%	0				2.0			2.0	1.0		1.0			
35518	ART BYP GRFT AXILLARY-AXILRY	090	457	459	2	0%	22.65	24.26	1.61	7%	0			1.0	1.0			1.0	3.0		1.0			
35521	ART BYP GRFT AXILL-FEMORAL	090	530	540	10	2%	24.13	26.27	2.14	9%	0			1.0	2.0			1.0	2.0	1.0	1.0			
35522	ART BYP GRFT AXILL-BRACHIAL	090	497	508	11	2%	23.15	24.67	1.52	7%	0				2.0			1.0	2.0		1.0			
35523	ART BYP GRFT BRCHL-ULNR-RDL	090	485	498	13	3%	24.13	25.87	1.74	7%	0			1.0	2.0			1.0	2.0		1			

35535	ART BYP GRFT HEPATORENAL	090	690	705	15	2%	38.13	40.51	2.38	6%	0			1.0	2.0			2.0	2.0	1.0	1.0		1.0	
35536	ART BYP GRFT SPLENORENAL	090	550	565	15	3%	33.73	36.11	2.38	7%	0			1.0	2.0			2.0	2.0	1.0	1.0			
35537	ART BYP GRFT AORTOILIAC	090	683	696	13	2%	41.88	43.62	1.74	4%	0			1.0	2.0			1.0	2.0		1.0		1.0	
35538	ART BYP GRFT AORTOBI-ILIAC	090	798	820	22	3%	47.03	49.19	2.16	5%	-2			1.0	2.0	1.0		1.0	2.0		1.0		1.0	
35539	ART BYP GRFT AORTOFEMORAL	090	720	738	18	2%	44.11	46.09	1.98	4%	0			1.0	2.0			2.0	2.0		1.0		1.0	
35540	ART BYP GRFT AORTBIFEMORAL	090	780	798	18	2%	49.33	51.31	1.98	4%	0			1.0	2.0			2.0	2.0		1.0		1.0	
35556	ART BYP GRFT FEM-POPLITEAL	090	586	605	19	3%	26.75	28.93	2.18	8%	0			1.0	2.0			2.0	1.0	1.0	1.0			
35558	ART BYP GRFT FEM-FEMORAL	090	530	540	10	2%	23.13	25.27	2.14	9%	0			1.0	2.0			1.0	2.0	1.0	1.0			
35560	ART BYP GRFT AORTORENAL	090	590	605	15	3%	34.03	36.41	2.38	7%	0			1.0	2.0			2.0	2.0	1.0	1.0			
35563	ART BYP GRFT ILIOILIAC	090	535	545	10	2%	26.12	28.26	2.14	8%	0			1.0	2.0			1.0	2.0	1.0	1.0			
35565	ART BYP GRFT ILIOFEMORAL	090	535	545	10	2%	25.13	27.27	2.14	9%	0			1.0	2.0			1.0	2.0	1.0	1.0			
35566	ART BYP FEM-ANT-POST TIB/PRL	090	718	747	29	4%	32.35	35.00	2.65	8%	0			1.0	2.0			3.0	2.0	1.0		1.0		
35570	ART BYP TIBIAL-TIB/PERONEAL	090	667	683	16	2%	29.15	31.84	2.69	9%	0				3.0			2.0	3.0	1.0	1.0			
35571	ART BYP POP-TIBL-PRL-OTHER	090	510	542	32	6%	25.52	27.78	2.26	9%	0			1.0	2.0			4.0	1.0		1.0			
35583	VEIN BYP GRFT FEM-POPLITEAL	090	588	607	19	3%	27.75	29.93	2.18	8%	0			1.0	2.0			2.0	1.0	1.0	1.0			
35585	VEIN BYP FEM-TIBIAL PERONEAL	090	717	746	29	4%	32.35	35.00	2.65	8%	0			1.0	2.0			3.0	2.0	1.0		1.0		
35587	VEIN BYP POP-TIBL PERONEAL	090	523	555	32	6%	26.21	28.47	2.26	9%	0			1.0	2.0			4.0	1.0		1.0			
35601	ART BYP COMMON IPSI CAROTID	090	484	496	12	2%	27.09	28.81	1.72	6%	0				2.0			1.0	1.0	1.0	1.0			
35606	ART BYP CAROTID-SUBCLAVIAN	090	414	421	7	2%	22.46	23.94	1.48	7%	0				2.0				1.0	1.0	1.0			
35612	ART BYP SUBCLAV-SUBCLAVIAN	090	485	498	13	3%	20.35	22.09	1.74	9%	0			1.0	2.0			1.0	2.0		1.0			
35616	ART BYP SUBCLAV-AXILLARY	090	367	377	10	3%	21.82	23.03	1.21	6%	0			1.0	1.0			1.0	1.0		1.0			
35621	ART BYP AXILLARY-FEMORAL	090	412	432	20	5%	21.03	22.72	1.69	8%	0			1.0	1.0			3.0	1.0		1.0			
35623	ART BYP AXILLARY-POP-TIBIAL	090	475	485	10	2%	25.92	28.06	2.14	8%	0			1.0	2.0			1.0	2.0	1.0	1.0			
35626	ART BYP AORSUBCL/CAROT/INNO	090	520	532	12	2%	29.14	30.99	1.85	6%	0			1.0	1.0			2.0	1.0	1.0	1.0			
35631	ART BYP AOR-CELIAC-MSN-RENAL	090	648	663	15	2%	36.03	38.41	2.38	7%	0			1.0	2.0			2.0	2.0	1.0	1.0			
35632	ART BYP ILIO-CELIAC	090	690	705	15	2%	36.13	38.51	2.38	7%	0			1.0	2.0			2.0	2.0	1.0	1.0		1.0	
35633	ART BYP ILIO-MESENTERIC	090	705	723	18	3%	39.11	41.09	1.98	5%	0			1.0	2.0			2.0	2.0		1.0		2.0	
35634	ART BYP ILIORENAL	090	680	695	15	2%	35.33	37.71	2.38	7%	0			1.0	2.0			2.0	2.0	1.0	1.0		1.0	
35636	ART BYP SPENORENAL	090	603	609	6	1%	31.75	34.09	2.34	7%	0			1.0	2.0			1.0	3.0	1.0	1.0			
35637	ART BYP AORTOILIAC	090	605	623	18	3%	33.05	35.03	1.98	6%	0			1.0	2.0			2.0	2.0		1.0		1.0	
35638	ART BYP AORTOBI-ILIAC	090	635	653	18	3%	33.6	35.58	1.98	6%	0			1.0	2.0			2.0	2.0		1.0		1.0	
35642	ART BYP CAROTID-VERTEBRAL	090	463	504	41	9%	18.94	21.50	2.56	14%	0			3.0				7.0			1.0			
35645	ART BYP SUBCLAV-VERTEBRAL	090	463	504	41	9%	18.43	20.99	2.56	14%	0			3.0				7.0			1.0			
35646	ART BYP AORTOBIFEMORAL	090	645	662	17	3%	32.98	35.58	2.60	8%	-2			2.0		1.0		3.0	2.0	1.0	1.0			
35647	ART BYP AORTOFEMORAL	090	573	587	14	2%	29.73	32.04	2.31	8%	0			2.0	1.0			3.0	3.0		1.0			
35650	ART BYP AXILLARY-AXILLARY	090	382	384	2	1%	20.16	21.53	1.37	7%	0			1.0	1.0				1.0	1.0				
35654	ART BYP AXILL-FEM-FEMORAL	090	513	526	13	3%	26.28	28.15	1.87	7%	0			2.0	1.0			2.0	2.0		1.0			
35656	ART BYP FEMORAL-POPLITEAL	090	447	481	34	8%	20.47	22.44	1.97	10%	0			1.0	1.0			5.0			1.0			
35661	ART BYP FEMORAL-FEMORAL	090	440	467	27	6%	20.35	22.37	2.02	10%	0			1.0	2.0			3.0	1.0		1.0			
35663	ART BYP ILIOILIAC	090	503	513	10	2%	23.93	26.07	2.14	9%	0			1.0	2.0			1.0	2.0	1.0	1.0			
35665	ART BYP ILIOFEMORAL	090	480	507	27	6%	22.35	24.37	2.02	9%	0			1.0	2.0			3.0	1.0		1.0			
35666	ART BYP FEM-ANT-POST TIB/PRL	090	490	522	32	7%	23.66	25.92	2.26	10%	0			1.0	2.0			4.0	1.0		1.0			
35671	ART BYP POP-TIBL-PRL-OTHER	090	435	448	13	3%	20.77	22.51	1.74	8%	0			1.0	2.0			1.0	2.0		1.0			
35691	ART TRNSPOSJ VERTBRL CAROTID	090	417	433	16	4%	18.41	19.77	1.36	7%	0			3.0				2.0			1.0			
35693	ART TRNSPOSJ SUBCLAVIAN	090	372	388	16	4%	15.73	17.09	1.36	9%	0			3.0				2.0			1.0			
35694	ART TRNSPOSJ SUBCLAV CAROTID	090	456	472	16	4%	19.28	20.64	1.36	7%	0			3.0				2.0			1.0			
35695	ART TRNSPOSJ CAROTID SUBCLAV	090	532	535	3	1%	20.06	21.58	1.52	8%	0			3.0				1.0	2.0		1.0			
35701	EXPL N/FLWD SURG NECK ART	090	229	236	7	3%	7.5	8.18	0.68	9%	0			1.0				1.0			1.0			
35702	EXPL N/FLWD SURG UXTR ART	090	219	226	7	3%	7.12	7.80	0.68	10%	0			1.0				1.0			1.0			
35703	EXPL N/FLWD SURG LXTR ART	090	229	236	7	3%	7.5	8.18	0.68	9%	0			1.0				1.0			1.0			
35800	EXPLORE NECK VESSELS	090	336	345	9	3%	12	13.83	1.83	15%	0			2.0	1.0			1.0	1.0	1.0	1.0			
35820	EXPLORE CHEST VESSELS	090	799	787	-12	-2%	36.89	40.57	3.68	10%	-2					1.0		1.0	2.0	6.0	1.0		1.0	
35840	EXPLORE ABDOMINAL VESSELS	090	431	433	2	0%	20.75	23.18	2.43	12%	0			2.0	1.0			1.0	2.0	2.0	1.0			
35860	EXPLORE LIMB VESSELS	090	406	411	5	1%	15.25	17.28	2.03	13%	0			2.0	1.0			1.0	2.0	1.0	1.0			
35870	REPAIR VESSEL GRAFT DEFECT	090	715	759.5	44.5	6%	24.5	27.29	2.79	11%	0			3.5				7.5			1.0		2.5	
35875	REMOVAL OF CLOT IN GRAFT	090	297	316	19	6%	10.72	11.97	1.25	12%	0			1.0	1.0			2.0			1.0			
35876	REMOVAL OF CLOT IN GRAFT	090	402	431	29	7%	17.82	19.55	1.73	10%	0			1.0	1.0			4.0			1.0			
35879	REVISE GRAFT W/VEIN	090	421	448	27	6%	17.41	19.30	1.89	11%	-2				1.0	1.0	1.0		3.0	1.0		1.0		
35881	REVISE GRAFT W/VEIN	090	450	477	27	6%	19.35	21.37	2.02	10%	0			1.0	2.0			3.0	1.0		1.0			
35883	REVJ FEM ANAST NONAUTOG GR	090	462	468	6	1%	23.15	24.56	1.41	6%	0			1.0	1.0			1.0	2.0		1.0			
35884	REVJ FEM ANAST AUTOG VN GRF	090	482	488	6	1%	24.65	26.06	1.41	6%	0			1.0	1.0			1.0	2.0		1.0			
35901	EXCISION GRAFT NECK	090	482	510	28	6%	8.38	10.44	2.06	25%	0			4.0				4.0			1.0			
35903	EXCISION GRAFT EXTREMITY	090	416	437	21	5%	9.53	11.13	1.60	17%	0			3.0				3.0			1.0			
35905	EXCISION GRAFT THORAX	090	720	745	25	3%	33.52	36.38	2.86	9%	0			1.0	2.0			4.0	2.0	1.0	1.0			
35907	EXCISION GRAFT ABDOMEN	090	720	745	25	3%	37.27	40.13	2.86	8%	0			1.0	2.0			4.0	2.0	1.0	1.0			
36260	INSERTION OF INFUSION PUMP	090	287	295.5	8.5	3%	9.91	10.91	1.00	10%	0			3.0				0.5			1.0			
36261	REVISION OF INFUSION PUMP	090	233	240.5	7.5	3%	5.63	6.52	0.89	16%	0			2.5				0.5			1.0			
36262	REMOVAL OF INFUSION PUMP	090	181	185	4	2%	4.11	4.77	0.66	16%	0			2.0							1.0			
36557	INSERT TUNNELED CV CATH	010	117	119	2	2%	4.89	5.22	0.33	7%	0			1.0							0.5			
36558	INSERT TUNNELED																							

36565	INSERT TUNNELED CV CATH	010	120	122	2	2%	5.79	6.12	0.33	6%	0			1.0						0.5			
36566	INSERT TUNNELED CV CATH	010	135	137	2	1%	6.29	6.62	0.33	5%	0			1.0						0.5			
36570	INSERT PICVAD CATH	010	135	137	2	1%	5.11	5.44	0.33	6%	0			1.0						0.5			
36571	INSERT PICVAD CATH	010	130	132	2	2%	5.09	5.42	0.33	6%	0			1.0						0.5			
36576	REPAIR TUNNELED CV CATH	010	114	116	2	2%	2.99	3.32	0.33	11%	0			1.0						0.5			
36578	REPLACE TUNNELED CV CATH	010	106	108	2	2%	3.29	3.62	0.33	10%	0			1.0						0.5			
36581	REPLACE TUNNELED CV CATH	010	110	112	2	2%	3.23	3.56	0.33	10%	0			1.0						0.5			
36582	REPLACE TUNNELED CV CATH	010	146	148	2	1%	4.99	5.32	0.33	7%	0			1.0						0.5			
36583	REPLACE TUNNELED CV CATH	010	147	149	2	1%	5.04	5.37	0.33	7%	0			1.0						0.5			
36585	REPLACE PICVAD CATH	010	131	133	2	2%	4.59	4.92	0.33	7%	0			1.0						0.5			
36589	REMOVAL TUNNELED CV CATH	010	79	79	0	0%	2.28	2.39	0.11	5%	-2		1.0							0.5			
36590	REMOVAL TUNNELED CV CATH	010	105	107	2	2%	3.1	3.43	0.33	11%	0			1.0						0.5			
36818	AV FUSE UPPR ARM CEPHALIC	090	248	257	9	4%	12.39	13.05	0.66	5%	0			1.0	1.0					0.5			
36819	AV FUSE UPPR ARM BASILIC	090	283	292	9	3%	13.29	13.95	0.66	5%	0			1.0	1.0					0.5			
36820	AV FUSION/FOREARM VEIN	090	258	267	9	3%	13.07	13.73	0.66	5%	0			1.0	1.0					0.5			
36821	AV FUSION DIRECT AV SITE	090	233	242	9	4%	11.9	12.56	0.66	6%	0			1.0	1.0					0.5			
36823	INSERTION OF CANNULA(S)	090	606	618	12	2%	22.98	25.34	2.36	10%	0			2.0	2.0		1.0	2.0	1.0	1.0			
36825	ARTERY-VEIN AUTOGRAFT	090	306	322	16	5%	14.17	15.16	0.99	7%	0			1.0	2.0					0.5			
36830	ARTERY-VEIN NONAUTOGRAFT	090	248	257	9	4%	12.03	12.69	0.66	5%	0			1.0	1.0					0.5			
36831	OPEN THROMBECT AV FISTULA	090	248	257	9	4%	11	11.66	0.66	6%	0			1.0	1.0					0.5			
36832	AV FISTULA REVISION OPEN	090	276	292	16	6%	13.5	14.49	0.99	7%	0			1.0	2.0					0.5			
36833	AV FISTULA REVISION	090	306	322	16	5%	14.5	15.49	0.99	7%	0			1.0	2.0					0.5			
36835	INSERTION THOMAS SHUNT	090	242	257	15	6%	7.51	8.76	1.25	17%	0			2.5			2.0			1.0			
36838	DIST REVAS LIGATION HEMO	090	424	439	15	4%	21.69	23.01	1.32	6%	0				2.0		1.0	1.0		1.0			
37140	REVISION OF CIRCULATION	090	845	866	21	2%	40	42.93	2.93	7%	0				3.0		3.0	3.0	1.0	1.0		2.0	
37145	REVISION OF CIRCULATION	090	798	823	25	3%	37	39.73	2.73	7%	0				3.0		3.0	2.0	1.0	1.0		2.0	
37160	REVISION OF CIRCULATION	090	785	810	25	3%	38	40.73	2.73	7%	0				3.0		3.0	2.0	1.0	1.0		2.0	
37180	REVISION OF CIRCULATION	090	805	830	25	3%	36.5	39.23	2.73	7%	0				3.0		3.0	2.0	1.0	1.0		2.0	
37181	SPLICE SPLEEN/KIDNEY VEINS	090	785	801	16	2%	40	42.69	2.69	7%	0				3.0		2.0	3.0	1.0	1.0		1.0	
37215	TRANSCATH STENT CCA W/EPS	090	337	347	10	3%	17.75	18.83	1.08	6%	0				2.0			1.0		1.0			
37216	TRANSCATH STENT CCA W/O EPS	090	341	351	10	3%	17.98	19.06	1.08	6%	0				2.0			1.0		1.0			
37217	STENT PLACEMT RETRO CAROTID	090	403	410	7	2%	20.38	21.86	1.48	7%	0					2.0			1.0	1.0			
37218	STENT PLACEMT ANTE CAROTID	090	255	274	19	7%	14.75	15.87	1.12	8%	0				2.0		1.0			1.0			
37500	ENDOSCOPY LIGATE PERF VEINS	090	261	277	16	6%	11.67	12.66	0.99	8%	0			1.0	2.0					0.5			
37565	LIGATION INT JUGULAR VEIN	090	312	314	2	1%	12.05	13.42	1.37	11%	0			1.0	1.0			1.0	1.0	1.0			
37600	LIGATION XTRNL CAROTID ART	090	322	324	2	1%	12.42	13.79	1.37	11%	0			1.0	1.0			1.0	1.0	1.0			
37605	LIGATION INT/COM CAROTID ART	090	342	344	2	1%	14.28	15.65	1.37	10%	0			1.0	1.0			1.0	1.0	1.0			
37606	LIG INT/COM CAROTID ART OCCL	090	606	637	31	5%	8.81	10.89	2.08	24%	0			3.0			5.0			1.0		3.5	
37607	LIG/BANDING ANGIOACS AV FSTL	090	242	246	4	2%	6.25	6.69	0.44	7%	0			2.0									
37609	LIGATION/BX TEMPORAL ARTERY	010	130	132	2	2%	3.05	3.38	0.33	11%	0			1.0						0.5			
37615	LIGATION MAJOR ARTERY NECK	090	489	511.5	22.5	5%	7.8	9.41	1.61	21%	0			2.5			3.5			1.0		3.0	
37616	LIGATION MAJOR ARTERY CHEST	090	656	696	40	6%	18.97	21.42	2.45	13%	0			2.5			7.0			1.0		3.0	
37617	LIGATION MAJOR ARTERY ABD	090	475	483	8	2%	23.79	25.84	2.05	9%	0			1.0	1.0		2.0	2.0	1.0	1.0			
37618	LIGATION MAJOR ARTERY XTR	090	359	376.5	17.5	5%	6.03	7.40	1.37	23%	0			2.5			2.5			1.0		1.5	
37619	LIGATION OF INF VENA CAVA	090	683	698	15	2%	30	32.38	2.38	8%	0			1.0	2.0		2.0	2.0	1.0	1.0		2.0	
37650	LIGATION OF FEMORAL VEIN	090	262	267	5	2%	8.49	9.46	0.97	11%	0			1.0	1.0			1.0		1.0			
37660	LIGATION COMMON ILIAC VEIN	090	397	404	7	2%	22.28	23.89	1.61	7%	0			1.0	1.0		1.0	1.0	1.0	1.0			
37700	LIGATION&DIV LONG SAPH VEIN	090	152	156	4	3%	3.82	4.37	0.55	14%	0			2.0						0.5			
37718	LIG DIV&STRPG SHORT SAPH VN	090	178	187	9	5%	7.13	7.79	0.66	9%	0			1.0	1.0					0.5			
37722	LIG DIV&STRPG LONG SAPH VEIN	090	198	207	9	5%	8.16	8.82	0.66	8%	0			1.0	1.0					0.5			
37735	LIG&DIV&COMPL STRPG SAPH VN	090	365	381	16	4%	10.9	12.26	1.36	12%	0			3.0			2.0			1.0			
37760	LIG PRFRATR VN RADICAL 1 LEG	090	335	348.5	13.5	4%	10.78	12.02	1.24	12%	0			3.0			1.5			1.0			
37761	LIGATE LEG VEINS OPEN	090	224	240	16	7%	9.13	10.12	0.99	11%	0			1.0	2.0					0.5			
37765	STAB PHLEB VEINS XTR 10-20	010	117	124	7	6%	4.8	5.13	0.33	7%	0				1.0								
37766	PHLEB VEINS - EXTREM 20+	010	133	140	7	5%	6	6.33	0.33	5%	0				1.0								
37780	REVISION OF LEG VEIN	090	179	183	4	2%	3.93	4.59	0.66	17%	0			2.0						1.0			
37785	LIGATE/DIVIDE/EXCISE VEIN	090	177	181	4	2%	3.93	4.48	0.55	14%	0			2.0						0.5			
37788	REVASCULARIZATION PENIS	090	627	624	-3	0%	23.33	25.23	1.90	8%	0			4.0				2.0	1.0	1.0			
37790	PENILE VENOUS OCCLUSION	090	257	261	4	2%	8.43	8.87	0.44	5%	0			2.0									
38100	REMOVAL OF SPLEEN TOTAL	090	442	459	17	4%	19.55	21.64	2.09	11%	0			1.0	1.0		3.0	1.0	1.0	1.0			
38101	REMOVAL OF SPLEEN PARTIAL	090	442	459	17	4%	19.55	21.64	2.09	11%	0			1.0	1.0		3.0	1.0	1.0	1.0			
38115	REPAIR OF RUPTURED SPLEEN	090	492	505	13	3%	21.88	24.17	2.29	10%	0			1.0	1.0		3.0	2.0	1.0	1.0			
38120	LAPAROSCOPY SPLENECTOMY	090	434	468	34	8%	17.07	18.91	1.84	11%	0				2.0		4.0			1.0			
38300	DRAINAGE LYMPH NODE LESION	010	134	143	9	7%	2.36	2.91	0.55	23%	0			1.0	1.0								
38305	DRAINAGE LYMPH NODE LESION	090	186	202	16	9%	6.68	7.67	0.99	15%	0			1.0	2.0					0.5			
38308	INCISION OF LYMPH CHANNELS	090	178	187	9	5%	6.81	7.47	0.66	10%	0			1.0	1.0					0.5			
38380	THORACIC DUCT PROCEDURE	090	350	370.5	20.5	6%	8.46	10.16	1.70	20%	0			4.0			2.5			1.0		1.0	
38381	THORACIC DUCT PROCEDURE	090	348	369.5	21.5	6%	13.38	14.88	1.50	11%	0			2.0			3.5			1.0			
38382	THORACIC DUCT PROCEDURE	090	335	359	24	7%	10.65	12.58	1.93	18%	0			4.5			3.0			1.0			
38500	BIOPSY/REMOVAL LYMPH NODES	010	115	117	2	2%	3.79	4.12	0.33	9%	0			1.0						0.5			
38510	BIOPSY/REMOVAL LYMPH NODES	010	152	159	7	5%	6.74	7.18	0.44	7%	0				1.0					0.5			
38520	BIOPSY/REMOVAL LYMPH NODES	090	193	202	9	5%	7.03	7.69	0.66	9%	0			1.0	1.0					0.5			
38525	BIOPSY/REMOVAL LYMPH NODES	090	178	187	9	5%	6.43	7.09	0.66	10%	0			1.0	1.0					0.5			

38530	BIOPSY/REMOVAL LYMPH NODES	090	205.5	214.5	9	4%	8.34	9.00	0.66	8%	0			1.0	1.0						0.5				
38531	OPEN BX/EXC INGUINOFEM NOD	090	223	237	14	6%	6.74	7.51	0.77	11%	0				2.0						0.5				
38542	EXPLORE DEEP NODE(S) NECK	090	198	212	14	7%	7.95	8.72	0.77	10%	0				2.0						0.5				
38550	REMOVAL NECK/ARMPIT LESION	090	211	219	8	4%	7.11	8.10	0.99	14%	0			4.0							0.5				
38555	REMOVAL NECK/ARMPIT LESION	090	536	564.5	28.5	5%	15.59	17.86	2.27	15%	0			5.5				3.5			1.0		1.5		
38562	REMOVAL PELVIC LYMPH NODES	090	326	350	24	7%	11.06	12.99	1.93	17%	0			4.5				3.0			1.0				
38564	REMOVAL ABDOMEN LYMPH NO	090	349	372.5	23.5	7%	11.38	13.10	1.72	15%	0			3.0				3.5			1.0				
38570	LAPAROSCOPY LYMPH NODE BIO	010	220	229	9	4%	8.49	9.26	0.77	9%	0			1.0	1.0						1.0				
38571	LAPAROSCOPY LYMPHADENECTO	010	250	259	9	4%	12	12.77	0.77	6%	0			1.0	1.0						1.0				
38572	LAPAROSCOPY LYMPHADENECTO	010	321	337	16	5%	15.6	16.57	0.97	6%	-2				1.0	1.0					1.0				
38573	LAPS PELVIC LYMPHADEC	010	360	376	16	4%	20	20.86	0.86	4%	-2				1.0	1.0	1.0				0.5				
38700	REMOVAL OF LYMPH NODES NEC	090	300	321	21	7%	12.81	14.15	1.34	10%	0			1.0	2.0				1.0		1.0				
38720	REMOVAL OF LYMPH NODES NEC	090	482	518	36	7%	21.95	24.26	2.31	11%	-2				3.0	1.0			2.0	1.0	1.0				
38724	REMOVAL OF LYMPH NODES NEC	090	512	548	36	7%	23.95	26.26	2.31	10%	-2				3.0	1.0			2.0	1.0	1.0				
38740	REMOVE ARMPIT LYMPH NODES	090	231	247	16	7%	10.7	11.69	0.99	9%	0			1.0	2.0						0.5				
38745	REMOVE ARMPIT LYMPH NODES	090	270.5	288.5	18	7%	13.87	14.95	1.08	8%	-2			1.0	1.0	1.0					0.5				
38760	REMOVE GROIN LYMPH NODES	090	241	257	16	7%	13.62	14.61	0.99	7%	0			1.0	2.0						0.5				
38765	REMOVE GROIN LYMPH NODES	090	465	475	10	2%	21.91	24.05	2.14	10%	0			1.0	2.0				1.0	2.0	1.0	1.0			
38770	REMOVE PELVIS LYMPH NODES	090	403	438	35	9%	14.06	16.27	2.21	16%	0			2.5					6.0		1.0				
38780	REMOVE ABDOMEN LYMPH NOD	090	551	597.5	46.5	8%	17.7	20.71	3.01	17%	0			4.5					7.5		1.0				
38794	ACCESS THORACIC LYMPH DUCT	090	207	214	7	3%	4.62	5.61	0.99	21%	0			3.5							1.0				
39000	EXPLORATION OF CHEST	090	381.5	412	30.5	8%	7.57	9.25	1.68	22%	0				1.5				4.0		1.0		1.0		
39010	EXPLORATION OF CHEST	090	423.5	451.5	28	7%	13.19	14.75	1.56	12%	0				1.5				3.5		1.0		1.0		
39200	RESECT MEDIASTINAL CYST	090	459	493.5	34.5	8%	15.09	16.96	1.87	12%	0				1.0				5.5		1.0		1.0		
39220	RESECT MEDIASTINAL TUMOR	090	436	442	6	1%	19.55	20.96	1.41	7%	0			1.0	1.0				1.0	2.0	1.0				
39401	MEDIASTINOSCPY W/MEDSTNL B	000	142	142	0	0%	5.44	5.55	0.11	2%	0										0.5				
39402	MEDIASTINOSCPY W/LMPH NOD	000	157	157	0	0%	7.25	7.36	0.11	2%	0										0.5				
39501	REPAIR DIAPHRAGM LACERATION	090	378	411.5	33.5	9%	13.98	16.18	2.20	16%	0			3.0					5.5		1.0				
39503	REPAIR OF DIAPHRAGM HERNIA	090	2138	2139	1	0%	108.91	113.68	4.77	4%	-2			2.0	2.0	1.0				5.0	5.0	1.0	1.0	14.0	6.0
39540	REPAIR OF DIAPHRAGM HERNIA	090	490	521.5	31.5	6%	14.57	16.55	1.98	14%	0			2.0					5.5		1.0		1.0		
39541	REPAIR OF DIAPHRAGM HERNIA	090	522	557	35	7%	15.75	17.96	2.21	14%	0			2.5					6.0		1.0		1.0		
39545	REVISION OF DIAPHRAGM	090	466	499.5	33.5	7%	14.67	16.87	2.20	15%	0			3.0					5.5		1.0		1.0		
39560	RESECT DIAPHRAGM SIMPLE	090	323	350	27	8%	13.06	15.12	2.06	16%	0			3.0					5.0	1.0					
39561	RESECT DIAPHRAGM COMPLEX	090	505	549	44	9%	19.99	22.85	2.86	14%	-6					3.0			5.0	2.0					
40500	PARTIAL EXCISION OF LIP	090	206	214	8	4%	4.47	5.35	0.88	20%	0			4.0											
40510	PARTIAL EXCISION OF LIP	090	153	158	5	3%	4.82	5.37	0.55	11%	0			2.5											
40520	PARTIAL EXCISION OF LIP	090	151	156	5	3%	4.79	5.34	0.55	11%	0			2.5											
40525	RECONSTRUCT LIP WITH FLAP	090	270	277	7	3%	7.72	8.60	0.88	11%	0			3.5							0.5				
40527	RECONSTRUCT LIP WITH FLAP	090	316	324	8	3%	9.32	10.42	1.10	12%	0			4.0							1.0				
40530	PARTIAL REMOVAL OF LIP	090	191	197	6	3%	5.54	6.31	0.77	14%	0			3.0							0.5				
40650	RPR LIP FTH VERMILION ONLY	090	126	132	6	5%	3.78	4.44	0.66	17%	0			3.0											
40652	RPR LIP FTH	090	154	161	7	5%	4.43	5.20	0.77	17%	0			3.5											
40654	RPR LIP FTH>1HALF VER HT/CPX	090	183	190	7	4%	5.48	6.25	0.77	14%	0			3.5											
40700	REPAIR CLEFT LIP/NASAL	090	337	370	33	10%	14.17	15.95	1.78	13%	0				4.0				1.0		1.0				
40701	REPAIR CLEFT LIP/NASAL	090	380	413	33	9%	17.23	19.01	1.78	10%	0				4.0				1.0		1.0				
40702	REPAIR CLEFT LIP/NASAL	090	348.5	378	29.5	8%	14.27	15.89	1.62	11%	0				3.5				1.0		1.0				
40720	REPAIR CLEFT LIP/NASAL	090	357.5	384.5	27	8%	14.72	16.22	1.50	10%	0				3.5				0.5		1.0				
40761	REPAIR CLEFT LIP/NASAL	090	387	415.5	28.5	7%	15.84	17.41	1.57	10%	0					3.0			1.5		1.0				
40800	DRAINAGE OF MOUTH LESION	010	63	65	2	3%	1.23	1.45	0.22	18%	-2		1.0	1.0											
40801	DRAINAGE OF MOUTH LESION	010	87	91	4	5%	2.63	3.07	0.44	17%	0			2.0											
40804	REMOVAL FOREIGN BODY MOUT	010	78	80	2	3%	1.3	1.52	0.22	17%	-2		1.0	1.0											
40805	REMOVAL FOREIGN BODY MOUT	010	97	101	4	4%	2.79	3.23	0.44	16%	0			2.0											
40808	BIOPSY OF MOUTH LESION	010	46	48	2	4%	1.05	1.27	0.22	21%	0			1.0											
40810	EXCISION OF MOUTH LESION	010	56	58	2	4%	1.36	1.58	0.22	16%	0			1.0											
40812	EXCISE/REPAIR MOUTH LESION	010	68	70	2	3%	2.37	2.59	0.22	9%	-2		1.0	1.0											
40814	EXCISE/REPAIR MOUTH LESION	090	96	100	4	4%	3.52	3.96	0.44	13%	-2		1.0	2.0											
40816	EXCISION OF MOUTH LESION	090	114	118	4	4%	3.77	4.21	0.44	12%	-2		1.0	2.0											
40818	EXCISE ORAL MUCOSA FOR GRAF	090	123	134	11	9%	2.83	3.60	0.77	27%	0			2.0	1.0										
40819	EXCISE LIP OR CHEEK FOLD	090	77	81	4	5%	2.51	2.95	0.44	18%	0			2.0											
40820	TREATMENT OF MOUTH LESION	010	68	70	2	3%	1.34	1.56	0.22	16%	-2		1.0	1.0											
40830	REPAIR MOUTH LACERATION	010	68	70	2	3%	1.82	2.04	0.22	12%	-2		1.0	1.0											
40831	REPAIR MOUTH LACERATION	010	99	103	4	4%	2.57	3.01	0.44	17%	-2		1.0	2.0											
40840	RECONSTRUCTION OF MOUTH	090	272	283	11	4%	9.15	9.92	0.77	8%	-2		1.0	2.0	1.0										
40842	RECONSTRUCTION OF MOUTH	090	250	261	11	4%	9.15	9.92	0.77	8%	-2		1.0	2.0	1.0										
40843	RECONSTRUCTION OF MOUTH	090	370	392	22	6%	12.79	13.81	1.02	8%	-3		1.0		1.0			1.0							
40844	RECONSTRUCTION OF MOUTH	090	417	443	26	6%	16.8	18.26	1.46	9%	-3		1.0	2.0	1.0			1.0							
40845	RECONSTRUCTION OF MOUTH	090	397	423	26	7%	19.36	20.82	1.46	8%	-3		1.0	2.0	1.0			1.0							
41000	DRAINAGE OF MOUTH LESION	010	51	53	2	4%	1.35	1.57	0.22	16%	0			1.0											
41005	DRAINAGE OF MOUTH LESION	010	53	55	2	4%	1.31	1.53	0.22	17%	0			1.0											
41006	DRAINAGE OF MOUTH LESION	090	104	108	4	4%	3.34	3.89	0.55	16%	0			2.0							0.5				
41007	DRAINAGE OF MOUTH LESION	090	106	110	4	4%	3.2	3.75	0.55	17%	0			2.0							0.5				
41008	DRAINAGE OF MOUTH LESION	090	109	113	4	4%	3.46	4.01	0.55	16%	0			2.0							0.5				
41009	DRAINAGE OF MOUTH LESION	090	119	124	5	4%	3.71	4.37	0.66	18%	0			2.5							0.5				

41010	INCISION OF TONGUE FOLD	010	40	42	2	5%	1.11	1.33	0.22	20%	0			1.0										
41015	DRAINAGE OF MOUTH LESION	090	131	136	5	4%	4.08	4.74	0.66	16%	0			2.5							0.5			
41016	DRAINAGE OF MOUTH LESION	090	169	174	5	3%	4.19	4.96	0.77	18%	0			2.5							1.0			
41017	DRAINAGE OF MOUTH LESION	090	176	181	5	3%	4.19	4.96	0.77	18%	0			2.5							1.0			
41018	DRAINAGE OF MOUTH LESION	090	179	184	5	3%	5.22	5.99	0.77	15%	0			2.5							1.0			
41100	BIOPSY OF TONGUE	010	66	68	2	3%	1.42	1.64	0.22	15%	0			1.0										
41105	BIOPSY OF TONGUE	010	51	53	2	4%	1.47	1.69	0.22	15%	0			1.0										
41108	BIOPSY OF FLOOR OF MOUTH	010	42	44	2	5%	1.1	1.32	0.22	20%	0			1.0										
41110	EXCISION OF TONGUE LESION	010	56	58	2	4%	1.56	1.78	0.22	14%	0			1.0										
41112	EXCISION OF TONGUE LESION	090	93	97	4	4%	2.83	3.27	0.44	16%	0			2.0										
41113	EXCISION OF TONGUE LESION	090	104	108	4	4%	3.29	3.73	0.44	13%	0			2.0										
41114	EXCISION OF TONGUE LESION	090	275	289.5	14.5	5%	8.82	10.17	1.35	15%	0			3.5			1.5				1.0			
41115	EXCISION OF TONGUE FOLD	010	48	50	2	4%	1.79	2.01	0.22	12%	0			1.0										
41116	EXCISION OF MOUTH LESION	090	74	77	3	4%	2.52	2.85	0.33	13%	0			1.5										
41120	PARTIAL REMOVAL OF TONGUE	090	278	308	30	11%	11.14	12.66	1.52	14%	-2				3.0	1.0						0.5		
41130	PARTIAL REMOVAL OF TONGUE	090	407	452	45	11%	15.74	18.09	2.35	15%	-2				3.0	1.0			3.0			1.0		
41135	TONGUE AND NECK SURGERY	090	696	734	38	5%	30.14	33.60	3.46	11%	-2			1.0	4.0	1.0		2.0	2.0	1.0	1.0			
41140	REMOVAL OF TONGUE	090	728	769	41	6%	29.15	33.14	3.99	14%	-4			1.0	3.0	2.0		3.0	3.0	1.0	1.0			
41145	TONGUE REMOVAL NECK SURGERY	090	913	964	51	6%	37.93	42.40	4.47	12%	-4			1.0	3.0	2.0		5.0	3.0	1.0	1.0			
41150	TONGUE MOUTH JAW SURGERY	090	713	758	45	6%	29.86	33.65	3.79	13%	-4			1.0	3.0	2.0		3.0	2.0	1.0	1.0			
41153	TONGUE MOUTH NECK SURGERY	090	826	865	39	5%	33.59	37.49	3.90	12%	-2			1.0	4.0	1.0		3.0	3.0	1.0	1.0			
41155	TONGUE JAW & NECK SURGERY	090	968	1011	43	4%	44.3	48.93	4.63	10%	-4			1.0	3.0	2.0		4.0	3.0	2.0	1.0			
41250	REPAIR TONGUE LACERATION	010	69	71	2	3%	1.96	2.18	0.22	11%	0			1.0										
41251	REPAIR TONGUE LACERATION	010	80	82	2	2%	2.32	2.54	0.22	9%	0			1.0										
41252	REPAIR TONGUE LACERATION	010	91	93	2	2%	3.02	3.24	0.22	7%	0			1.0										
41510	TONGUE TO LIP SURGERY	090	97	101	4	4%	3.51	3.95	0.44	13%	0			2.0										
41512	TONGUE SUSPENSION	090	209	220	11	5%	6.86	7.74	0.88	13%	0			2.0	1.0							0.5		
41520	RECONSTRUCTION TONGUE FOLD	090	90	94	4	4%	2.83	3.27	0.44	16%	0			2.0										
41800	DRAINAGE OF GUM LESION	010	59	63	4	7%	1.27	1.71	0.44	35%	0			2.0										
41805	REMOVAL FOREIGN BODY GUM	010	55	59	4	7%	1.34	1.78	0.44	33%	0			2.0										
41806	REMOVAL FOREIGN BODY JAWBONE	010	80	84	4	5%	2.79	3.23	0.44	16%	0			2.0										
41822	EXCISION OF GUM LESION	010	107	111	4	4%	2.41	2.85	0.44	18%	0			2.0										
41823	EXCISION OF GUM LESION	090	138	151	13	9%	3.77	4.76	0.99	26%	0			3.0	1.0									
41825	EXCISION OF GUM LESION	010	57	61	4	7%	1.41	1.85	0.44	31%	0			2.0										
41826	EXCISION OF GUM LESION	010	73	77	4	5%	2.41	2.85	0.44	18%	0			2.0										
41827	EXCISION OF GUM LESION	090	141	152	11	8%	3.83	4.60	0.77	20%	0			2.0	1.0									
41828	EXCISION OF GUM LESION	010	129	131	2	2%	3.14	3.36	0.22	7%	0			1.0										
41830	REMOVAL OF GUM TISSUE	010	154	158	4	3%	3.45	3.89	0.44	13%	-2		1.0	2.0										
41872	GINGIVOPLASTY EACH QUADRANT	090	122	133	11	9%	3.01	3.78	0.77	26%	0			2.0	1.0									
41874	ALVEOLOPLASTY EACH QUADRANT	090	152	156	4	3%	3.19	3.63	0.44	14%	0			2.0										
42000	DRAINAGE MOUTH ROOF LESION	010	49	51	2	4%	1.28	1.50	0.22	17%	0			1.0										
42100	BIOPSY ROOF OF MOUTH	010	42	44	2	5%	1.36	1.58	0.22	16%	0			1.0										
42104	EXCISION LESION MOUTH ROOF	010	52	54	2	4%	1.69	1.91	0.22	13%	0			1.0										
42106	EXCISION LESION MOUTH ROOF	010	68	70	2	3%	2.15	2.37	0.22	10%	0			1.0										
42107	EXCISION LESION MOUTH ROOF	090	160	165	5	3%	4.56	5.22	0.66	14%	0			2.5								0.5		
42120	REMOVE PALATE/LESION	090	306	329	23	8%	11.86	13.42	1.56	13%	0			2.0	2.0			1.0				1.0		
42140	EXCISION OF UVULA	090	84	87	3	4%	1.7	2.03	0.33	19%	0			1.5										
42145	REPAIR PALATE PHARYNX/UVULA	090	262	283	21	8%	9.78	10.99	1.21	12%	0				3.0							1.0		
42160	TREATMENT MOUTH ROOF LESION	010	54	56	2	4%	1.85	2.07	0.22	12%	0			1.0										
42180	REPAIR LAC PALATE	010	65	67	2	3%	2.55	2.77	0.22	9%	0			1.0										
42182	REPAIR PALATE	010	90	92	2	2%	3.87	4.09	0.22	6%	0			1.0										
42200	RECONSTRUCT CLEFT PALATE	090	330	346	16	5%	12.53	13.76	1.23	10%	-2		1.0	2.0	1.0			1.0				1.0		
42205	RECONSTRUCT CLEFT PALATE	090	288	304	16	6%	13.66	15.02	1.36	10%	0			3.0				2.0				1.0		
42210	RECONSTRUCT CLEFT PALATE	090	390	406	16	4%	15.03	16.26	1.23	8%	-2		1.0	2.0	1.0			1.0				1.0		
42215	RECONSTRUCT CLEFT PALATE	090	265	272	7	3%	8.99	9.98	0.99	11%	0			3.5								1.0		
42220	RECONSTRUCT CLEFT PALATE	090	260	266	6	2%	7.16	8.04	0.88	12%	0			3.0								1.0		
42225	RECONSTRUCT CLEFT PALATE	090	287	296.5	9.5	3%	9.77	10.88	1.11	11%	0			3.5				0.5				1.0		
42226	LENGTHENING OF PALATE	090	316	330.5	14.5	5%	10.35	11.70	1.35	13%	0			3.5				1.5				1.0		
42227	LENGTHENING OF PALATE	090	291	307	16	5%	9.9	11.26	1.36	14%	0			3.0				2.0				1.0		
42235	REPAIR PALATE	090	248	254	6	2%	8.01	8.89	0.88	11%	0			3.0								1.0		
42260	REPAIR NOSE TO LIP FISTULA	090	280	291	11	4%	10.22	11.21	0.99	10%	-2		1.0	2.0	1.0							1.0		
42280	PREPARATION PALATE MOLD	010	53	55	2	4%	1.59	1.81	0.22	14%	0			1.0										
42281	INSERTION PALATE PROSTHESIS	010	83	85	2	2%	1.98	2.31	0.33	17%	0			1.0								0.5		
42300	DRAINAGE OF SALIVARY GLAND	010	66	68	2	3%	1.98	2.20	0.22	11%	0			1.0										
42305	DRAINAGE OF SALIVARY GLAND	090	203	213	10	5%	6.31	7.32	1.01	16%	0			2.5				1.0				1.0		
42310	DRAINAGE OF SALIVARY GLAND	010	57	59	2	4%	1.61	1.83	0.22	14%	0			1.0										
42320	DRAINAGE OF SALIVARY GLAND	010	77	79	2	3%	2.4	2.62	0.22	9%	0			1.0										
42330	REMOVAL OF SALIVARY STONE	010	63	65	2	3%	2.26	2.48	0.22	10%	0			1.0										
42335	REMOVAL OF SALIVARY STONE	090	98	102	4	4%	3.41	3.85	0.44	13%	0			2.0										
42340	REMOVAL OF SALIVARY STONE	090	136	141	5	4%	4.72	5.27	0.55	12%	0			2.5										
42405	BIOPSY OF SALIVARY GLAND	010	95	97	2	2%	3.34	3.56	0.22	7%	0			1.0										
42408	EXCISION OF SALIVARY CYST	090	134	139	5	4%	4.66	5.21	0.55	12%	0			2.5										
42409	DRAINAGE OF SALIVARY CYST	090	87	91	4	5%	2.91	3.35	0.44	15%	0			2.0										

42410	EXCISE PAROTID GLAND/LESION	090	285	294.5	9.5	3%	9.57	10.68	1.11	12%	0			3.5				0.5			1.0			
42415	EXCISE PAROTID GLAND/LESION	090	333	349	16	5%	17.16	18.15	0.99	6%	0			1.0	2.0						0.5			
42420	EXCISE PAROTID GLAND/LESION	090	383	399	16	4%	19.53	20.52	0.99	5%	0			1.0	2.0						0.5			
42425	EXCISE PAROTID GLAND/LESION	090	348	365	17	5%	13.42	14.89	1.47	11%	0			3.5				2.0			1.0			
42426	EXCISE PAROTID GLAND/LESION	090	654	692	38	6%	22.66	25.20	2.54	11%	0			4.0				6.0			1.0		1.0	
42440	EXCISE SUBMAXILLARY GLAND	090	198	207	9	5%	6.14	6.80	0.66	11%	0			1.0	1.0						0.5			
42450	EXCISE SUBLINGUAL GLAND	090	155	160	5	3%	4.74	5.40	0.66	14%	0			2.5							0.5			
42500	REPAIR SALIVARY DUCT	090	148	153	5	3%	4.42	5.08	0.66	15%	0			2.5							0.5			
42505	REPAIR SALIVARY DUCT	090	207	213	6	3%	6.32	7.09	0.77	12%	0			3.0							0.5			
42507	PAROTID DUCT DIVERSION	090	191	197	6	3%	6.25	6.91	0.66	11%	0			3.0										
42509	PAROTID DUCT DIVERSION	090	349	358.5	9.5	3%	11.76	12.87	1.11	9%	0			3.5				0.5			1.0			
42510	PAROTID DUCT DIVERSION	090	270	278.5	8.5	3%	8.35	9.35	1.00	12%	0			3.0				0.5			1.0			
42600	CLOSURE OF SALIVARY FISTULA	090	163	168	5	3%	4.94	5.60	0.66	13%	0			2.5							0.5			
42665	LIGATION OF SALIVARY DUCT	090	92	96	4	4%	2.63	3.07	0.44	17%	0			2.0										
42700	DRAINAGE OF TONSIL ABSCESS	010	53	55	2	4%	1.67	1.89	0.22	13%	0			1.0										
42720	DRAINAGE OF THROAT ABSCESS	010	278	280	2	1%	6.31	7.41	1.10	17%	0							2.0	2.0		1.0			
42725	DRAINAGE OF THROAT ABSCESS	090	390	413	23	6%	12.41	14.63	2.22	18%	0			1.0	2.0			3.0	2.0		1.0			
42800	BIOPSY OF THROAT	010	45	47	2	4%	1.44	1.66	0.22	15%	0			1.0										
42804	BIOPSY OF UPPER NOSE/THROAT	010	49	51	2	4%	1.29	1.51	0.22	17%	0			1.0										
42806	BIOPSY OF UPPER NOSE/THROAT	010	74	76	2	3%	1.63	1.85	0.22	13%	0			1.0										
42808	EXCISE PHARYNX LESION	010	87	89	2	2%	2.35	2.57	0.22	9%	0			1.0										
42809	REMOVE PHARYNX FOREIGN BODY	010	72	74	2	3%	1.86	2.08	0.22	12%	0			1.0										
42810	EXCISION OF NECK CYST	090	126	131	5	4%	3.38	3.93	0.55	16%	0			2.5										
42815	EXCISION OF NECK CYST	090	240	250	10	4%	7.31	8.32	1.01	14%	0			2.5				1.0			1.0			
42820	REMOVE TONSILS AND ADENOIDS	090	151	158	7	5%	4.22	4.77	0.55	13%	0				1.0						1.0			
42821	REMOVE TONSILS AND ADENOIDS	090	141	144	3	2%	4.36	4.80	0.44	10%	0			1.5							0.5			
42825	REMOVAL OF TONSILS	090	130	134	4	3%	3.51	4.06	0.55	16%	0			2.0							0.5			
42826	REMOVAL OF TONSILS	090	124	127	3	2%	3.45	3.89	0.44	13%	0			1.5							0.5			
42830	REMOVAL OF ADENOIDS	090	103	106	3	3%	2.65	2.98	0.33	12%	0			1.5										
42831	REMOVAL OF ADENOIDS	090	93	97	4	4%	2.81	3.25	0.44	16%	0			2.0										
42835	REMOVAL OF ADENOIDS	090	81	84	3	4%	2.38	2.71	0.33	14%	0			1.5										
42836	REMOVAL OF ADENOIDS	090	84	87	3	4%	3.26	3.59	0.33	10%	0			1.5										
42842	EXTENSIVE SURGERY OF THROAT	090	330	360	30	9%	12.23	13.99	1.76	14%	-2			1.0	2.0	1.0		1.0			1.0			
42844	EXTENSIVE SURGERY OF THROAT	090	445	476	31	7%	17.78	19.98	2.20	12%	-2			1.0	2.0	1.0		2.0	1.0		1.0			
42845	EXTENSIVE SURGERY OF THROAT	090	825	852	27	3%	32.56	36.44	3.88	12%	-2			1.0	2.0	1.0		4.0	3.0	2.0	1.0			
42860	EXCISION OF TONSIL TAGS	090	76	79	3	4%	2.3	2.63	0.33	14%	0			1.5										
42870	EXCISION OF LINGUAL TONSIL	090	167	172	5	3%	5.52	6.18	0.66	12%	0			2.5							0.5			
42890	LIMITED PHARYNGECTOMY	090	510	542	32	6%	19.13	21.77	2.64	14%	-2			1.0	2.0	1.0		3.0	2.0		1.0			
42892	REVISION OF PHARYNGEAL WALL	090	643	679	36	6%	26.03	29.40	3.37	13%	-2			1.0	3.0	1.0		3.0	2.0	1.0	1.0			
42894	REVISION OF PHARYNGEAL WALL	090	836	871	35	4%	33.92	38.02	4.10	12%	-2			1.0	4.0	1.0		3.0	4.0	1.0	1.0			
42900	REPAIR THROAT WOUND	010	163	165	2	1%	5.29	5.73	0.44	8%	0			1.0							1.0			
42950	RECONSTRUCTION OF THROAT	090	293	300	7	2%	8.27	9.26	0.99	12%	0			3.5							1.0			
42953	REPAIR THROAT ESOPHAGUS	090	409	429.5	20.5	5%	9.45	11.15	1.70	18%	0			4.0				2.5			1.0			
42955	SURGICAL OPENING OF THROAT	090	282	308	26	9%	8.01	9.85	1.84	23%	0			3.0				4.0			1.0			
42960	CONTROL THROAT BLEEDING	010	70	72	2	3%	2.38	2.60	0.22	9%	0			1.0										
42961	CONTROL THROAT BLEEDING	090	193	200.5	7.5	4%	5.77	6.66	0.89	15%	0			2.5				0.5			1.0			
42962	CONTROL THROAT BLEEDING	090	234	245	11	5%	7.4	8.52	1.12	15%	0			3.0				1.0			1.0			
42970	CONTROL NOSE/THROAT BLEEDING	090	193	209.5	16.5	9%	5.82	7.08	1.26	22%	0			2.0				2.5			1.0			
42971	CONTROL NOSE/THROAT BLEEDING	090	227	243.5	16.5	7%	6.6	7.86	1.26	19%	0			2.0				2.5			1.0			
42972	CONTROL NOSE/THROAT BLEEDING	090	243	259.5	16.5	7%	7.59	8.85	1.26	17%	0			2.0				2.5			1.0			
43020	INCISION OF ESOPHAGUS	090	221	227	6	3%	8.23	9.11	0.88	11%	0			3.0							1.0			
43030	CRICOPHARYNGEAL MYOTOMY	090	244	256.5	12.5	5%	7.99	9.12	1.13	14%	0			2.5				1.5			1.0			
43045	ESOPHAGOTOMY THRC RMVL FB	090	536.5	588.5	52	10%	21.88	24.58	2.70	12%	0				3.5			5.5			1.0			
43100	EXCISION OF ESOPHAGUS LESION	090	334	353.5	19.5	6%	9.66	11.25	1.59	16%	0			3.5				2.5			1.0			
43101	EXCISION OF ESOPHAGUS LESION	090	459	494	35	8%	17.07	19.28	2.21	13%	0			2.5				6.0			1.0			
43107	REMOVAL OF ESOPHAGUS	090	977	1003	26	3%	52.05	55.48	3.43	7%	-2			1.0	2.0	1.0		2.0	3.0	2.0	1.0	2.0		
43108	REMOVAL OF ESOPHAGUS	090	1358	1358	0	0%	82.87	87.86	4.99	6%	-2			1.0	2.0	1.0		1.0	6.0	5.0	1.0	1.0		
43112	ESPHG TOT W/THRCM	090	1097	1128	31	3%	62	65.67	3.67	6%	-2			1.0	2.0	1.0		3.0	3.0	2.0	1.0	2.0		
43113	REMOVAL OF ESOPHAGUS	090	1358	1358	0	0%	80.06	85.05	4.99	6%	-2			1.0	2.0	1.0		1.0	6.0	5.0	1.0	2.0		
43116	PARTIAL REMOVAL OF ESOPHAGUS	090	1403	1406	3	0%	92.99	97.58	4.59	5%	-2			1.0	2.0	1.0		1.0	6.0	4.0	1.0	1.0		
43117	PARTIAL REMOVAL OF ESOPHAGUS	090	1067	1098	31	3%	57.5	61.17	3.67	6%	-2			1.0	2.0	1.0		3.0	3.0	2.0	1.0	2.0		
43118	PARTIAL REMOVAL OF ESOPHAGUS	090	1184	1188	4	0%	67.07	71.86	4.79	7%	-2			1.0	2.0	1.0		1.0	5.0	5.0	1.0	1.0		
43121	PARTIAL REMOVAL OF ESOPHAGUS	090	962	977	15	2%	51.43	55.42	3.99	8%	-2			1.0	2.0	1.0		1.0	3.0	4.0	1.0	1.0		
43122	PARTIAL REMOVAL OF ESOPHAGUS	090	1015	1054	39	4%	44.18	47.69	3.51	8%	-2			1.0	2.0	1.0		4.0	3.0	1.0	1.0	2.0		
43123	PARTIAL REMOVAL OF ESOPHAGUS	090	1419	1411	-8	-1%	83.12	88.51	5.39	6%	-2			1.0	2.0	1.0		1.0	8.0	5.0	1.0	1.0		
43124	REMOVAL OF ESOPHAGUS	090	1398	1398	0	0%	69.09	75.01	5.92	9%	-2			1.0	3.0	1.0		1.0	7.0	6.0	1.0	3.0		
43130	REMOVAL OF ESOPHAGUS POUCH	090	362	395	33	9%	12.53	14.83	2.30	18%	0			4.0				5.0			1.0			
43135	REMOVAL OF ESOPHAGUS POUCH	090	571	570	-1	0%	26.17	28.18	2.01	8%	0			1.0	1.0			1.0	3.0	1.0	1.0			
43180	ESOPHAGOSCOPY RIGID TRNSO	090	201	208	7	3%	9.03	9.58	0.55	6%	0				1.0						1.0			
43279	LAP MYOTOMY HELLER	090	404	419	15	4%	22.1	23.42	1.32	6%	0				2.0			1.0	1.0		1.0			
43280	LAPAROSCOPY FUNDOPLASTY	090	404	428	24	6%	18.1	19.46	1.36	8%	0				2.0			2.0			1.0			
43281	LAP PARAESOPHAG HERN REPAIR	090	424	439	15	4%	26.6	27.92	1.32	5%	0				2.0			1.0	1.0		1.0			

43284	LAPS ESOPHGL SPHNCTR AGMNT	090	218	232	14	6%	10.13	10.90	0.77	8%	0				2.0					0.5			
43285	RMVL ESOPHGL SPHNCTR DEV	090	233	247	14	6%	10.47	11.24	0.77	7%	0				2.0					0.5			
43286	ESPHG TOT W/LAPS MOBLJ	090	957	983	26	3%	55	58.43	3.43	6%	-2			1.0	2.0	1.0		2.0	3.0	2.0	1.0	1.0	
43287	ESPHG DSTL 2/3 W/LAPS MOBLJ	090	1097	1123	26	2%	63	66.43	3.43	5%	-2			1.0	2.0	1.0		2.0	3.0	2.0	1.0	2.0	
43288	ESPHG THRSC MOBLJ	090	1157	1183	26	2%	66.42	69.85	3.43	5%	-2			1.0	2.0	1.0		2.0	3.0	2.0	1.0	2.0	
43300	REPAIR OF ESOPHAGUS	090	312	320	8	3%	9.33	10.43	1.10	12%	0			4.0						1.0			
43305	REPAIR ESOPHAGUS AND FISTULA	090	403	433.5	30.5	8%	18.1	20.28	2.18	12%	0			4.0				4.5		1.0			
43310	REPAIR OF ESOPHAGUS	090	528	565.5	37.5	7%	26.26	28.59	2.33	9%	0			2.5				6.5		1.0			
43312	REPAIR ESOPHAGUS AND FISTULA	090	563	599	36	6%	29.25	31.26	2.01	7%	0			0.5				7.0		1.0			
43313	ESOPHAGOPLASTY CONGENITAL	090	713	758	45	6%	48.45	51.72	3.27	7%	-2			4.0	1.0			2.0	2.0	1.0	1.0		
43314	TRACHEO-ESOPHAGOPLASTY CON	090	713	758	45	6%	53.43	56.70	3.27	6%	-2			4.0	1.0			2.0	2.0	1.0	1.0		
43320	FUSE ESOPHAGUS & STOMACH	090	740	748	8	1%	23.31	26.29	2.98	13%	0			1.0	2.0			2.0	3.0	2.0	1.0	1.0	
43325	REVISE ESOPHAGUS & STOMACH	090	600	612	12	2%	22.6	25.38	2.78	12%	0			1.0	2.0			2.0	2.0	2.0	1.0		
43327	ESOPH FUNDOPLASTY LAP	090	412	424	12	3%	13.35	15.07	1.72	13%	0			2.0				1.0	1.0	1.0	1.0		
43328	ESOPH FUNDOPLASTY THOR	090	514	523	9	2%	19.91	22.03	2.12	11%	0			2.0				1.0	1.0	2.0	1.0		
43330	ESOPHAGOMYOTOMY ABDOMIN	090	550	557	7	1%	22.19	24.73	2.54	11%	0			1.0	2.0			1.0	2.0	2.0	1.0		
43331	ESOPHAGOMYOTOMY THORACIC	090	620	627	7	1%	23.06	25.60	2.54	11%	0			1.0	2.0			1.0	2.0	2.0	1.0	1.0	
43332	TRANSAB ESOPH HIAT HERN RPR	090	482	490	8	2%	19.62	21.54	1.92	10%	0			2.0				1.0	2.0	1.0	1.0		
43333	TRANSAB ESOPH HIAT HERN RPR	090	512	520	8	2%	21.46	23.38	1.92	9%	0			2.0				1.0	2.0	1.0	1.0		
43334	TRANSTHOR DIAPHRAG HERN RPR	090	549	562	13	2%	22.12	24.28	2.16	10%	0			2.0				2.0	2.0	1.0	1.0		
43335	TRANSTHOR DIAPHRAG HERN RPR	090	569	582	13	2%	23.97	26.13	2.16	9%	0			2.0				2.0	2.0	1.0	1.0		
43336	THORABD DIAPHR HERN REPAIR	090	695	710	15	2%	25.81	28.19	2.38	9%	0			1.0	2.0			2.0	2.0	1.0	1.0	1.0	
43337	THORABD DIAPHR HERN REPAIR	090	715	730	15	2%	27.65	30.03	2.38	9%	0			1.0	2.0			2.0	2.0	1.0	1.0	1.0	
43340	FUSE ESOPHAGUS & INTESTINE	090	770	778	8	1%	22.99	25.97	2.98	13%	0			1.0	2.0			2.0	3.0	2.0	1.0	1.0	
43341	FUSE ESOPHAGUS & INTESTINE	090	770	778	8	1%	24.23	27.21	2.98	12%	0			1.0	2.0			2.0	3.0	2.0	1.0	1.0	
43351	SURGICAL OPENING ESOPHAGUS	090	778	793	15	2%	22.05	25.36	3.31	15%	0			1.0	3.0			2.0	3.0	2.0	1.0	1.0	
43352	SURGICAL OPENING ESOPHAGUS	090	570	582	12	2%	17.81	20.59	2.78	16%	0			1.0	2.0			2.0	2.0	2.0	1.0		
43360	GASTROINTESTINAL REPAIR	090	830	852	22	3%	40.11	43.75	3.64	9%	-2			1.0	2.0	1.0		3.0	3.0	2.0	1.0		
43361	GASTROINTESTINAL REPAIR	090	1108	1120	12	1%	45.68	49.39	3.71	8%	0			1.0	3.0			2.0	3.0	3.0	1.0	3.0	
43400	LIGATE ESOPHAGUS VEINS	090	835	843	8	1%	25.6	28.58	2.98	12%	0			1.0	2.0			2.0	3.0	2.0	1.0	3.0	
43405	LIGATE/STAPLE ESOPHAGUS	090	873	888	15	2%	24.73	28.04	3.31	13%	0			1.0	3.0			2.0	3.0	2.0	1.0	3.0	
43410	REPAIR ESOPHAGUS WOUND	090	590	597	7	1%	16.41	18.95	2.54	15%	0			1.0	2.0			1.0	2.0	2.0	1.0	1.0	
43415	REPAIR ESOPHAGUS WOUND	090	842	863	21	2%	44.88	47.53	2.65	6%	-4			1.0	1.0	2.0		1.0	2.0	1.0	1.0	3.0	
43420	REPAIR ESOPHAGUS OPENING	090	520	527	7	1%	16.78	19.32	2.54	15%	0			1.0	2.0			1.0	2.0	2.0	1.0		
43425	REPAIR ESOPHAGUS OPENING	090	845	858	13	2%	25.04	28.26	3.22	13%	0			1.0	2.0			3.0	3.0	2.0	1.0	2.0	
43496	FREE JEJUNUM FLAP MICROVASC	090	902	979	77	9%	0	4.14	4.14	#DIV/0!	0			2.0	4.0			9.0			1.0		
43497	TRANSORL LWR ESOPHGL MYOTC	090	281	295	14	5%	13.29	14.06	0.77	6%	0			2.0							0.5		
43500	SURGICAL OPENING OF STOMACH	090	402	410	8	2%	12.79	14.84	2.05	16%	0			1.0	1.0			2.0	2.0	1.0	1.0		
43501	SURGICAL REPAIR OF STOMACH	090	555	570	15	3%	22.6	24.98	2.38	11%	0			1.0	2.0			2.0	2.0	1.0	1.0	1.0	
43502	SURGICAL REPAIR OF STOMACH	090	555	570	15	3%	25.69	28.07	2.38	9%	0			1.0	2.0			2.0	2.0	1.0	1.0	1.0	
43510	SURGICAL OPENING OF STOMACH	090	485	500	15	3%	15.14	17.52	2.38	16%	0			1.0	2.0			2.0	2.0	1.0	1.0		
43520	INCISION OF PYLORIC MUSCLE	090	342	349	7	2%	11.29	12.90	1.61	14%	0			1.0	1.0			1.0	1.0	1.0	1.0		
43605	BIOPSY OF STOMACH	090	402	410	8	2%	13.72	15.77	2.05	15%	0			1.0	1.0			2.0	2.0	1.0	1.0		
43610	EXCISION OF STOMACH LESION	090	432	440	8	2%	16.34	18.39	2.05	13%	0			1.0	1.0			2.0	2.0	1.0	1.0		
43611	EXCISION OF STOMACH LESION	090	520	532	12	2%	20.38	23.16	2.78	14%	0			1.0	2.0			2.0	2.0	2.0	1.0		
43620	REMOVAL OF STOMACH	090	695	711	16	2%	34.04	36.86	2.82	8%	0			1.0	2.0			3.0	3.0	1.0	1.0	1.0	
43621	REMOVAL OF STOMACH	090	790	803	13	2%	39.53	42.75	3.22	8%	0			1.0	2.0			3.0	3.0	2.0	1.0	1.0	
43622	REMOVAL OF STOMACH	090	790	803	13	2%	40.03	43.25	3.22	8%	0			1.0	2.0			3.0	3.0	2.0	1.0	1.0	
43631	REMOVAL OF STOMACH PARTIAL	090	535	568	33	6%	24.51	27.21	2.70	11%	0			1.0	2.0			5.0	2.0		1.0		
43632	REMOVAL OF STOMACH PARTIAL	090	725	743	18	2%	35.14	38.60	3.46	10%	0			1.0	2.0			4.0	3.0	2.0	1.0		
43633	REMOVAL OF STOMACH PARTIAL	090	740	758	18	2%	33.14	36.60	3.46	10%	0			1.0	2.0			4.0	3.0	2.0	1.0		
43634	REMOVAL OF STOMACH PARTIAL	090	740	758	18	2%	36.64	40.10	3.46	9%	0			1.0	2.0			4.0	3.0	2.0	1.0		
43640	VAGOTOMY & PYLORUS REPAIR	090	540	552	12	2%	19.56	22.34	2.78	14%	0			1.0	2.0			2.0	2.0	2.0	1.0		
43641	VAGOTOMY & PYLORUS REPAIR	090	570	582	12	2%	19.81	22.59	2.78	14%	0			1.0	2.0			2.0	2.0	2.0	1.0		
43644	LAP GASTRIC BYPASS/ROUX-EN-Y	090	502	517	15	3%	29.4	31.23	1.83	6%	-2			1.0	1.0	1.0		1.0	2.0		1.0		
43645	LAP GASTR BYPASS INCL SMLL I	090	537	552	15	3%	31.53	33.36	1.83	6%	-2			1.0	1.0	1.0		1.0	2.0		1.0		
43653	LAPAROSCOPY GASTROSTOMY	090	264	283	19	7%	8.48	9.60	1.12	13%	0				2.0			1.0			1.0		
43770	LAP PLACE GASTR ADJ DEVICE	090	367	384	17	5%	18	19.41	1.41	8%	0				3.0				1.0		1.0		
43771	LAP REVISE GASTR ADJ DEVICE	090	377	394	17	5%	20.79	22.20	1.41	7%	0				3.0				1.0		1.0		
43772	LAP RMVL GASTR ADJ DEVICE	090	317	322	5	2%	15.7	16.67	0.97	6%	0			1.0	1.0				1.0		1.0		
43773	LAP REPLACE GASTR ADJ DEVICE	090	377	394	17	5%	20.79	22.20	1.41	7%	0				3.0				1.0		1.0		
43774	LAP RMVL GASTR ADJ ALL PARTS	090	304	323	19	6%	15.76	16.88	1.12	7%	0				2.0			1.0			1.0		
43775	LAP SLEEVE GASTRECTOMY	090	412	431	19	5%	20.38	22.01	1.63	8%	-2			1.0	1.0	1.0		1.0	1.0		1.0		
43800	PYLOROPLASTY	090	432	440	8	2%	15.43	17.48	2.05	13%	0			1.0	1.0			2.0	2.0	1.0	1.0		
43810	GASTRODUODENOSTOMY	090	502	507	5	1%	16.88	19.33	2.45	15%	0			1.0	1.0			2.0	2.0	2.0	1.0		
43820	GASTROJEJUNOSTOMY WO VAGO	090	545	561	16	3%	22.53	25.35	2.82	13%	0			1.0	2.0			3.0	3.0	1.0	1.0		
43825	GASTROJEJUNOSTOMY W/VAGO	090	540	552	12	2%	21.76	24.54	2.78	13%	0			1.0	2.0			2.0	2.0	2.0	1.0		
43830	GSTRST OPEN WO CONSTJ TUBE	090	319	344	25	8%	10.85	12.65	1.80	17%	0				2.0			3.0	1.0		1.0		
43831	GASTROSTOMY OPEN NEONATAL	090	293	320	27	9%	8.49	10.44	1.95	23%	0			3.5				4.0			1.0		
43832	GSTRST OPEN W/CONSTJ TUBE	090	417	425	8	2%	17.34	19.39	2.05	12%	0			1.0	1.0								

43845	GASTROPLASTY DUODENAL SWIT	090	628	648	20	3%	33.3	35.37	2.07	6%	0			1.0	3.0			1.0	2.0		1.0		1.0	
43846	GASTRIC BYPASS FOR OBESITY	090	693	712	19	3%	27.41	30.52	3.11	11%	0			1.0	3.0			2.0	2.0	2.0	1.0		1.0	
43847	GASTRIC BYPASS INCL SMALL I	090	733	752	19	3%	30.28	33.39	3.11	10%	0			1.0	3.0			2.0	2.0	2.0	1.0		1.0	
43848	REVISION GASTROPLASTY	090	708	727	19	3%	32.75	35.86	3.11	9%	0			1.0	3.0			2.0	2.0	2.0	1.0		1.0	
43860	REVISE STOMACH-BOWEL FUSION	090	675	702	27	4%	27.89	31.39	3.50	13%	0			1.0	2.0			5.0	2.0	2.0	1.0			
43865	REVISE STOMACH-BOWEL FUSION	090	615	627	12	2%	29.05	31.83	2.78	10%	0			1.0	2.0			2.0	2.0	2.0	1.0			
43870	REPAIR STOMACH OPENING	090	402	410	8	2%	11.44	13.49	2.05	18%	0			1.0	1.0			2.0	2.0	2.0	1.0	1.0		
43880	REPAIR STOMACH-BOWEL FISTUL	090	540	552	12	2%	27.18	29.96	2.78	10%	0			1.0	2.0			2.0	2.0	2.0	1.0	1.0		
43886	REVISE GASTRIC PORT OPEN	090	155	169	14	9%	4.64	5.41	0.77	17%	0				2.0							0.5		
43887	REMOVE GASTRIC PORT OPEN	090	148	157	9	6%	4.32	4.98	0.66	15%	0			1.0	1.0							0.5		
43888	CHANGE GASTRIC PORT OPEN	090	180	194	14	8%	6.44	7.21	0.77	12%	0				2.0							0.5		
44005	FREING OF BOWEL ADHESION	090	517	522	5	1%	18.46	20.91	2.45	13%	0			1.0	1.0			2.0	2.0	2.0	1.0	1.0		
44010	INCISION OF SMALL BOWEL	090	432	440	8	2%	14.26	16.31	2.05	14%	0			1.0	1.0			2.0	2.0	1.0	1.0	1.0		
44020	EXPLORE SMALL INTESTINE	090	487	492	5	1%	16.22	18.67	2.45	15%	0			1.0	1.0			2.0	2.0	2.0	1.0	1.0		
44021	DECOMPRESS SMALL BOWEL	090	487	492	5	1%	16.31	18.76	2.45	15%	0			1.0	1.0			2.0	2.0	2.0	1.0	1.0		
44025	INCISION OF LARGE BOWEL	090	487	492	5	1%	16.51	18.96	2.45	15%	0			1.0	1.0			2.0	2.0	2.0	1.0	1.0		
44050	REDUCE BOWEL OBSTRUCTION	090	409.5	430.5	21	5%	15.52	17.65	2.13	14%	0			1.0	1.0			4.0	2.0			1.0		
44055	CORRECT MALROTATION OF BOW	090	663	659	-4	-1%	25.63	28.15	2.52	10%	0				2.0			1.0	5.0	1.0	1.0		1.0	1.0
44110	EXCISE INTESTINE LESION(S)	090	487	492	5	1%	14.04	16.49	2.45	17%	0			1.0	1.0			2.0	2.0	2.0	1.0	1.0		
44111	EXCISION OF BOWEL LESION(S)	090	517	522	5	1%	16.52	18.97	2.45	15%	0			1.0	1.0			2.0	2.0	2.0	1.0	1.0		
44120	REMOVAL OF SMALL INTESTINE	090	611	622	11	2%	20.82	23.95	3.13	15%	0			1.0	1.0			4.0	3.0	2.0	1.0	1.0		
44125	REMOVAL OF SMALL INTESTINE	090	524	534	10	2%	20.03	22.59	2.56	13%	0				2.0			2.0	2.0	2.0	1.0	1.0		
44126	ENTERECTOMY W/O TAPER CONG	090	1125	1167	42	4%	42.23	48.55	6.32	15%	-2			1.0	2.0	1.0		10.0	6.0	3.0	1.0		2.0	
44127	ENTERECTOMY W/TAPER CONG	090	1357	1416	59	4%	49.3	56.97	7.67	16%	-2			1.0	2.0	1.0		13.0	7.0	4.0		1.0	2.0	1.0
44130	BOWEL TO BOWEL FUSION	090	516	550	34	7%	22.11	25.01	2.90	13%	0			1.0	2.0			5.0	1.0	1.0	1.0			
44140	PARTIAL REMOVAL OF COLON	090	480	517	37	8%	22.59	25.09	2.50	11%	0			1.0	2.0			5.0	1.0			1.0		
44141	PARTIAL REMOVAL OF COLON	090	672	696	24	4%	29.91	33.26	3.35	11%	-2			1.0	1.0	1.0		4.0	2.0	2.0	1.0	1.0		
44143	PARTIAL REMOVAL OF COLON	090	607	626	19	3%	27.79	30.90	3.11	11%	-2			1.0	1.0	1.0		3.0	2.0	2.0	1.0	1.0		
44144	PARTIAL REMOVAL OF COLON	090	677	701	24	4%	29.91	33.26	3.35	11%	-2			1.0	1.0	1.0		4.0	2.0	2.0	1.0	1.0		
44145	PARTIAL REMOVAL OF COLON	090	615	635	20	3%	28.58	31.20	2.62	9%	0			1.0	2.0			3.0	2.0	1.0	1.0	1.0		
44146	PARTIAL REMOVAL OF COLON	090	692	714	22	3%	35.3	38.01	2.71	8%	-2			1.0	1.0	1.0		3.0	2.0	1.0	1.0	1.0		
44147	PARTIAL REMOVAL OF COLON	090	710	727	17	2%	33.69	36.71	3.02	9%	0			1.0	2.0			3.0	2.0	2.0	1.0	1.0		
44150	REMOVAL OF COLON	090	638	658	20	3%	30.18	33.31	3.13	10%	-2			2.0	1.0	1.0		3.0	3.0	1.0	1.0	1.0		
44151	REMOVAL OF COLON/ILEOSTOMY	090	738	768	30	4%	34.92	38.53	3.61	10%	-2			2.0	1.0	1.0		5.0	3.0	1.0	1.0	1.0		
44155	REMOVAL OF COLON/ILEOSTOMY	090	738	768	30	4%	34.42	38.03	3.61	10%	-2			2.0	1.0	1.0		5.0	3.0	1.0	1.0	1.0		
44156	REMOVAL OF COLON/ILEOSTOMY	090	798	828	30	4%	37.42	41.03	3.61	10%	-2			2.0	1.0	1.0		5.0	3.0	1.0	1.0	1.0		
44157	COLECTOMY W/ILEOANAL ANAST	090	705	743	38	5%	35.7	39.02	3.32	9%	-2			1.0	2.0	1.0		5.0	3.0			1.0		
44158	COLECTOMY W/NEO-RECTUM PO	090	725	763	38	5%	36.7	40.02	3.32	9%	-2			1.0	2.0	1.0		5.0	3.0			1.0		
44160	REMOVAL OF COLON	090	551	558	7	1%	20.89	23.56	2.67	13%	0			2.0	1.0			2.0	2.0	2.0	1.0	1.0		
44180	LAP ENTEROLYSIS	090	407	436	29	7%	15.27	17.00	1.73	11%	0			1.0	1.0			4.0				1.0		
44186	LAP JEJUNOSTOMY	090	267	286	19	7%	10.38	11.63	1.25	12%	0			1.0	1.0			2.0				1.0		
44187	LAP ILEO/JEJUNO-STOMY	090	385	398	13	3%	17.4	19.14	1.74	10%	0			1.0	2.0			1.0	2.0			1.0		
44188	LAP COLOSTOMY	090	407	425	18	4%	19.35	21.20	1.85	10%	0				3.0			1.0	2.0			1.0		
44202	LAP ENTERECTOMY	090	505	532	27	5%	23.39	25.41	2.02	9%	0			1.0	2.0			3.0	1.0			1.0		
44204	LAPARO PARTIAL COLECTOMY	090	455	482	27	6%	26.42	28.44	2.02	8%	0			1.0	2.0			3.0	1.0			1.0		
44205	LAP COLECTOMY PART W/ILEUM	090	428.5	459.5	31	7%	22.95	25.03	2.08	9%	0			3.0				5.0				1.0		
44206	LAP PART COLECTOMY W/STOMA	090	647	662	15	2%	29.79	32.86	3.07	10%	-2			1.0	1.0	1.0		2.0	1.0	3.0	1.0	1.0		
44207	L COLECTOMY/COLOPROCTOSTO	090	560	570	10	2%	31.92	34.06	2.14	7%	0			1.0	2.0			1.0	2.0	1.0	1.0	1.0		
44208	L COLECTOMY/COLOPROCTOSTO	090	595	614	19	3%	33.99	36.41	2.42	7%	0			1.0	2.0			3.0	3.0			1.0		
44210	LAPARO TOTAL PROCTOCLECTO	090	630	662	32	5%	30.09	32.73	2.64	9%	-2			1.0	2.0	1.0		3.0	2.0			1.0		
44211	LAP COLECTOMY W/PROCTECTOM	090	695	727	32	5%	37.08	39.72	2.64	7%	-2			1.0	2.0	1.0		3.0	2.0			1.0		
44212	LAPARO TOTAL PROCTOCLECTO	090	660	692	32	5%	34.58	37.22	2.64	8%	-2			1.0	2.0	1.0		3.0	2.0			1.0		
44227	LAP CLOSE ENTEROSTOMY	090	530	541	11	2%	28.62	30.96	2.34	8%	0			1.0	2.0			1.0	1.0	2.0		1.0		
44300	OPEN BOWEL TO SKIN	090	389	410	21	5%	13.75	15.75	2.00	15%	0				2.0			3.0	2.0			1.0		
44310	ILEOSTOMY/JEJUNOSTOMY	090	391.5	412.5	21	5%	17.59	19.59	2.00	11%	0				2.0			3.0	2.0			1.0		
44312	REVISION OF ILEOSTOMY	090	349	360	11	3%	9.43	10.95	1.52	16%	0				2.0			1.0	2.0			1.0		
44314	REVISION OF ILEOSTOMY	090	465	488	23	5%	16.74	18.96	2.22	13%	0			1.0	2.0			3.0	2.0			1.0		
44316	DEVISE BOWEL POUCH	090	590	606	16	3%	23.59	26.41	2.82	12%	0			1.0	2.0			3.0	3.0	1.0	1.0	1.0		
44320	COLOSTOMY	090	507	529	22	4%	19.91	22.62	2.71	14%	-2			1.0	1.0	1.0		3.0	2.0	1.0	1.0	1.0		
44322	COLOSTOMY WITH BIOPSIES	090	483	539	56	12%	13.32	16.91	3.59	27%	0				5.5			9.0				1.0		
44340	REVISION OF COLOSTOMY	090	382	397	15	4%	9.28	11.11	1.83	20%	-2			1.0	1.0	1.0		1.0	2.0			1.0		
44345	REVISION OF COLOSTOMY	090	482	507	25	5%	17.22	19.53	2.31	13%	-2			1.0	1.0	1.0		3.0	2.0			1.0		
44346	REVISION OF COLOSTOMY	090	572	586	14	2%	19.63	22.50	2.87	15%	-2			1.0	1.0	1.0		2.0	2.0	2.0	1.0	1.0		
44602	SUTURE SMALL INTESTINE	090	562	571	9	2%	24.72	27.21	2.49	10%	0			1.0	1.0			3.0	3.0	1.0	1.0		1.0	
44603	SUTURE SMALL INTESTINE	090	635	656	21	3%	28.16	31.22	3.06	11%	0			1.0	2.0			4.0	3.0	1.0	1.0	1.0		1.0
44604	SUTURE LARGE INTESTINE	090	459	477	18	4%	18.16	20.56	2.40	13%	0				2.0			3.0	2.0	1.0	1.0	1.0		
44605	REPAIR OF BOWEL LESION	090	562	563	1	0%	22.08	24.73	2.65	12%	0			1.0	1.0			2.0	3.0	2.0	1.0	1.0		
44615	INTESTINAL STRICTUROPLASTY	090	502	507	5	1%	18.16	20.61	2.45	13%	0			1.										

44660	REPAIR BOWEL-BLADDER FISTULA	090	587	588	1	0%	23.91	26.56	2.65	11%	0			1.0	1.0			2.0	3.0	2.0	1.0			
44661	REPAIR BOWEL-BLADDER FISTULA	090	617	618	1	0%	27.35	30.00	2.65	10%	0			1.0	1.0			2.0	3.0	2.0	1.0			
44680	SURGICAL REVISION INTESTINE	090	602	603	1	0%	17.96	20.61	2.65	15%	0			1.0	1.0			2.0	3.0	2.0	1.0			
44700	SUSPEND BOWEL W/PROSTHESIS	090	402	418	16	4%	17.48	19.37	1.89	11%	0			1.0	1.0			3.0	2.0		1.0			
44800	EXCISION OF BOWEL POUCH	090	366	400.5	34.5	9%	12.05	14.36	2.31	19%	0			3.5				5.5			1.0			
44820	EXCISION OF MESENTERY LESION	090	404	425	21	5%	13.73	15.73	2.00	15%	0				2.0			3.0	2.0		1.0			
44850	REPAIR OF MESENTERY	090	367	383	16	4%	12.11	14.00	1.89	16%	0			1.0	1.0			3.0	2.0		1.0			
44900	DRAIN APPENDIX ABSCESS OPEN	090	450	457	7	2%	12.57	15.11	2.54	20%	0			1.0	2.0			1.0	2.0	2.0	1.0			
44950	APPENDECTOMY	090	252	271	19	8%	10.6	11.85	1.25	12%	0			1.0	1.0			2.0			1.0			
44960	APPENDECTOMY	090	458	460	2	0%	14.5	16.93	2.43	17%	0			2.0	1.0			1.0	2.0	2.0	1.0			
44970	LAPAROSCOPY APPENDECTOMY	090	242	261	19	8%	9.45	10.57	1.12	12%	0				2.0			1.0			1.0			
45000	DRAINAGE OF PELVIC ABSCESS	090	384	387	3	1%	6.3	7.98	1.68	27%	0				2.0				2.0	1.0	1.0			
45005	DRAINAGE OF RECTAL ABSCESS	010	54	55	1	2%	2.02	2.13	0.11	5%	0			0.5										
45020	DRAINAGE OF RECTAL ABSCESS	090	255	276	21	8%	8.56	9.90	1.34	16%	0			1.0	2.0			1.0			1.0			
45100	BIOPSY OF RECTUM	090	178	187	9	5%	4.04	4.70	0.66	16%	0			1.0	1.0						0.5			
45108	ANORECTAL MYOMECTOMY	090	193	202	9	5%	5.12	5.78	0.66	13%	0			1.0	1.0						0.5			
45110	REMOVAL OF RECTUM	090	678	703	25	4%	30.76	34.13	3.37	11%	-2			2.0	1.0	1.0		4.0	3.0	1.0	1.0			
45111	PARTIAL REMOVAL OF RECTUM	090	496	539	43	9%	18.01	20.79	2.78	15%	0			4.0				7.0			1.0	1.0		
45112	REMOVAL OF RECTUM	090	675	692	17	3%	33.18	36.20	3.02	9%	0			1.0	2.0			3.0	2.0	2.0	1.0			
45113	PARTIAL PROCTECTOMY	090	675	692	17	3%	33.22	36.24	3.02	9%	0			1.0	2.0			3.0	2.0	2.0	1.0			
45114	PARTIAL REMOVAL OF RECTUM	090	792	802	10	1%	30.79	33.86	3.07	10%	-2			1.0	1.0	1.0		2.0	3.0	2.0	1.0		1.0	
45116	PARTIAL REMOVAL OF RECTUM	090	702	716	14	2%	27.72	30.59	2.87	10%	-2			1.0	1.0	1.0		2.0	2.0	2.0	1.0		1.0	
45119	REMOVE RECTUM W/RESERVOIR	090	685	702	17	2%	33.48	36.50	3.02	9%	0			1.0	2.0			3.0	2.0	2.0	1.0			
45120	REMOVAL OF RECTUM	090	689	744	55	8%	26.4	29.88	3.48	13%	0			5.0				9.0			1.0		1.0	
45121	REMOVAL OF RECTUM AND COLC	090	741	806	65	9%	29.08	33.04	3.96	14%	0			5.0				11.0			1.0		1.0	
45123	PARTIAL PROCTECTOMY	090	687	704	17	2%	18.86	21.33	2.47	13%	-2			1.0	1.0	1.0		2.0	2.0	1.0	1.0			
45126	PELVIC EXENTERATION	090	755	776	21	3%	49.1	52.30	3.20	7%	-2			1.0	2.0	1.0		2.0	2.0	2.0	1.0		2.0	
45130	EXCISION OF RECTAL PROLAPSE	090	520	535	15	3%	18.5	20.88	2.38	13%	0			1.0	2.0	2.0		2.0	2.0	1.0	1.0			
45135	EXCISION OF RECTAL PROLAPSE	090	735	761	26	4%	22.36	25.80	3.44	15%	-2			1.0	2.0	1.0		3.0	2.0	2.0	1.0			
45136	EXCISE ILEOANAL RESERVIOR	090	783	795	12	2%	30.82	34.11	3.29	11%	-2			2.0	1.0	1.0		2.0	3.0	2.0	1.0		1.0	
45150	EXCISION OF RECTAL STRICTURE	090	184	191.5	7.5	4%	5.85	6.74	0.89	15%	0			2.5				0.5			1.0			
45160	EXCISION OF RECTAL LESION	090	342	370	28	8%	16.33	18.00	1.67	10%	-2			1.0	1.0	1.0		2.0			1.0			
45171	EXC RECT TUM TRANSANAL PART	090	209	225	16	8%	8.13	9.12	0.99	12%	0			1.0	2.0						0.5			
45172	EXC RECT TUM TRANSANAL FULL	090	290	311	21	7%	12.13	13.47	1.34	11%	0			1.0	2.0			1.0			1.0			
45190	DESTRUCTION RECTAL TUMOR	090	266	282	16	6%	10.42	11.41	0.99	10%	0			1.0	2.0						0.5			
45395	LAP REMOVAL OF RECTUM	090	645	669	24	4%	33	35.80	2.80	8%	-2			1.0	2.0	1.0		2.0	2.0	1.0	1.0			
45397	LAP REMOVE RECTUM W/POUCH	090	675	699	24	4%	36.5	39.30	2.80	8%	-2			1.0	2.0	1.0		2.0	2.0	1.0	1.0			
45400	LAPAROSCOPIC PROC	090	410	437	27	7%	19.44	21.46	2.02	10%	0			1.0	2.0			3.0	1.0		1.0			
45402	LAP PROCTOPEXY W/SIG RESECT	090	470	483	13	3%	26.51	28.25	1.74	7%	0			1.0	2.0			1.0	2.0		1.0			
45500	REPAIR OF RECTUM	090	266	284.5	18.5	7%	7.73	9.21	1.48	19%	0			3.0				2.5			1.0			
45505	REPAIR OF RECTUM	090	300.5	318.5	18	6%	8.36	9.44	1.08	13%	-2			1.0	1.0	1.0					0.5			
45540	CORRECT RECTAL PROLAPSE	090	481.5	493.5	12	2%	18.12	20.08	1.96	11%	0				2.0			2.0	3.0		1.0			
45541	CORRECT RECTAL PROLAPSE	090	420	433	13	3%	14.85	16.59	1.74	12%	0			1.0	2.0			1.0	2.0		1.0			
45550	REPAIR RECTUM/REMOVE SIGMO	090	540	568	28	5%	24.8	27.26	2.46	10%	0			1.0	2.0			4.0	2.0		1.0			
45560	REPAIR OF RECTOCELE	090	367	382	15	4%	11.5	12.95	1.45	13%	0			1.0	1.0	1.0		2.0	1.0		1.0			
45562	EXPLORATION/REPAIR OF RECTUM	090	561	575	14	2%	17.98	20.98	3.00	17%	0			2.0	2.0			2.0	2.0	2.0	1.0			
45563	EXPLORATION/REPAIR OF RECTUM	090	636	646	10	2%	26.38	29.58	3.20	12%	0			2.0	2.0			2.0	3.0	2.0	1.0			
45800	REPAIR RECT/BLADDER FISTULA	090	570	582	12	2%	20.31	23.09	2.78	14%	0			1.0	2.0			2.0	2.0	2.0	1.0			
45805	REPAIR FISTULA W/COLOSTOMY	090	595	607	12	2%	23.32	26.10	2.78	12%	0			1.0	2.0	2.0		2.0	2.0	2.0	1.0			
45820	REPAIR RECTOURETHRAL FISTULA	090	480	494	14	3%	20.37	22.55	2.18	11%	0			1.0	2.0			2.0	3.0		1.0			
45825	REPAIR FISTULA W/COLOSTOMY	090	646	656	10	2%	24.17	27.37	3.20	13%	0			2.0	2.0			2.0	3.0	2.0	1.0			
45900	REDUCTION OF RECTAL PROLAPSE	010	219	217	-2	-1%	2.99	3.63	0.64	21%	0			1.0					1.0		1.0			
45905	DILATION OF ANAL SPHINCTER	010	130	132	2	2%	2.35	2.68	0.33	14%	0			1.0							0.5			
45910	DILATION OF RECTAL NARROWING	010	130	132	2	2%	2.85	3.18	0.33	12%	0			1.0							0.5			
45915	REMOVE RECTAL OBSTRUCTION	010	145	147	2	1%	3.19	3.52	0.33	10%	0			1.0							0.5			
46040	INCISION OF RECTAL ABSCESS	090	184	195	11	6%	5.37	6.25	0.88	16%	0			2.0	1.0						0.5			
46045	INCISION OF RECTAL ABSCESS	090	197	206	9	5%	5.87	6.64	0.77	13%	0			1.0	1.0						1.0			
46050	INCISION OF ANAL ABSCESS	010	59	61	2	3%	1.24	1.46	0.22	18%	0			1.0										
46060	INCISION OF RECTAL ABSCESS	090	201	217	16	8%	6.37	7.36	0.99	16%	0			1.0	2.0						0.5			
46070	INCISION ANAL SEPTUM INFANT	090	74	77	3	4%	2.79	3.12	0.33	12%	0			1.5										
46080	INCISION OF ANAL SPHINCTER	010	99	100	1	1%	2.52	2.74	0.22	9%	0			0.5							0.5			
46083	INCISE EXTERNAL HEMORRHOID	010	51	53	2	4%	1.45	1.67	0.22	15%	0			1.0										
46200	REMOVAL OF ANAL FISSURE	090	171	178	7	4%	3.59	4.47	0.88	25%	0			3.5							0.5			
46220	EXCISE ANAL EXT TAG/PAPILLA	010	67	69	2	3%	1.61	1.83	0.22	14%	0			1.0										
46221	LIGATION OF HEMORRHOID(S)	010	68	75	7	10%	2.36	2.69	0.33	14%	0				1.0									
46230	REMOVAL OF ANAL TAGS	010	74	76	2	3%	2.62	2.84	0.22	8%	0			1.0										
46250	REMOVE EXT HEM GROUPS 2+	090	188	197	9	5%	4.25	4.91	0.66	16%	0			1.0	1.0						0.5			
46255	REMOVE INT/EXT HEM 1 GROUP	090	193	202	9	5%	4.96	5.62	0.66	13%	0			1.0	1.0						0.5			
46257	REMOVE IN/EX HEM GRP & FISS	090	203	212	9	4%	5.76	6.42	0.66	11%	0			1.0	1.0						0.5			
46258	REMOVE IN/EX HEM GRP W/FIST	090	241	257	16	7%	6.41	7.40	0.99	15%	0			1.0	0.99	2.0					0.5			
46260	REMOVE IN/EX HEM GROUPS 2+	090	208	217	9	4%	6.73	7.39	0.66	10%	0			1.0	1.0						0.5			

46270	REMOVE ANAL FIST SUBQ	090	169	180	11	7%	4.92	5.80	0.88	18%	0			2.0	1.0						0.5			
46275	REMOVE ANAL FIST INTER	090	184	195	11	6%	5.42	6.30	0.88	16%	0			2.0	1.0						0.5			
46280	REMOVE ANAL FIST COMPLEX	090	199	210	11	6%	6.39	7.27	0.88	14%	0			2.0	1.0						0.5			
46285	REMOVE ANAL FIST 2 STAGE	090	184	195	11	6%	5.42	6.30	0.88	16%	0			2.0	1.0						0.5			
46288	REPAIR ANAL FISTULA	090	236	252	16	7%	7.81	8.80	0.99	13%	0			1.0	2.0						0.5			
46320	REMOVAL OF HEMORRHOID CLO	010	55	56	1	2%	1.64	1.75	0.11	7%	0			0.5										
46500	INJECTION INTO HEMORRHOID(S)	010	61	68	7	11%	1.74	2.07	0.33	19%	0				1.0									
46505	CHEMODENERVATION ANAL MUS	010	102	109	7	7%	3.18	3.62	0.44	14%	0				1.0						0.5			
46700	REPAIR OF ANAL STRICTURE	090	283.5	299.5	16	6%	9.81	10.80	0.99	10%	0			1.0	2.0						0.5			
46705	REPAIR OF ANAL STRICTURE	090	277	299	22	8%	7.43	9.14	1.71	23%	0			3.5				3.0			1.0			
46706	REPR OF ANAL FISTULA W/GLUE	010	100	102	2	2%	2.44	2.77	0.33	14%	0			1.0							0.5			
46707	REPAIR ANORECTAL FIST W/PLUG	090	187	198	11	6%	6.39	7.27	0.88	14%	0			2.0	1.0						0.5			
46710	REPR PER/VAG POUCH SNGL PRO	090	370	387	17	5%	17.14	18.68	1.54	9%	0			1.0	2.0			1.0	1.0		1.0			
46712	REPR PER/VAG POUCH DBL PROC	090	670	677	7	1%	36.45	38.99	2.54	7%	0			1.0	2.0			1.0	2.0	2.0	1.0			
46715	REP PERF ANOPER FISTU	090	265	282.5	17.5	7%	7.62	8.99	1.37	18%	0			2.5				2.5			1.0			
46716	REP PERF ANOPER/VESTIB FISTU	090	530	594	64	12%	17.54	20.37	2.83	16%	-10					5.0		2.0				1.0		
46730	CONSTRUCTION OF ABSENT ANUS	090	775	832	57	7%	30.65	34.46	3.81	12%	-12					6.0		1.0	2.0	1.0		1.0		
46735	CONSTRUCTION OF ABSENT ANUS	090	850	916	66	8%	36.14	40.23	4.09	11%	-12					6.0		3.0	3.0			1.0		
46740	CONSTRUCTION OF ABSENT ANUS	090	775	832	57	7%	33.9	37.71	3.81	11%	-12					6.0		1.0	2.0	1.0		1.0		
46742	REPAIR OF IMPERFORATED ANUS	090	895	953	58	6%	40.14	44.39	4.25	11%	-12					6.0		2.0	3.0	1.0		1.0		
46744	REPAIR OF CLOACAL ANOMALY	090	1303	1355	52	4%	58.94	63.99	5.05	9%	-12					6.0		2.0	3.0	3.0		1.0	2.0	
46746	REPAIR OF CLOACAL ANOMALY	090	1566	1625	59	4%	65.44	71.20	5.76	9%	-11					5.0	1.0	3.0	4.0	3.0		1.0	3.0	
46748	REPAIR OF CLOACAL ANOMALY	090	1686	1745	59	3%	71.42	77.18	5.76	8%	-11					5.0	1.0	3.0	4.0	3.0		1.0	3.0	
46750	REPAIR OF ANAL SPHINCTER	090	475	489	14	3%	12.15	14.33	2.18	18%	0			1.0	2.0			2.0	3.0		1.0			
46751	REPAIR OF ANAL SPHINCTER	090	299	321	22	7%	9.3	11.01	1.71	18%	0			3.5				3.0			1.0			
46753	RECONSTRUCTION OF ANUS	090	297	316	19	6%	8.89	10.14	1.25	14%	0			1.0	1.0			2.0			1.0			
46754	REMOVAL OF SUTURE FROM ANU	010	175	196	21	12%	3.01	4.35	1.34	45%	0			1.0	2.0			1.0			1.0			
46760	REPAIR OF ANAL SPHINCTER	090	676	699	23	3%	17.45	20.87	3.42	20%	-2			2.0	2.0	1.0		2.0	2.0	2.0	1.0			
46761	REPAIR OF ANAL SPHINCTER	090	410	423	13	3%	15.29	17.03	1.74	11%	0			1.0	2.0			1.0	2.0		1.0			
46900	DESTRUCTION ANAL LESION(S)	010	63	70	7	11%	1.91	2.24	0.33	17%	0				1.0									
46910	DESTRUCTION ANAL LESION(S)	010	73	75	2	3%	1.91	2.13	0.22	12%	0			1.0										
46916	CRYOSURGERY ANAL LESION(S)	010	67	69	2	3%	1.91	2.13	0.22	12%	0			1.0										
46917	LASER SURGERY ANAL LESIONS	010	73	75	2	3%	1.91	2.13	0.22	12%	0			1.0										
46922	EXCISION OF ANAL LESION(S)	010	83	85	2	2%	1.91	2.13	0.22	12%	0			1.0										
46924	DESTRUCTION ANAL LESION(S)	010	93	95	2	2%	2.81	3.03	0.22	8%	0			1.0										
46930	DESTROY INTERNAL HEMORRHOI	090	46	53	7	15%	1.61	1.94	0.33	20%	0				1.0									
46940	TREATMENT OF ANAL FISSURE	010	63	64	1	2%	2.35	2.46	0.11	5%	0			0.5										
46942	TREATMENT OF ANAL FISSURE	010	67	68	1	1%	2.07	2.18	0.11	5%	0			0.5										
46945	INT HRHC LIG 1 HROID W/O IMG	090	133	142	9	7%	3.69	4.35	0.66	18%	0			1.0	1.0						0.5			
46946	INT HRHC LIG 2+HROID W/O IMG	090	148	157	9	6%	4.5	5.16	0.66	15%	0			1.0	1.0						0.5			
46947	HEMORRHOIDOPEXY BY STAPLIN	090	170	179	9	5%	5.57	6.23	0.66	12%	0			1.0	1.0						0.5			
46948	INT HRHC TRANAL DARTLZJ 2+	090	163	172	9	6%	5.57	6.23	0.66	12%	0			1.0	1.0						0.5			
47010	HEPATOT OPN DRG ABSC/CST 1/2	090	645	653	8	1%	19.4	22.38	2.98	15%	0			1.0	2.0			2.0	3.0	2.0	1.0		1.0	
47015	LAPT ASPIR&/NJX HEP PRST CST	090	665	673	8	1%	18.5	21.48	2.98	16%	0			1.0	2.0			2.0	3.0	2.0	1.0		1.0	
47100	WEDGE BIOPSY OF LIVER	090	345	367	22	6%	12.91	14.69	1.78	14%	0			1.0	2.0			2.0	1.0		1.0			
47120	PARTIAL REMOVAL OF LIVER	090	803	815	12	1%	39.01	42.30	3.29	8%	-2			2.0	1.0	1.0		2.0	3.0	2.0	1.0		1.0	
47122	EXTENSIVE REMOVAL OF LIVER	090	1000	1008	8	1%	59.48	62.46	2.98	5%	0			1.0	2.0			2.0	3.0	2.0	1.0		3.0	
47125	PARTIAL REMOVAL OF LIVER	090	855	863	8	1%	53.04	56.02	2.98	6%	0			1.0	2.0			2.0	3.0	2.0	1.0		2.0	
47130	PARTIAL REMOVAL OF LIVER	090	870	878	8	1%	57.19	60.17	2.98	5%	0			1.0	2.0			2.0	3.0	2.0	1.0		2.0	
47135	TRANSPLANTATION OF LIVER	090	1648	1708	60	4%	90	97.03	7.03	8%	-13				1.0	6.0	1.0	1.0	3.0	6.0		1.0	2.0	1.0
47140	PARTIAL REMOVAL DONOR LIVER	090	1073	1088	15	1%	59.4	63.95	4.55	8%	0			1.0	3.0			3.0	2.0	5.0	1.0			
47141	PARTIAL REMOVAL DONOR LIVER	090	1101	1135	34	3%	71.5	76.02	4.52	6%	0			1.0	4.0			4.0	1.0	4.0	1.0			
47142	PARTIAL REMOVAL DONOR LIVER	090	1221	1256	35	3%	79.44	84.40	4.96	6%	0			1.0	4.0			5.0	2.0	4.0	1.0			
47300	SURGERY FOR LIVER LESION	090	605	617	12	2%	18.14	20.92	2.78	15%	0			1.0	2.0			2.0	2.0	2.0	1.0		1.0	
47350	REPAIR LIVER WOUND	090	575	582	7	1%	22.49	25.03	2.54	11%	0			1.0	2.0			1.0	2.0	2.0	1.0		1.0	
47360	REPAIR LIVER WOUND	090	857.5	865.5	8	1%	31.31	34.29	2.98	10%	0			1.0	2.0			2.0	3.0	2.0	1.0		3.0	
47361	REPAIR LIVER WOUND	090	1035	1045	10	1%	52.6	56.22	3.62	7%	0			1.0	2.0			3.0	3.0	3.0	1.0		4.0	
47362	REPAIR LIVER WOUND	090	880	893	13	1%	23.54	26.76	3.22	14%	0			1.0	2.0			3.0	3.0	2.0	1.0		4.0	
47370	LAPARO ABLATE LIVER TUMOR RF	090	450	467	17	4%	20.8	22.34	1.54	7%	0			1.0	2.0			1.0	1.0		1.0			
47371	LAPARO ABLATE LIVER CRYOSURC	090	455	472	17	4%	20.8	22.34	1.54	7%	0			1.0	2.0			1.0	1.0		1.0			
47380	OPEN ABLATE LIVER TUMOR RF	090	550	568	18	3%	24.56	26.54	1.98	8%	0			1.0	2.0			2.0	2.0		1.0			
47381	OPEN ABLATE LIVER TUMOR CRYO	090	576	596	20	3%	24.88	27.08	2.20	9%	0			2.0	2.0			2.0	2.0		1.0			
47382	PERCUT ABLATE LIVER RF	010	265	267	2	1%	14.97	15.30	0.33	2%	0			1.0							0.5			
47383	PERQ ABLTJ LVR CRYOABLATION	010	196	198	2	1%	8.88	9.21	0.33	4%	0			1.0							0.5			
47400	INCISION OF LIVER DUCT	090	810	818	8	1%	36.36	39.34	2.98	8%	0			1.0	2.0			2.0	3.0	2.0	1.0		2.0	
47420	INCISION OF BILE DUCT	090	588	590	2	0%	22.03	24.46	2.43	11%	0			2.0	1.0			1.0	2.0	2.0	1.0			
47425	INCISION OF BILE DUCT	090	628	626	-2	0%	22.31	24.94	2.63	12%	0			2.0	1.0			1.0	3.0	2.0	1.0			
47460	INCISE BILE DUCT SPHINCTER	090	578	576	-2	0%	20.52	23.15	2.63	13%	0			2.0	1.0			1.0	3.0	2.0	1.0			
47480	INCISION OF GALLBLADDER	090	495	502	7	1%	13.25	15.79	2.54	19%	0			1.0	2.0			1.0	2.0	2.0	1.0			
47490	INCISION OF GALLBLADDER	010	133	143	10	8%	4.76	5.24	0.48	10%	0						2.0							
47562	LAPAROSCOPIC CHOLECYSTECTOMY	090	251	267	16	6%	10.47	11.46	0.99	9%	0			1.0	2.0						0.5</			

47600	CHOLECYSTECTOMY	090	475	485	10	2%	17.48	19.62	2.14	12%	0			1.0	2.0			1.0	2.0	1.0	1.0			
47605	CHOLECYSTECTOMY W/CHOLANG	090	490	500	10	2%	18.48	20.62	2.14	12%	0			1.0	2.0			1.0	2.0	1.0	1.0			
47610	REMOVAL OF GALLBLADDER	090	512	512	0	0%	20.92	23.13	2.21	11%	0			1.0	1.0			1.0	2.0	2.0	1.0			
47612	REMOVAL OF GALLBLADDER	090	597	593	-4	-1%	21.21	23.62	2.41	11%	0			1.0	1.0			1.0	3.0	2.0	1.0			
47620	REMOVAL OF GALLBLADDER	090	627	623	-4	-1%	23.07	25.48	2.41	10%	0			1.0	1.0			1.0	3.0	2.0	1.0			
47700	EXPLORATION OF BILE DUCTS	090	456	493	37	8%	16.5	18.93	2.43	15%	0			3.5				6.0			1.0			
47701	BILE DUCT REVISION	090	498	537.5	39.5	8%	28.73	31.28	2.55	9%	0			3.5				6.5			1.0			
47711	EXCISION OF BILE DUCT TUMOR	090	670	678	8	1%	25.9	28.88	2.98	12%	0			1.0	2.0			2.0	3.0	2.0	1.0			
47712	EXCISION OF BILE DUCT TUMOR	090	790	803	13	2%	33.72	36.94	3.22	10%	0			1.0	2.0			3.0	3.0	2.0	1.0		1.0	
47715	EXCISION OF BILE DUCT CYST	090	650	653	3	0%	21.55	24.29	2.74	13%	0			1.0	2.0			1.0	3.0	2.0	1.0			
47720	FUSE GALLBLADDER & BOWEL	090	520	527	7	1%	18.34	20.88	2.54	14%	0			1.0	2.0			1.0	2.0	2.0	1.0			
47721	FUSE UPPER GI STRUCTURES	090	610	618	8	1%	21.99	24.97	2.98	14%	0			1.0	2.0			2.0	3.0	2.0	1.0			
47740	FUSE GALLBLADDER & BOWEL	090	590	593	3	1%	21.23	23.97	2.74	13%	0			1.0	2.0			1.0	3.0	2.0	1.0			
47741	FUSE GALLBLADDER & BOWEL	090	640	648	8	1%	24.21	27.19	2.98	12%	0			1.0	2.0			2.0	3.0	2.0	1.0			
47760	FUSE BILE DUCTS AND BOWEL	090	759	783	24	3%	38.32	41.54	3.22	8%	-2				2.0	1.0		3.0	2.0	2.0	1.0		1.0	
47765	FUSE LIVER DUCTS & BOWEL	090	882	911	29	3%	52.19	55.65	3.46	7%	-2				2.0	1.0		4.0	2.0	2.0	1.0		1.0	
47780	FUSE BILE DUCTS AND BOWEL	090	799	823	24	3%	42.32	45.54	3.22	8%	-2				2.0	1.0		3.0	2.0	2.0	1.0		1.0	
47785	FUSE BILE DUCTS AND BOWEL	090	939	968	29	3%	56.19	59.65	3.46	6%	-2				2.0	1.0		4.0	2.0	2.0	1.0		1.0	
47800	RECONSTRUCTION OF BILE DUCTS	090	652.5	660.5	8	1%	26.17	29.15	2.98	11%	0			1.0	2.0			2.0	3.0	2.0	1.0			
47801	PLACEMENT BILE DUCT SUPPORT	090	525	532	7	1%	17.6	20.14	2.54	14%	0			1.0	2.0			1.0	2.0	2.0	1.0			
47900	SUTURE BILE DUCT INJURY	090	570	582	12	2%	22.44	25.22	2.78	12%	0			1.0	2.0			2.0	2.0	2.0	1.0			
48000	DRAINAGE OF ABDOMEN	090	743	751	8	1%	31.95	34.93	2.98	9%	0			1.0	2.0			2.0	3.0	2.0	1.0		2.0	
48001	PLACEMENT OF DRAIN PANCREAS	090	815.5	815.5	0	0%	39.69	42.83	3.14	8%	0			1.0	2.0			1.0	3.0	3.0	1.0		2.0	
48020	REMOVAL OF PANCREATIC STONE	090	678	686	8	1%	19.09	22.07	2.98	16%	0			1.0	2.0			2.0	3.0	2.0	1.0		1.0	
48100	BIOPSY OF PANCREAS OPEN	090	497.5	502.5	5	1%	14.46	16.91	2.45	17%	0			1.0	1.0			2.0	2.0	2.0	1.0			
48102	NEEDLE BIOPSY PANCREAS	010	120	121	1	1%	4.7	4.92	0.22	5%	0			0.5							0.5			
48105	RESECT/DEBRIDE PANCREAS	090	1220	1250.5	30.5	2%	49.26	55.18	5.92	12%	-2			1.0	2.0	1.0		7.5	5.0	4.0	1.0		3.0	
48120	REMOVAL OF PANCREAS LESION	090	595	596	1	0%	18.41	21.06	2.65	14%	0			1.0	1.0			2.0	3.0	2.0	1.0			
48140	PARTIAL REMOVAL OF PANCREAS	090	725	733	8	1%	26.32	29.30	2.98	11%	0			1.0	2.0			2.0	3.0	2.0	1.0		1.0	
48145	PARTIAL REMOVAL OF PANCREAS	090	762.5	770.5	8	1%	27.39	30.37	2.98	11%	0			1.0	2.0			2.0	3.0	2.0	1.0		1.0	
48146	PANCREATECTOMY	090	893	908	15	2%	30.6	33.91	3.31	11%	0			1.0	3.0			2.0	3.0	2.0	1.0		2.0	
48148	REMOVAL OF PANCREATIC DUCT	090	700	712	12	2%	20.39	23.17	2.78	14%	0			1.0	2.0			2.0	2.0	2.0	1.0		1.0	
48150	PARTIAL REMOVAL OF PANCREAS	090	1110	1133	23	2%	52.84	56.92	4.08	8%	-2			1.0	2.0	1.0		4.0	4.0	2.0	1.0		2.0	
48152	PANCREATECTOMY	090	1063	1085	22	2%	48.65	52.84	4.19	9%	0			1.0	3.0			4.0	3.0	3.0	1.0		2.0	
48153	PANCREATECTOMY	090	1078	1100	22	2%	52.79	56.98	4.19	8%	0			1.0	3.0			4.0	3.0	3.0	1.0		2.0	
48154	PANCREATECTOMY	090	1033	1050	17	2%	48.88	52.83	3.95	8%	0			1.0	3.0			3.0	3.0	3.0	1.0		2.0	
48155	REMOVAL OF PANCREAS	090	1043	1060	17	2%	29.45	33.40	3.95	13%	0			1.0	3.0			3.0	3.0	3.0	1.0		2.0	
48500	SURGERY OF PANCREATIC CYST	090	603	611	8	1%	18.16	21.14	2.98	16%	0			1.0	2.0			2.0	3.0	2.0	1.0			
48510	DRAIN PANCREATIC PSEUDOCYST	090	580.5	588.5	8	1%	17.19	20.17	2.98	17%	0			1.0	2.0			2.0	3.0	2.0	1.0			
48520	FUSE PANCREAS CYST AND BOWE	090	580	581	1	0%	18.15	20.80	2.65	15%	0			1.0	1.0			2.0	3.0	2.0	1.0			
48540	FUSE PANCREAS CYST AND BOWE	090	560	565	5	1%	21.94	24.39	2.45	11%	0			1.0	1.0			2.0	2.0	2.0	1.0			
48545	PANCREATORRHAPHY	090	773	782	9	1%	22.23	25.41	3.18	14%	0			1.0	2.0			2.0	2.0	3.0	1.0		2.0	
48547	DUODENAL EXCLUSION	090	903	912	9	1%	30.38	33.56	3.18	10%	0			1.0	2.0			2.0	2.0	3.0	1.0		3.0	
48548	FUSE PANCREAS AND BOWEL	090	765	773	8	1%	28.09	31.07	2.98	11%	0			1.0	2.0			2.0	3.0	2.0	1.0		1.0	
48554	TRANSPL ALLOGRAFT PANCREAS	090	1237	1337	100	8%	37.8	42.45	4.65	12%	-9				4.0	3.0	3.0							
48556	REMOVAL ALLOGRAFT PANCREAS	090	952	1011	59	6%	19.47	24.06	4.59	24%	-2				3.0	1.0		9.0	4.0		1.0			
49000	EXPLORATION OF ABDOMEN	090	304	328	24	8%	12.54	13.90	1.36	11%	0				2.0			2.0			1.0			
49002	REOPENING OF ABDOMEN	090	437	450	13	3%	17.63	19.92	2.29	13%	0			1.0	1.0			3.0	2.0	1.0	1.0			
49010	EXPLORATION BEHIND ABDOMEN	090	357	377	20	6%	16.06	17.75	1.69	11%	0			1.0	1.0			3.0	1.0		1.0			
49020	DRAINAGE ABDOM ABSCESS OPE	090	710	746	36	5%	26.67	30.59	3.92	15%	-2			1.0	2.0	1.0		5.0	2.0	2.0	1.0		1.0	
49040	DRAIN OPEN ABDOM ABSCESS	090	603	601	-2	0%	16.52	19.15	2.63	16%	0			2.0	1.0			1.0	3.0	2.0	1.0		1.0	
49060	DRAIN OPEN RETROPERI ABSCESS	090	563	565	2	0%	18.53	20.96	2.43	13%	0			2.0	1.0			1.0	2.0	2.0	1.0		1.0	
49062	DRAIN TO PERITONEAL CAVITY	090	334	358	24	7%	12.22	13.58	1.36	11%	0				2.0			2.0				1.0		
49186	OPN EXC/DSTR NTRA-ABD 5 CM/4	090	442	471	29	7%	22	23.98	1.98	9%	-2				2.0	1.0		2.0	1.0		1.0			
49187	OPN EXC/DSTR NTRA-ABD 5.1-10	090	542	568	26	5%	28.65	31.03	2.38	8%	-2				2.0	1.0		2.0	1.0	1.0	1.0			
49188	OPN EXC/DST NTRA-ABD 10.1-20	090	717	747	30	4%	34	37.10	3.10	9%	-2				3.0	1.0		1.0	2.0	2.0		1.0		
49189	OPN EXC/DST NTRA-ABD 20.1-30	090	814	849	35	4%	40	43.34	3.34	8%	-2				3.0	1.0		2.0	2.0	2.0		1.0		
49190	OPN EXC/DSTR NTRA-ABD >30 CM	090	1046	1069	23	2%	50	54.39	4.39	9%	-4				2.0	2.0		1.0	2.0	5.0		1.0		
49215	EXCISE SACRAL SPINE TUMOR	090	855	859	4	0%	37.81	40.62	2.81	7%	0				3.0				2.0	3.0	1.0		2.0	1.0
49250	EXCISION OF UMBILICUS	090	292	319.5	27.5	9%	9.01	10.86	1.85	21%	0			2.5				4.5			1.0			
49255	REMOVAL OF OMENTUM	090	345	386	41	12%	12.56	14.73	2.17	17%	0				3.0			4.0				1.0		
49320	DIAG LAPARO SEPARATE PROC	010	157	164	7	4%	5.14	5.58	0.44	9%	0				1.0							0.5		
49321	LAPAROSCOPY BIOPSY	010	201	213	12	6%	5.44	6.23	0.79	15%	0				1.0			1.0				1.0		
49322	LAPAROSCOPY ASPIRATION	010	133	140	7	5%	6.01	6.34	0.33	5%	0				1.0									
49323	LAPARO DRAIN LYMPHOCELE	090	299	318	19	6%	10.23	11.35	1.12	11%	0				2.0			1.0				1.0		
49324	LAP INSERT TUNNEL IP CATH	010	162	169	7	4%	6.32	6.76	0.44	7%	0				1.0							0.5		
49325	LAP REVISION PERM IP CATH	010	162	169	7	4%	6.82	7.26	0.44	6%	0				1.0							0.5		
49402	REMOVE FOREIGN BODY ADBOM	090	422	421	-1	0%	14.09	16.10	2.01	14%	0			1.0	1.0			1.0	3.0	1.0	1.0			
49419	INSERT TUN IP CATH W/PORT	090	2																					

49436	EMBEDDED IP CATH EXIT-SITE	010	93	95	2	2%	2.72	3.05	0.33	12%	0			1.0					0.5					
49440	PLACE GASTROSTOMY TUBE PERC	010	116	121	5	4%	3.93	4.17	0.24	6%	0						1.0							
49441	PLACE DUOD/JEJ TUBE PERC	010	123	128	5	4%	4.52	4.76	0.24	5%	0						1.0							
49442	PLACE CECOSTOMY TUBE PERC	010	108	113	5	5%	3.75	3.99	0.24	6%	0						1.0							
49491	RPR HERN PREMIE REDUC	090	398	406	8	2%	12.53	13.92	1.39	11%	0			2.0	1.0				1.0	1.0		1.0		
49492	RPR ING HERN PREMIE BLOCKED	090	398	406	8	2%	15.43	16.82	1.39	9%	0			2.0	1.0				1.0	1.0		1.0		
49495	RPR ING HERNIA BABY REDUC	090	148	155	7	5%	6.2	6.53	0.33	5%	0				1.0									
49496	RPR ING HERNIA BABY BLOCKED	090	246	260	14	6%	9.42	10.08	0.66	7%	0				2.0									
49500	RPR ING HERNIA INIT REDUCE	090	178	187	9	5%	5.84	6.50	0.66	11%	0			1.0	1.0					0.5				
49501	RPR ING HERNIA INIT BLOCKED	090	232	246	14	6%	9.36	10.37	1.01	11%	0			1.0	1.0			1.0		1.0				
49505	PRP I/HERN INIT REDUC >5 YR	090	198	207	9	5%	7.96	8.62	0.66	8%	0			1.0	1.0					0.5				
49507	PRP I/HERN INIT BLOCK >5 YR	090	231	240	9	4%	9.09	9.75	0.66	7%	0			1.0	1.0					0.5				
49520	REREPAIR ING HERNIA REDUCE	090	185.5	194.5	9	5%	9.99	10.65	0.66	7%	0			1.0	1.0					0.5				
49521	REREPAIR ING HERNIA BLOCKED	090	251	260	9	4%	11.48	12.14	0.66	6%	0			1.0	1.0					0.5				
49525	REPAIR ING HERNIA SLIDING	090	193	202	9	5%	8.93	9.59	0.66	7%	0			1.0	1.0					0.5				
49540	REPAIR LUMBAR HERNIA	090	218	227	9	4%	10.74	11.40	0.66	6%	0			1.0	1.0					0.5				
49550	RPR REM HERNIA INIT REDUCE	090	193	202	9	5%	8.99	9.65	0.66	7%	0			1.0	1.0					0.5				
49553	RPR FEM HERNIA INIT BLOCKED	090	247	261	14	6%	9.92	10.93	1.01	10%	0			1.0	1.0			1.0		1.0				
49555	REREPAIR FEM HERNIA REDUCE	090	218	227	9	4%	9.39	10.05	0.66	7%	0			1.0	1.0					0.5				
49557	REREPAIR FEM HERNIA BLOCKED	090	262	276	14	5%	11.62	12.63	1.01	9%	0			1.0	1.0			1.0		1.0				
49600	REPAIR UMBILICAL LESION	090	286	311	25	9%	11.55	13.28	1.73	15%	0			2.5				4.0		1.0				
49605	REPAIR UMBILICAL LESION	090	1720	1746	26	2%	87.09	92.80	5.71	7%	-6					3.0		5.0	5.0	5.0		1.0	9.0	2.0
49606	REPAIR UMBILICAL LESION	090	297	314.5	17.5	6%	19	20.37	1.37	7%	0			2.5				2.5		1.0				
49610	REPAIR UMBILICAL LESION	090	282	299.5	17.5	6%	10.91	12.28	1.37	13%	0			2.5				2.5		1.0				
49611	REPAIR UMBILICAL LESION	090	270	287.5	17.5	6%	9.34	10.71	1.37	15%	0			2.5				2.5		1.0				
49650	LAP ING HERNIA REPAIR INIT	090	147	151	4	3%	6.36	6.80	0.44	7%	0			2.0										
49651	LAP ING HERNIA REPAIR RECUR	090	193	199	6	3%	8.38	9.04	0.66	8%	0			3.0										
49900	REPAIR OF ABDOMINAL WALL	090	567	658	91	16%	12.41	16.98	4.57	37%	0				3.0			14.0		1.0			2.0	
49904	OMENTAL FLAP EXTRA-ABDOM	090	670	703	33	5%	22.35	25.69	3.34	15%	0			3.0	2.0			5.0	3.0	1.0				
49906	FREE OMENTAL FLAP MICROVASC	090	892	964	72	8%	0	3.90	3.90	#DIV/0!	0			2.0	4.0			8.0		1.0				
50010	RENAL EXPLORATION	090	341	377	36	11%	12.28	14.21	1.93	16%	0				3.0			3.0		1.0				
50020	DRG PERIRNL/RENAL ABSC OPEN	090	650	697	47	7%	18.08	22.10	4.02	22%	0				4.0			7.0	4.0	1.0				
50040	NFROS NFROT W/DRG	090	405	453	48	12%	16.68	19.18	2.50	15%	0				4.0			4.0		1.0				
50045	NEPHROTOMY W/EXPLORATION	090	382	420.5	38.5	10%	16.82	18.87	2.05	12%	0				3.0			3.5		1.0				
50060	NL REMOVAL CALCULUS	090	440	491	51	12%	20.95	23.60	2.65	13%	0				3.0			6.0		1.0				
50065	NL SEC SURG OPERJ CALCULUS	090	471	517	46	10%	22.32	24.73	2.41	11%	0				3.0			5.0		1.0				
50070	NL COMP CGEN KDN ABNORMAL	090	482	528	46	10%	21.85	24.26	2.41	11%	0				3.0			5.0		1.0				
50075	NL RMVL LG STAGHORN CALCUL	090	569.5	621.5	52	9%	27.09	29.79	2.70	10%	0				3.5			5.5		1.0				
50080	PERQ NL/PL LITHOTRP SMPL<2CM	090	244	258	14	6%	12.41	13.18	0.77	6%	0				2.0					0.5				
50081	PERQ NL/PL LITHOTRP CPLX>2CM	090	302	316	14	5%	20.91	21.68	0.77	4%	0				2.0					0.5				
50100	TRNSXJ/REPOS ABRNT RNL VLS	090	400	438.5	38.5	10%	17.45	19.50	2.05	12%	0				3.0			3.5		1.0				
50120	PYELOTOMY W/EXPLORATION	090	362	398	36	10%	17.21	19.14	1.93	11%	0				3.0			3.0		1.0				
50125	PYELOTOMY W/DRG PYELOSTOM	090	364	400	36	10%	17.82	19.75	1.93	11%	0				3.0			3.0		1.0				
50130	PYELOTOMY W/REMOVAL CALCUL	090	427	473	46	11%	18.82	21.23	2.41	13%	0				3.0			5.0		1.0				
50205	RENAL BX SURG EXPOSURE KDN	090	324	353	29	9%	12.29	13.89	1.60	13%	0				2.0			3.0		1.0				
50220	REMOVE KIDNEY OPEN	090	432	478	46	11%	18.68	21.09	2.41	13%	0				3.0			5.0		1.0				
50225	REMOVAL KIDNEY OPEN COMPLETE	090	512	563	51	10%	21.88	24.53	2.65	12%	0				3.0			6.0		1.0				
50230	REMOVAL KIDNEY OPEN RADICAL	090	573.5	631	57.5	10%	23.81	26.78	2.97	12%	0				2.5			8.0		1.0				
50234	REMOVAL OF KIDNEY & URETER	090	512	563	51	10%	24.05	26.70	2.65	11%	0				3.0			6.0		1.0				
50236	REMOVAL OF KIDNEY & URETER	090	570	633	63	11%	26.94	30.16	3.22	12%	0				4.0			7.0		1.0				
50240	NEPHRECTOMY PARTIAL	090	605	673	68	11%	24.21	27.67	3.46	14%	0				4.0			8.0		1.0				
50250	OPN ABLTJ 1/> RNL MAS CRYSRG	090	541	563	22	4%	22.22	25.06	2.84	13%	0			2.0	2.0			3.0	2.0	1.0	1.0			
50280	EXC/UNROOFING CYST KIDNEY	090	379	420	41	11%	17.09	19.26	2.17	13%	0				3.0			4.0		1.0				
50290	EXCISION PERINEPHRIC CYST	090	386	427	41	11%	16.15	18.32	2.17	13%	0				3.0			4.0		1.0				
50320	REMOVE KIDNEY LIVING DONOR	090	524	554	30	6%	22.43	24.71	2.28	10%	0			5.0				4.0		1.0				
50340	RECIPIENT NEPHRECTOMY	090	436.5	493.5	57	13%	14.04	16.98	2.94	21%	0				3.5			6.5		1.0				
50360	RNL ALTRNSPLJ W/O RCP NFRCT	090	774	805	31	4%	39.88	43.40	3.52	9%	-5				1.0	2.0	1.0	1.0	2.0	2.0	1.0			
50365	RNL ALTRNSPLJ W/RCP NFRCT	090	1446	1455	9	1%	46.13	52.02	5.89	13%	0				9.0				13.5		1.0		4.0	
50370	RMVL TRANSPLANTED RNL ALGR	090	898	961	63	7%	18.88	22.10	3.22	17%	0				4.0			7.0		1.0			6.0	
50380	RNL AUTOTRNSPLJ RIMPLTJ KDN	090	1469	1478	9	1%	30.11	36.00	5.89	20%	0				9.0				13.5		1.0		4.0	
50400	REVISION OF KIDNEY/URETER	090	483	539	56	12%	21.27	24.16	2.89	14%	0				3.0			7.0		1.0				
50405	REVISION OF KIDNEY/URETER	090	550.5	610	59.5	11%	25.86	28.92	3.06	12%	0				3.5			7.0		1.0				
50500	REPAIR OF KIDNEY WOUND	090	463	514	51	11%	21.22	23.87	2.65	12%	0				3.0			6.0		1.0				
50520	CLOSE KIDNEY-SKIN FISTULA	090	465	516	51	11%	18.88	21.53	2.65	14%	0				3.0			6.0		1.0				
50525	CLOSE NEPHROVISCERAL FISTULA	090	569.5	636.5	67	12%	24.39	27.81	3.42	14%	0				3.5			8.5		1.0				
50526	CLOSE NEPHROVISCERAL FISTULA	090	624.5	699	74.5	12%	26.31	30.09	3.78	14%	0				3.5			10.0		1.0				
50540	REVISION OF HORSESHOE KIDNEY	090	421	452	31	7%	21.1	22.79	1.69	8%	0				3.0			2.0		1.0				
50541	LAPARO ABLATE RENAL CYST	090	319	343	24	8%	16.86	18.22	1.36	8%	0				2.0			2.0		1.0				
50542	LAPARO ABLATE RENAL MASS	090	449	468	19	4%	21.36	22.86	1.50	7%	-2				2.0	1.0			1.0		1.0			
50543	LAPARO PARTIAL NEPHRECTOMY	090	557	593	36	6%	27.41	29.72	2.31	8%	-2				3.0	1.0		2.0	1.0	1.0				
50544	LAPAROSCOPY PYELOPLASTY	090	459	488	29	6%	23.37	24.97	1.60	7%	0				2.0			3.0		1.0				
50545	LAPARO RADICAL NEPHRECTOMY	090	491	522	31	6%	25.06	26.75	1.69	7%	-2				1.0	1.0		3.0		1.0				
50546	LAPAROSCOPIC NEPHRECTOMY	090	466.5	504.5	38	8%	21.87	23.89	2.02	9%	-2				2.0	1.0		3.0		1.0				

50547	LAPARO REMOVAL DONOR KIDNEY	090	501.5	525.5	24	5%	26.34	27.70	1.36	5%	0				2.0			2.0			1.0			
50548	LAPARO REMOVE W/URETER	090	494	523	29	6%	25.36	26.96	1.60	6%	0				2.0			3.0			1.0			
50562	RENAL SCOPE W/TUMOR RESECT	090	187.5	187.5	0	0%	10.9	11.01	0.11	1%	0										0.5			
50590	FRAGMENTING OF KIDNEY STONE	090	207	223	16	8%	9.77	10.76	0.99	10%	0			1.0	2.0						0.5			
50592	PERC RF ABLATE RENAL TUMOR	010	145	147	2	1%	6.55	6.88	0.33	5%	0			1.0							0.5			
50593	PERC CRYO ABLATE RENAL TUM	010	207	214	7	3%	8.88	9.32	0.44	5%	0				1.0						0.5			
50600	EXPLORATION OF URETER	090	361.5	401.5	40	11%	17.17	19.30	2.13	12%	0				2.5			4.5			1.0			
50605	INSERT URETERAL SUPPORT	090	361.5	401.5	40	11%	16.79	18.92	2.13	13%	0				2.5			4.5			1.0			
50610	REMOVAL OF URETER STONE	090	354.5	394.5	40	11%	17.25	19.38	2.13	12%	0				2.5			4.5			1.0			
50620	REMOVAL OF URETER STONE	090	330.5	368	37.5	11%	16.43	18.44	2.01	12%	0				2.5			4.0			1.0			
50630	REMOVAL OF URETER STONE	090	339.5	377	37.5	11%	16.21	18.22	2.01	12%	0				2.5			4.0			1.0			
50650	REMOVAL OF URETER	090	387	428	41	11%	18.82	20.99	2.17	12%	0				3.0			4.0			1.0			
50660	REMOVAL OF URETER	090	434	477.5	43.5	10%	21.02	23.31	2.29	11%	0				3.0			4.5			1.0			
50688	CHANGE OF URETER TUBE/STENT	010	52	53	1	2%	1.2	1.31	0.11	9%	0			0.5										
50700	REVISION OF URETER	090	415	458.5	43.5	10%	16.69	18.98	2.29	14%	0				3.0			4.5			1.0			
50715	RELEASE OF URETER	090	467	504	37	8%	20.64	23.01	2.37	11%	0				3.0			4.0	1.0		1.0			
50722	RELEASE OF URETER	090	423	471.5	48.5	11%	17.95	20.48	2.53	14%	0				3.0			5.5			1.0			
50725	RELEASE/REVISE URETER	090	486	539.5	53.5	11%	20.2	22.97	2.77	14%	0				3.0			6.5			1.0			
50727	REVISE URETER	090	225	241	16	7%	8.28	9.51	1.23	15%	0			2.0	1.0			1.0			1.0			
50728	REVISE URETER	090	286	314	28	10%	12.18	13.85	1.67	14%	0			1.0	3.0			1.0			1.0			
50740	FUSION OF URETER & KIDNEY	090	465	516	51	11%	20.07	22.72	2.65	13%	0				3.0			6.0			1.0			
50750	FUSION OF URETER & KIDNEY	090	507	560.5	53.5	11%	21.22	23.99	2.77	13%	0				3.0			6.5			1.0			
50760	URETEROURETEROSTOMY	090	451	502	51	11%	20.07	22.72	2.65	13%	0				3.0			6.0			1.0			
50770	SPlicing OF URETERS	090	489	542.5	53.5	11%	21.22	23.99	2.77	13%	0				3.0			6.5			1.0			
50780	REIMPLANT URETER IN BLADDER	090	413	461.5	48.5	12%	19.95	22.48	2.53	13%	0				3.0			5.5			1.0			
50782	REIMPLANT URETER IN BLADDER	090	384	415	31	8%	19.66	21.35	1.69	9%	0				3.0			2.0			1.0			
50783	REIMPLANT URETER IN BLADDER	090	427	460	33	8%	20.7	22.61	1.91	9%	0			1.0	3.0			2.0			1.0			
50785	REIMPLANT URETER IN BLADDER	090	485	538.5	53.5	11%	22.23	25.00	2.77	12%	0				3.0			6.5			1.0			
50800	IMPLANT URETER IN BOWEL	090	470.5	527.5	57	12%	16.41	19.35	2.94	18%	0				3.5			6.5			1.0			
50810	FUSION OF URETER & BOWEL	090	731.5	810.5	79	11%	22.61	26.60	3.99	18%	0				4.5			9.5			1.0			
50815	URINE SHUNT TO INTESTINE	090	630	703	73	12%	22.26	25.96	3.70	17%	0				4.0			9.0			1.0			
50820	CONSTRUCT BOWEL BLADDER	090	606.5	676	69.5	11%	24.07	27.61	3.54	15%	0				3.5			9.0			1.0			
50825	CONSTRUCT BOWEL BLADDER	090	761	841.5	80.5	11%	30.68	34.74	4.06	13%	0				4.0			10.5			1.0			
50830	REVISE URINE FLOW	090	761	841.5	80.5	11%	33.77	37.83	4.06	12%	0				4.0			10.5			1.0			
50840	REPLACE URETER BY BOWEL	090	678	753.5	75.5	11%	22.39	26.21	3.82	17%	0				4.0			9.5			1.0			
50845	APPENDICO-VESICOSTOMY	090	613	673	60	10%	22.46	25.53	3.07	14%	0				5.0			5.0			1.0			
50860	TRANSPLANT URETER TO SKIN	090	434	487.5	53.5	12%	17.08	19.85	2.77	16%	0				3.0			6.5			1.0			
50900	REPAIR OF URETER	090	363	404	41	11%	15.04	17.21	2.17	14%	0				3.0			4.0			1.0			
50920	CLOSURE URETER/SKIN FISTULA	090	409	452.5	43.5	11%	15.81	18.10	2.29	14%	0				3.0			4.5			1.0			
50930	CLOSURE URETER/BOWEL FISTUL	090	438	481.5	43.5	10%	20.19	22.48	2.29	11%	0				3.0			4.5			1.0			
50940	RELEASE OF URETER	090	383	424	41	11%	15.93	18.10	2.17	14%	0				3.0			4.0			1.0			
50945	LAPAROSCOPY URETEROLITHOTO	090	341.5	370.5	29	8%	17.97	19.57	1.60	9%	0				2.0			3.0			1.0			
50947	LAPARO NEW URETER/BLADDER	090	512	548	36	7%	25.78	27.71	1.93	7%	0				3.0			3.0			1.0			
50948	LAPARO NEW URETER/BLADDER	090	506	524	18	4%	23.82	25.43	1.61	7%	-2				1.0	1.0		1.0		1.0	1.0			
51020	CYSTOTOMY/CYSTOSTOMY W/FU	090	266.5	291.5	25	9%	7.69	9.10	1.41	18%	0				2.5			1.5			1.0			
51040	INCISE & DRAIN BLADDER	090	139	143	4	3%	4.49	5.04	0.55	12%	0			2.0							0.5			
51045	INCISE BLADDER/DRAIN URETER	090	271.5	299	27.5	10%	7.81	9.34	1.53	20%	0				2.5			2.0			1.0			
51050	REMOVAL OF BLADDER STONE	090	276	307.5	31.5	11%	7.97	9.69	1.72	22%	0				2.0			3.5			1.0			
51060	REMOVAL OF URETER STONE	090	319.5	349.5	30	9%	9.95	11.60	1.65	17%	0				2.5			2.5			1.0			
51065	REMOVE URETER CALCULUS	090	318.5	348.5	30	9%	9.95	11.60	1.65	17%	0				2.5			2.5			1.0			
51080	DRAINAGE OF BLADDER ABSCESS	090	238	257	19	8%	6.71	7.83	1.12	17%	0				2.0			1.0			1.0			
51500	REMOVAL OF BLADDER CYST	090	290.5	313	22.5	8%	11.05	12.34	1.29	12%	0				2.5			1.0			1.0			
51520	REMOVAL OF BLADDER LESION	090	271.5	294	22.5	8%	10.21	11.50	1.29	13%	0				2.5			1.0			1.0			
51525	REMOVAL OF BLADDER LESION	090	386.5	431.5	45	12%	15.42	17.79	2.37	15%	0				2.5			5.5			1.0			
51530	REMOVAL OF BLADDER LESION	090	357.5	397.5	40	11%	13.71	15.84	2.13	15%	0				2.5			4.5			1.0			
51535	REPAIR OF URETER LESION	090	374.5	414.5	40	11%	13.9	16.03	2.13	15%	0				2.5			4.5			1.0			
51550	PARTIAL REMOVAL OF BLADDER	090	419.5	469.5	50	12%	17.23	19.84	2.61	15%	0				2.5			6.5			1.0			
51555	PARTIAL REMOVAL OF BLADDER	090	534	597.5	63.5	12%	23.18	26.43	3.25	14%	0				3.0			8.5			1.0			
51565	REVISE BLADDER & URETER(S)	090	571.5	636	64.5	11%	23.68	26.98	3.30	14%	0				3.5			8.0			1.0			
51570	REMOVAL OF BLADDER	090	710	773.5	63.5	9%	27.46	30.71	3.25	12%	0				3.0			8.5			1.0		2.5	
51575	REMOVAL OF BLADDER & NODES	090	863.5	945.5	82	9%	34.18	38.32	4.14	12%	0				3.5			11.5			1.0		2.5	
51580	REMOVE BLADDER/REVISE TRACT	090	987.5	1086.5	99	10%	35.37	40.32	4.95	14%	0				4.5			13.5			1.0		2.5	
51585	REMOVAL OF BLADDER & NODES	090	1073.5	1177.5	104	10%	39.64	44.83	5.19	13%	0				4.5			14.5			1.0		2.5	
51590	REMOVE BLADDER/REVISE TRACT	090	990.5	1070	79.5	8%	36.33	40.35	4.02	11%	0				3.5			11.0			1.0		2.5	
51595	REMOVE BLADDER/REVISE TRACT	090	1039	1137	98	9%	41.32	46.22	4.90	12%	0				4.0			14.0			1.0		2.5	
51596	REMOVE BLADDER/CREATE POUCH	090	1231	1346	115	9%	44.26	49.97	5.71	13%	0				5.0			16.0			1.0		2.5	
51597	REMOVAL OF PELVIC STRUCTURE	090	1023	1093	70	7%	42.86	48.37	5.51	13%	0				5.0			11.0	5.0		1.0			
51800	REVISION OF BLADDER/URETHRA	090	434	477.5	43.5	10%	18.89	21.18	2.29	12%	0				3.0			4.5			1.0			
51820	REVISION OF URINARY TRACT	090	511.5	561	49.5	10%	19.59	22.17	2.58	13%	0				3.5			5.0			1.0			
51840	ATTACH BLADDER/URETHRA	090	319	346.5	27.5	9%	11.36	13.21	1.85	16%	0			2.5			4.5			1.0				
51841	ATTACH BLADDER/URETHRA	090	354	381.5	27.5	8%	13.68	15.53	1.85															

51865	REPAIR OF BLADDER WOUND	090	398	430	32	8%	15.8	17.99	2.19	14%	0			3.5				5.0			1.0			
51880	REPAIR OF BLADDER OPENING	090	216	225	9	4%	7.87	8.77	0.90	11%	0			2.0				1.0			1.0			
51900	REPAIR BLADDER/VAGINA LESION	090	487	538	51	10%	14.63	17.28	2.65	18%	0							6.0			1.0			
51920	CLOSE BLADDER-UTERUS FISTULA	090	458	506.5	48.5	11%	13.41	15.94	2.53	19%	0							5.5			1.0			
51925	HYSTERECTOMY/BLADDER REPAIR	090	536.5	596	59.5	11%	17.53	20.59	3.06	17%	0							7.0			1.0			
51940	CORRECTION OF BLADDER DEFECT	090	671.5	743.5	72	11%	30.66	34.32	3.66	12%	0							9.5			1.0			
51960	REVISION OF BLADDER & BOWEL	090	663	738.5	75.5	11%	25.4	29.22	3.82	15%	0							9.5			1.0			
51980	CONSTRUCT BLADDER OPENING	090	320.5	355.5	35	11%	12.57	14.46	1.89	15%	0							3.5			1.0			
51990	LAPARO URETHRAL SUSPENSION	090	324	348	24	7%	13.36	14.72	1.36	10%	0							2.0			1.0			
51992	LAPARO SLING OPERATION	090	324	348	24	7%	14.87	16.23	1.36	9%	0							2.0			1.0			
52301	CYSTOSCOPY AND TREATMENT	000	183	183	0	0%	5.5	5.72	0.22	4%	0										1.0			
52400	CYSTOURETERO W/CONGEN REPAIR	090	197.5	199.5	2	1%	8.69	9.02	0.33	4%	0			1.0							0.5			
52450	INCISION OF PROSTATE	090	209	230	21	10%	7.78	8.88	1.10	14%	0										0.5			
52500	REVISION OF BLADDER NECK	090	230.5	251.5	21	9%	8.14	9.24	1.10	14%	0										0.5			
52601	PROSTATECTOMY (TURP)	090	236	250	14	6%	13.16	13.93	0.77	6%	0										0.5			
52630	REMOVE PROSTATE REGROWTH	090	222	233	11	5%	6.55	7.43	0.88	13%	0			2.0							0.5			
52640	RELIEVE BLADDER CONTRACTURE	090	184	200	16	9%	4.79	5.78	0.99	21%	0			1.0							0.5			
52647	LASER SURGERY OF PROSTATE	090	219	240	21	10%	11.3	12.29	0.99	9%	0													
52648	LASER SURGERY OF PROSTATE	090	249	270	21	8%	12.15	13.14	0.99	8%	0													
52649	PROSTATE LASER ENUCLEATION	090	279	295	16	6%	14.56	15.55	0.99	7%	0			1.0							0.5			
52700	DRAINAGE OF PROSTATE ABSCESS	090	201	217.5	16.5	8%	7.49	8.49	1.00	13%	0										1.0			
53000	INCISION OF URETHRA	010	138	140	2	1%	2.33	2.77	0.44	19%	0			1.0							1.0			
53010	INCISION OF URETHRA	090	228	249.5	21.5	9%	4.45	5.69	1.24	28%	0										1.0			
53040	DRAINAGE OF URETHRA ABSCESS	090	179	185.5	6.5	4%	6.55	7.33	0.78	12%	0			2.0							1.0			
53060	DRAINAGE OF URETHRA ABSCESS	010	68	70	2	3%	2.68	2.90	0.22	8%	0			1.0										
53080	DRAINAGE OF URINARY LEAKAGE	090	193	207	14	7%	6.92	7.80	0.88	13%	0										1.0			
53085	DRAINAGE OF URINARY LEAKAGE	090	254.5	277	22.5	9%	11.18	12.47	1.29	11%	0										1.0			
53210	REMOVAL OF URETHRA	090	325.5	358	32.5	10%	13.72	15.49	1.77	13%	0										3.0			
53215	REMOVAL OF URETHRA	090	371.5	409	37.5	10%	16.85	18.86	2.01	12%	0										4.0			
53220	TREATMENT OF URETHRA LESION	090	201	215	14	7%	7.63	8.51	0.88	12%	0										1.0			
53230	REMOVAL OF URETHRA LESION	090	267.5	287.5	20	7%	10.44	11.61	1.17	11%	0										1.0			
53235	REMOVAL OF URETHRA LESION	090	281.5	301.5	20	7%	10.99	12.16	1.17	11%	0										1.0			
53240	SURGERY FOR URETHRA POUCH	090	199	213	14	7%	7.08	7.96	0.88	12%	0										1.0			
53250	REMOVAL OF URETHRA GLAND	090	153	167	14	9%	6.52	7.18	0.66	10%	0													
53260	TREATMENT OF URETHRA LESION	010	74	76	2	3%	3.03	3.25	0.22	7%	0			1.0										
53265	TREATMENT OF URETHRA LESION	010	76	78	2	3%	3.17	3.39	0.22	7%	0			1.0										
53270	REMOVAL OF URETHRA GLAND	010	93	95	2	2%	3.14	3.47	0.33	11%	0			1.0							0.5			
53275	REPAIR OF URETHRA DEFECT	010	121	123	2	2%	4.57	4.90	0.33	7%	0			1.0							0.5			
53400	REVISE URETHRA STAGE 1	090	343	381.5	38.5	11%	14.13	16.18	2.05	15%	0										1.0			
53405	REVISE URETHRA STAGE 2	090	330	361	31	9%	15.66	17.35	1.69	11%	0										1.0			
53410	RECONSTRUCTION OF URETHRA	090	364	397.5	33.5	9%	17.68	19.49	1.81	10%	0										1.0			
53415	RECONSTRUCTION OF URETHRA	090	424	460	36	8%	20.7	22.63	1.93	9%	0										1.0			
53420	RECONSTRUCT URETHRA STAGE 1	090	340.5	370.5	30	9%	15.17	16.82	1.65	11%	0										1.0			
53425	RECONSTRUCT URETHRA STAGE 2	090	349.5	379.5	30	9%	17.07	18.72	1.65	10%	0										1.0			
53430	RECONSTRUCTION OF URETHRA	090	344.5	374.5	30	9%	17.43	19.08	1.65	9%	0										1.0			
53431	RECONSTRUCT URETHRA/BLADDER	090	426	462	36	8%	21.18	23.11	1.93	9%	0										1.0			
53440	MALE SLING PROCEDURE	090	248	264	16	6%	13.36	14.35	0.99	7%	0			1.0							0.5			
53442	REMOVE/REVISE MALE SLING	090	395	415	20	5%	13.49	15.43	1.94	14%	0										1.0			
53444	INSERT TANDEM CUFF	090	320	341	21	7%	14.19	15.53	1.34	9%	0			1.0							1.0			
53445	INSERT URO/VES NCK SPHINCTER	090	314	337	23	7%	13	14.32	1.32	10%	0			1.0							0.5			
53446	REMOVE URO SPHINCTER	090	300	321	21	7%	11.02	12.36	1.34	12%	0			1.0							1.0			
53447	REMOVE/REPLACE UR SPHINCTER	090	340	361	21	6%	14.28	15.62	1.34	9%	0			1.0							1.0			
53448	REMOV/REPLC UR SPHINCTR CON	090	564	604	40	7%	23.44	26.34	2.90	12%	-2										1.0			
53449	REPAIR URO SPHINCTER	090	280.5	300.5	20	7%	10.56	11.73	1.17	11%	0										1.0			
53450	REVISION OF URETHRA	090	202	216	14	7%	6.77	7.65	0.88	13%	0										1.0			
53460	REVISION OF URETHRA	090	205	219	14	7%	7.75	8.63	0.88	11%	0										1.0			
53500	URETHRLYS TRANSVAG W/ SCOP	090	289	310	21	7%	13	14.34	1.34	10%	0			1.0							1.0			
53502	REPAIR OF URETHRA INJURY	090	212	226	14	7%	8.26	9.14	0.88	11%	0										1.0			
53505	REPAIR OF URETHRA INJURY	090	218	232	14	6%	8.26	9.14	0.88	11%	0										1.0			
53510	REPAIR OF URETHRA INJURY	090	270.5	290.5	20	7%	10.96	12.13	1.17	11%	0										1.0			
53515	REPAIR OF URETHRA INJURY	090	322.5	345	22.5	7%	14.22	15.51	1.29	9%	0										1.0			
53520	REPAIR OF URETHRA DEFECT	090	250.5	268	17.5	7%	9.48	10.53	1.05	11%	0										1.0			
53850	PROSTATIC MICROWAVE THERMO	090	151	172	21	14%	5.42	6.41	0.99	18%	0													
53852	PROSTATIC RF THERMOTX	090	142	163	21	15%	5.93	6.92	0.99	17%	0													
53854	TRURL DSTRJ PRST8 TISS RF WV	090	137	158	21	15%	5.93	6.92	0.99	17%	0													
53860	TRANSURETHRAL RF TREATMENT	090	98	112	14	14%	3.97	4.63	0.66	17%	0													
54000	SLITTING OF PREPUCE	010	54	56	2	4%	1.59	1.81	0.22	14%	0			1.0										
54001	SLITTING OF PREPUCE	010	69	71	2	3%	2.24	2.46	0.22	10%	0			1.0										
54015	DRAIN PENIS LESION	010	119	121	2	2%	5.36	5.69	0.33	6%	0										0.5			
54050	DESTRUCTION PENIS LESION(S)	010	54	56	2	4%	1.29	1.51	0.22	17%	0			1.0										
54055	DESTRUCTION PENIS LESION(S)	010	44	45	1	2%	1.25	1.36	0.11	9%	0			0.5										
54056	CRYOSURGERY PENIS LESION(S)	010	56	58	2	4%	1.29	1.51	0.22	17%	0			1.0										
54057	LASER SURG PENIS LESION(S)	010	73	75	2	3%	1.29	1.51	0.22	17%	0			1.0										

54060	EXCISION OF PENIS LESION(S)	010	66	68	2	3%	1.98	2.20	0.22	11%	0			1.0									
54065	DESTRUCTION PENIS LESION(S)	010	68	70	2	3%	2.47	2.69	0.22	9%	0			1.0									
54105	BIOPSY OF PENIS	010	102	104	2	2%	3.54	3.76	0.22	6%	0			1.0									
54110	TREATMENT OF PENIS LESION	090	256.5	274	17.5	7%	10.92	11.97	1.05	10%	0				2.5						1.0		
54111	TREAT PENIS LESION GRAFT	090	318.5	338.5	20	6%	14.42	15.59	1.17	8%	0				2.5			0.5			1.0		
54112	TREAT PENIS LESION GRAFT	090	368	396.5	28.5	8%	16.98	18.55	1.57	9%	0				3.0			1.5			1.0		
54115	TREATMENT OF PENIS LESION	090	207.5	225	17.5	8%	6.95	8.00	1.05	15%	0				2.5						1.0		
54120	PARTIAL REMOVAL OF PENIS	090	272.5	300	27.5	10%	11.01	12.54	1.53	14%	0				2.5			2.0			1.0		
54125	REMOVAL OF PENIS	090	298.5	326	27.5	9%	14.56	16.09	1.53	10%	0				2.5			2.0			1.0		
54130	REMOVE PENIS & NODES	090	502.5	552	49.5	10%	21.84	24.42	2.58	12%	0				3.5			5.0			1.0		
54135	REMOVE PENIS & NODES	090	599.5	654	54.5	9%	28.17	30.99	2.82	10%	0				3.5			6.0			1.0		
54160	CIRCUMCISION NEONATE	010	83	85	2	2%	2.53	2.75	0.22	9%	0			1.0									
54161	CIRCUM 28 DAYS OR OLDER	010	88	90	2	2%	3.32	3.54	0.22	7%	0			1.0									
54162	LYSIS PENIL CIRCUMIC LESION	010	107	114	7	7%	3.32	3.76	0.44	13%	0				1.0						0.5		
54163	REPAIR OF CIRCUMCISION	010	107	114	7	7%	3.32	3.76	0.44	13%	0				1.0						0.5		
54164	FRENULOTOMY OF PENIS	010	97	104	7	7%	2.82	3.26	0.44	16%	0				1.0						0.5		
54200	INJECTION PX PEYRONIE DS	010	71	73	2	3%	1.11	1.33	0.22	20%	0			1.0									
54205	NUX PX PEYRONIE DS EXPS PLAQ	090	262.5	290	27.5	10%	8.97	10.50	1.53	17%	0				2.5			2.0			1.0		
54300	REVISION OF PENIS	090	268.5	286	17.5	7%	11.2	12.14	0.94	8%	0				2.5						0.5		
54304	REVISION OF PENIS	090	273.5	291	17.5	6%	13.28	14.22	0.94	7%	0				2.5						0.5		
54308	RECONSTRUCTION OF URETHRA	090	234.5	252	17.5	7%	12.62	13.45	0.83	7%	0				2.5								
54312	RECONSTRUCTION OF URETHRA	090	317	338	21	7%	14.51	15.61	1.10	8%	0				3.0						0.5		
54316	RECONSTRUCTION OF URETHRA	090	401	434.5	33.5	8%	18.05	19.86	1.81	10%	0				3.0			2.5			1.0		
54318	RECONSTRUCTION OF URETHRA	090	309	340	31	10%	12.43	14.12	1.69	14%	0				3.0			2.0			1.0		
54322	RECONSTRUCTION OF URETHRA	090	307.5	332.5	25	8%	13.98	15.39	1.41	10%	0				2.5			1.5			1.0		
54324	RECONSTRUCTION OF URETHRA	090	374	407.5	33.5	9%	17.55	19.36	1.81	10%	0				3.0			2.5			1.0		
54326	RECONSTRUCTION OF URETHRA	090	437	473	36	8%	17.02	18.95	1.93	11%	0				3.0			3.0			1.0		
54328	REVISE PENIS/URETHRA	090	395	428.5	33.5	8%	16.89	18.70	1.81	11%	0				3.0			2.5			1.0		
54332	REVISE PENIS/URETHRA	090	421	457	36	9%	18.37	20.30	1.93	11%	0				3.0			3.0			1.0		
54336	REVISE PENIS/URETHRA	090	450.5	495	44.5	10%	21.62	23.96	2.34	11%	0				3.5			4.0			1.0		
54340	RPR HYPSPAD COMP SIMPLE	090	234.5	252	17.5	7%	9.71	10.65	0.94	10%	0				2.5						0.5		
54344	RRP HYPSPAD COMP MOBLJ&UR	090	371	399.5	28.5	8%	17.06	18.63	1.57	9%	0				3.0			1.5			1.0		
54348	RPR HYPSPAD COMP DSJ & URTP	090	408	439	31	8%	18.32	20.01	1.69	9%	0				3.0			2.0			1.0		
54352	REVJ PRIOR HYPSPAD REPAIR	090	497.5	534.5	37	7%	26.13	28.11	1.98	8%	0				3.5			2.5			1.0		
54360	PENIS PLASTIC SURGERY	090	280.5	300.5	20	7%	12.78	13.95	1.17	9%	0				2.5			0.5			1.0		
54380	REPAIR PENIS	090	337	360.5	23.5	7%	14.18	15.51	1.33	9%	0				3.0			0.5			1.0		
54385	REPAIR PENIS	090	424.5	451.5	27	6%	16.56	18.06	1.50	9%	0				3.5			0.5			1.0		
54390	REPAIR PENIS AND BLADDER	090	464.5	491.5	27	6%	22.77	24.27	1.50	7%	0				3.5			0.5			1.0		
54400	INSERT SEMI-RIGID PROSTHESIS	090	237	244.5	7.5	3%	9.17	10.06	0.89	10%	0			2.5			0.5				1.0		
54401	INSERT SELF-CONTD PROSTHESIS	090	248	271	23	9%	10.44	11.63	1.19	11%	-2					1.0					0.5		
54405	INSERT MULTI-COMP PENIS PROS	090	272.5	290	17.5	6%	14.52	15.46	0.94	6%	0				2.5						0.5		
54406	REMOVE MUTI-COMP PENIS PRO	090	295	316	21	7%	12.89	14.23	1.34	10%	0			1.0	2.0			1.0			1.0		
54408	REPAIR MULTI-COMP PENIS PROS	090	334	362	28	8%	13.91	15.45	1.54	11%	-2				2.0	1.0		1.0			1.0		
54410	REMOVE/REPLACE PENIS PROSTH	090	329	352	23	7%	15.18	16.50	1.32	9%	0			1.0	3.0						0.5		
54411	REMOV/REPLC PENIS PROS COM	090	580	622	42	7%	18.35	21.47	3.12	17%	-2			1.0	2.0	1.0		5.0	2.0		1.0		
54415	REMOVE SELF-CONTD PENIS PRO	090	221	237	16	7%	8.88	9.87	0.99	11%	0			1.0	2.0						0.5		
54416	REMV/REPL PENIS CONTAIN PROS	090	315	345	30	10%	12.08	13.84	1.76	15%	-2			1.0	2.0	1.0		1.0			1.0		
54417	REMV/REPLC PENIS PROS COMPL	090	465	495	30	6%	16.1	18.65	2.55	16%	-2			1.0	1.0	1.0		4.0	2.0		1.0		
54420	REVISION OF PENIS	090	324.5	349.5	25	8%	12.39	13.80	1.41	11%	0				2.5			1.5			1.0		
54430	REVISION OF PENIS	090	273.5	296	22.5	8%	11.06	12.35	1.29	12%	0				2.5			1.0			1.0		
54435	REVISION OF PENIS	090	193	209.5	16.5	9%	6.81	7.81	1.00	15%	0				2.0			0.5			1.0		
54437	REPAIR CORPOREAL TEAR	090	264	287	23	9%	11.5	12.93	1.43	12%	0			1.0	3.0						1.0		
54440	REPAIR OF PENIS	090	386	407	21	5%	0	1.60	1.60	#DIV/0!	0			3.0				3.0			1.0		
54505	BIOPSY OF TESTIS	010	97	99	2	2%	3.5	3.72	0.22	6%	0			1.0									
54512	EXCISE LESION TESTIS	090	216	235	19	9%	9.33	10.23	0.90	10%	0				2.0			1.0					
54520	REMOVAL OF TESTIS	090	144	147	3	2%	5.3	5.74	0.44	8%	0			1.5							0.5		
54522	ORCHIECTOMY PARTIAL	090	211	230	19	9%	10.25	11.15	0.90	9%	0				2.0			1.0					
54530	REMOVAL OF TESTIS	090	246.5	257.5	11	4%	8.46	9.34	0.88	10%	0			2.0	1.0						0.5		
54535	EXTENSIVE TESTIS SURGERY	090	298.5	326	27.5	9%	13.19	14.72	1.53	12%	0				2.5			2.0			1.0		
54550	EXPLORATION FOR TESTIS	090	228	242	14	6%	8.41	9.29	0.88	10%	0				2.0						1.0		
54560	EXPLORATION FOR TESTIS	090	303.5	328.5	25	8%	12.1	13.51	1.41	12%	0				2.5			1.5			1.0		
54600	REDUCE TESTIS TORSION	090	202	216	14	7%	7.64	8.52	0.88	12%	0				2.0						1.0		
54620	SUSPENSION OF TESTIS	010	127	134	7	6%	5.21	5.65	0.44	8%	0				1.0						0.5		
54640	ORCHIOPEXY INGUN/SCROT APPH	090	162	169	7	4%	7.73	8.17	0.44	6%	0				1.0						0.5		
54650	ORCHIOPEXY (FOWLER-STEPHENS	090	301	322	21	7%	12.39	13.38	0.99	8%	0				3.0								
54660	REVISION OF TESTIS	090	163	177	14	9%	5.74	6.51	0.77	13%	0				2.0						0.5		
54670	REPAIR TESTIS INJURY	090	230	240	10	4%	6.65	7.66	1.01	15%	0			2.5				1.0			1.0		
54680	RELOCATION OF TESTIS(ES)	090	364.5	407	42.5	12%	14.04	16.29	2.25	16%	0				2.5			5.0			1.0		
54690	LAPAROSCOPY ORCHIECTOMY	090	329	348	19	6%	11.7	12.82	1.12	10%	0				2.0			1.0			1.0		
54692	LAPAROSCOPY ORCHIOPEXY	090	319	343	24	8%	13.74	15.10	1.36	10%	0				2.0			2.0			1.0		
54700	DRAINAGE OF SCROTUM	010	97	99	2	2%	3.47	3.69	0.22	6%	0			1.0									
54830	REMOVE EPIDIDYMIS LESION	090	170	184	14	8%	6.01	6.78	0.77	13%	0				2.0						0.5		
54840	REMOVE EPIDIDYMIS LESION	090	146	149	3	2%	5.27	5.71	0.44	8%	0			1.5							0.5		

54860	REMOVAL OF EPIDIDYMIS	090	194	208	14	7%	6.95	7.72	0.77	11%	0				2.0					0.5			
54861	REMOVAL OF EPIDIDYMIS	090	245.5	263	17.5	7%	9.7	10.64	0.94	10%	0				2.5					0.5			
54865	EXPLORE EPIDIDYMIS	090	182	196	14	8%	5.77	6.65	0.88	15%	0				2.0					1.0			
54900	FUSION OF SPERMATIC DUCTS	090	345	368.5	23.5	7%	14.2	15.53	1.33	9%	0				3.0		0.5			1.0			
54901	FUSION OF SPERMATIC DUCTS	090	445.5	472.5	27	6%	19.1	20.60	1.50	8%	0				3.5		0.5			1.0			
55040	REMOVAL OF HYDROCELE	090	162	166	4	2%	5.45	6.00	0.55	10%	0			2.0						0.5			
55041	REMOVAL OF HYDROCELES	090	232.5	250	17.5	8%	8.54	9.48	0.94	11%	0				2.5					0.5			
55060	REPAIR OF HYDROCELE	090	185	199	14	8%	6.15	6.92	0.77	13%	0				2.0					0.5			
55100	DRAINAGE OF SCROTUM ABSCESS	010	90	97	7	8%	2.45	2.78	0.33	13%	0				1.0								
55110	EXPLORE SCROTUM	090	194	208	14	7%	6.33	7.21	0.88	14%	0				2.0					1.0			
55120	REMOVAL OF SCROTUM LESION	090	165	179	14	8%	5.72	6.49	0.77	13%	0				2.0					0.5			
55150	REMOVAL OF SCROTUM	090	279.5	302	22.5	8%	8.14	9.43	1.29	16%	0				2.5		1.0			1.0			
55175	REVISION OF SCROTUM	090	186	200	14	8%	5.87	6.64	0.77	13%	0				2.0					0.5			
55180	REVISION OF SCROTUM	090	297	323	26	9%	11.78	13.23	1.45	12%	0				3.0		1.0			1.0			
55200	INCISION OF SPERM DUCT	090	98	105	7	7%	4.55	4.88	0.33	7%	0				1.0								
55250	REMOVAL OF SPERM DUCT(S)	090	105	108	3	3%	3.37	3.70	0.33	10%	0			1.5									
55400	REPAIR OF SPERM DUCT	090	186	191	5	3%	8.61	9.27	0.66	8%	0			2.5						0.5			
55500	REMOVAL OF HYDROCELE	090	184	198	14	8%	6.22	6.99	0.77	12%	0				2.0					0.5			
55520	REMOVAL OF SPERM CORD LESION	090	188	202	14	7%	6.66	7.43	0.77	12%	0				2.0					0.5			
55530	REVISE SPERMATIC CORD VEINS	090	152	156	4	3%	5.75	6.30	0.55	10%	0			2.0						0.5			
55535	REVISE SPERMATIC CORD VEINS	090	187	201	14	7%	7.19	7.96	0.77	11%	0				2.0					0.5			
55540	REVISE HERNIA & SPERM VEINS	090	224	238	14	6%	8.3	9.18	0.88	11%	0				2.0					1.0			
55550	LAPARO LIGATE SPERMATIC VEIN	090	196	210	14	7%	7.2	7.86	0.66	9%	0				2.0								
55600	VESICULOTOMY	090	204	218	14	7%	7.01	7.78	0.77	11%	0				2.0					0.5			
55605	VESICULOTOMY COMPLICATED	090	198.5	216	17.5	9%	8.76	9.70	0.94	11%	0				2.5					0.5			
55650	REMOVE SPERM DUCT POUCH	090	304.5	324.5	20	7%	12.65	13.82	1.17	9%	0				2.5		0.5			1.0			
55680	REMOVE SPERM POUCH LESION	090	206.5	217	10.5	5%	5.67	6.39	0.72	13%	0				1.5					1.0			
55705	BIOPSY OF PROSTATE	010	122	124	2	2%	4.61	4.94	0.33	7%	0			1.0						0.5			
55706	PROSTATE SATURATION SAMPLING	010	195	211	16	8%	6.28	7.14	0.86	14%	-2				1.0	1.0				0.5			
55720	DRAINAGE OF PROSTATE ABSCESS	090	150	154	4	3%	7.73	8.17	0.44	6%	0			2.0									
55725	DRAINAGE OF PROSTATE ABSCESS	090	305	343.5	38.5	13%	10.05	12.10	2.05	20%	0				3.0			3.5		1.0			
55801	REMOVAL OF PROSTATE	090	497.5	559.5	62	12%	19.8	22.98	3.18	16%	0				3.5			7.5		1.0			
55810	EXTENSIVE PROSTATE SURGERY	090	515	568.5	53.5	10%	24.29	27.06	2.77	11%	0				3.0			6.5		1.0			
55812	EXTENSIVE PROSTATE SURGERY	090	684	759.5	75.5	11%	29.89	33.71	3.82	13%	0				4.0			9.5		1.0			
55815	EXTENSIVE PROSTATE SURGERY	090	771	851.5	80.5	10%	32.95	37.01	4.06	12%	0				4.0			10.5		1.0			
55821	REMOVAL OF PROSTATE	090	315	325	10	3%	15.18	16.26	1.08	7%	0				2.0				1.0		1.0		
55831	REMOVAL OF PROSTATE	090	322	332	10	3%	15.6	16.68	1.08	7%	0				2.0				1.0		1.0		
55840	EXTENSIVE PROSTATE SURGERY	090	448	472	24	5%	21.36	23.10	1.74	8%	-2				2.0	1.0		1.0	1.0		1.0		
55842	EXTENSIVE PROSTATE SURGERY	090	448	472	24	5%	21.36	23.10	1.74	8%	-2				2.0	1.0		1.0	1.0		1.0		
55845	EXTENSIVE PROSTATE SURGERY	090	466	490	24	5%	25.18	26.92	1.74	7%	-2				2.0	1.0		1.0	1.0		1.0		
55860	SURGICAL EXPOSURE PROSTATE	090	371.5	414	42.5	11%	15.84	18.09	2.25	14%	0				2.5			5.0		1.0			
55862	EXTENSIVE PROSTATE SURGERY	090	450	501	51	11%	20.04	22.69	2.65	13%	0				3.0			6.0		1.0			
55865	EXTENSIVE PROSTATE SURGERY	090	492.5	542	49.5	10%	24.57	27.15	2.58	10%	0				3.5			5.0		1.0			
55866	LAPS SURG PRST8ECT RPBIC RAD	090	362	376	14	4%	22.46	23.23	0.77	3%	0				2.0					0.5			
55867	LAPS SURG PRST8ECT SMPL STOT	090	354	368	14	4%	19.53	20.30	0.77	4%	0				2.0					0.5			
55873	CRYOABLATE PROSTATE	090	274	295	21	8%	13.6	14.70	1.10	8%	0				3.0					0.5			
55875	TRANSPERI NEEDLE PLACE PROS	090	249	270	21	8%	13.46	14.45	0.99	7%	0				3.0								
55880	ABLTJ MAL PRST8 TISS HIFU	090	373	396	23	6%	17.73	18.92	1.19	7%	-2				2.0	1.0				0.5			
56405	I & D OF VULVA/PERINEUM	010	56	58	2	4%	1.49	1.71	0.22	15%	0			1.0									
56420	DRAINAGE OF GLAND ABSCESS	010	56	58	2	4%	1.44	1.66	0.22	15%	0			1.0									
56440	MRSPLZATN BRTHLNS GLND CST	010	93	95	2	2%	2.89	3.11	0.22	8%	0			1.0									
56441	LYSIS OF LABIAL ADHESIONS	010	67	69	2	3%	2.02	2.24	0.22	11%	0			1.0									
56501	DESTROY VULVA LESIONS SIM	010	55	57	2	4%	1.58	1.80	0.22	14%	0			1.0									
56515	DESTROY VULVA LESION/S COMPLE	010	157	164	7	4%	3.08	3.52	0.44	14%	0				1.0					0.5			
56620	VULVECTOMY SIMPLE PARTIAL	090	239	262	23	10%	7.53	8.85	1.32	18%	0			1.0	3.0					0.5			
56625	VULVECTOMY SIMPLE COMPLETE	090	341.5	379	37.5	11%	9.68	11.69	2.01	21%	0				2.5			4.0		1.0			
56630	VULVECTOMY RADICAL PARTIAL	090	562.5	627.5	65	12%	14.8	18.13	3.33	22%	0				2.5			9.5		1.0		1.0	
56631	VLVCTMY RAD PRTL UNI LYMPHAD	090	658.5	680.5	22	3%	18.99	21.56	2.57	14%	-2				2.0	1.0		1.0	3.0	1.0	1.0	1.0	
56632	VLVCTMY RAD PRTL BI LYMPHAD	090	683	753	70	10%	21.86	25.41	3.55	16%	0				5.0			7.0		1.0			
56633	VULVECTOMY RADICAL COMPLETE	090	602	615	13	2%	19.62	22.71	3.09	16%	0				3.0			2.0	3.0	2.0	1.0		
56634	VLVCTMY RAD COMP UNI LYMPHAD	090	686	708	22	3%	20.66	23.23	2.57	12%	-2				2.0	1.0		1.0	3.0	1.0		1.0	
56637	VLVCTMY RAD COMP BI LYMPHAD	090	726	748	22	3%	24.75	27.32	2.57	10%	-2				2.0	1.0		1.0	3.0	1.0		1.0	
56640	VLVCTMY RAD COMP W/LYMPHAD	090	640.5	713	72.5	11%	24.78	28.47	3.69	15%	0				2.5			11.0		1.0		1.0	
56700	PRTL HYMNCTMY/REVJ HYMNL R	010	94	101	7	7%	2.84	3.17	0.33	12%	0				1.0								
56740	EXC BARTHOLINS GLAND/CYST	010	176	183	7	4%	4.88	5.43	0.55	11%	0				1.0					1.0			
56800	PLASTIC REPAIR INTROITUS	010	116	118	2	2%	3.93	4.26	0.33	8%	0			1.0						0.5			
56805	CLITOROPLASTY INTERSEX STATE	090	460	491	31	7%	19.88	21.70	1.82	9%	0			1.0	2.0			3.0		1.0			
56810	PERINEOPLASTY RPR PER NONOB	010	119	126	7	6%	4.29	4.86	0.57	13%	0			1.0				1.0		0.5			
57000	COLPOTOMY W/EXPLORATION	010	79	81	2	3%	3.02	3.24	0.22	7%	0			1.0									
57010	COLPOTOMY DRG PEL ABSCESS	090	229	250.5	21.5	9%	6.84	8.08	1.24	18%	0				2.0			1.5		1.0			
57022	I&D VAGINAL HEMATOMA OB/PP	010	116	123	7	6%	2.73	3.19	0.46	17%	0			1.0				1.0					
57023	I&D VAGINAL HEMATOMA NON-OB	010	201	213	12	6%	5.18	5.97	0.79	15%	0				1.0			1.0		1.0			
57061	DESTRUCTION VAG LESIONS SMP	010	55	57	2	4%	1.3	1.52	0.22	17%	0			1.0									

57065	DESTRUCTION VAG LESION XTNSV	010	78	80	2	3%	2.66	2.88	0.22	8%	0			1.0										
57105	BIOPSY VAGINAL MUCOSA XTNSV	010	79	81	2	3%	1.74	1.96	0.22	13%	0			1.0										
57106	VAGNC PRTL RMVL VAG WALL	090	239	265	26	11%	7.5	8.95	1.45	19%	0				3.0			1.0			1.0			
57107	VAGNC COMPL RMVL PARAVAG T	090	515	533	18	3%	24.56	26.54	1.98	8%	0			1.0	2.0			2.0	2.0		1.0			
57109	VAGNC BI TOTAL PEL LYMPHADECT	090	539.5	580.5	41	8%	28.4	30.57	2.17	8%	0				3.0			4.0			1.0			
57110	VAGNC COMPL RMVL VAG WALL	090	386	406	20	5%	15.48	17.04	1.56	10%	0				2.0			2.0	1.0		1.0			
57111	VAGNC COMPL RMVL PARAVAG T	090	554.5	595.5	41	7%	28.4	30.57	2.17	8%	0				3.0			4.0			1.0			
57120	COLPOCLEISIS LE FORT TYPE	090	253	277	24	9%	8.28	9.64	1.36	16%	0				2.0			2.0			1.0			
57130	EXCISION VAGINAL SEPTUM	010	54	55	1	2%	2.46	2.57	0.11	4%	0			0.5										
57135	EXCISION VAGINAL CYST/TUMOR	010	56	57	1	2%	2.7	2.81	0.11	4%	0			0.5										
57180	TREAT VAGINAL BLEEDING	010	59	61	2	3%	1.63	1.85	0.22	13%	0			1.0										
57200	REPAIR OF VAGINA	090	138.5	149	10.5	8%	4.42	5.03	0.61	14%	0				1.5						0.5			
57210	REPAIR VAGINA/PERINEUM	090	190.5	203.5	13	7%	5.71	6.55	0.84	15%	0				1.5			0.5			1.0			
57220	REVISION OF URETHRA	090	194.5	207.5	13	7%	4.85	5.69	0.84	17%	0				1.5			0.5			1.0			
57230	REPAIR OF URETHRAL LESION	090	209.5	227.5	18	9%	6.3	7.38	1.08	17%	0				1.5			1.5			1.0			
57240	ANTERIOR COLPORRHAPHY	090	211	225	14	7%	10.08	10.85	0.77	8%	0				2.0						0.5			
57250	REPAIR RECTUM & VAGINA	090	211	225	14	7%	10.08	10.85	0.77	8%	0				2.0						0.5			
57260	CMBN ANT PST COLPRHY	090	241	255	14	6%	13.25	14.02	0.77	6%	0				2.0						0.5			
57265	CMBN AP COLPRHY W/NTRCL RP	090	271	285	14	5%	15	15.77	0.77	5%	0				2.0						0.5			
57268	REPAIR OF BOWEL BULGE	090	234	255.5	21.5	9%	7.57	8.81	1.24	16%	0				2.0			1.5			1.0			
57270	REPAIR OF BOWEL POUCH	090	381	393	12	3%	13.67	15.39	1.72	13%	0				2.0			1.0	1.0	1.0	1.0			
57280	SUSPENSION OF VAGINA	090	439	456	17	4%	16.72	18.68	1.96	12%	0				2.0			2.0	1.0	1.0	1.0			
57282	COLPOPEXY EXTRAPERITONEAL	090	229	243	14	6%	11.63	12.40	0.77	7%	0				2.0						0.5			
57283	COLPOPEXY INTRAPERITONEAL	090	231	245	14	6%	11.66	12.43	0.77	7%	0				2.0						0.5			
57284	REPAIR PARAVAG DEFECT OPEN	090	327	337	10	3%	14.33	15.54	1.21	8%	0			1.0	1.0			1.0	1.0		1.0			
57285	REPAIR PARAVAG DEFECT VAG	090	267	272	5	2%	11.6	12.57	0.97	8%	0			1.0	1.0				1.0		1.0			
57287	REVISE/REMOVE SLING REPAIR	090	239	262	23	10%	11.15	12.47	1.32	12%	0			1.0	3.0						0.5			
57288	REPAIR BLADDER DEFECT	090	246	269	23	9%	12.13	13.45	1.32	11%	0			1.0	3.0						0.5			
57289	REPAIR BLADDER & VAGINA	090	373	377	4	1%	12.8	14.39	1.59	12%	0			2.0	1.0				1.0	1.0	1.0			
57291	CONSTRUCTION OF VAGINA	090	248	264.5	16.5	7%	8.64	9.64	1.00	12%	0				2.0			0.5			1.0			
57292	CONSTRUCT VAGINA WITH GRAFT	090	322	348.5	26.5	8%	14.01	15.49	1.48	11%	0				2.0			2.5			1.0			
57295	REVISE VAG GRAFT VIA VAGINA	090	202	211	9	4%	7.82	8.59	0.77	10%	0			1.0	1.0						1.0			
57296	REVISE VAG GRAFT OPEN ABD	090	429	445	16	4%	16.56	18.32	1.76	11%	0				2.0			2.0	2.0		1.0			
57300	REPAIR RECTUM-VAGINA FISTULA	090	271.5	301.5	30	11%	8.71	10.36	1.65	19%	0				2.5			2.5			1.0			
57305	REPAIR RECTUM-VAGINA FISTULA	090	468	487	19	4%	15.35	17.66	2.31	15%	0			2.0	1.0			3.0	1.0	1.0	1.0			
57307	FISTULA REPAIR & COLOSTOMY	090	363	396.5	33.5	9%	17.17	18.98	1.81	11%	0				3.0			2.5			1.0			
57308	FISTULA REPAIR TRANSPERINE	090	313	334	21	7%	10.59	12.06	1.47	14%	0			2.0	1.0			2.0			1.0			
57310	REPAIR URETHROVAGINAL LESION	090	259	283	24	9%	7.65	9.01	1.36	18%	0				2.0			2.0			1.0			
57311	REPAIR URETHROVAGINAL LESION	090	319	345.5	26.5	8%	8.91	10.39	1.48	17%	0				2.0			2.5			1.0			
57320	REPAIR BLADDER-VAGINA LESION	090	277	301	24	9%	8.88	10.24	1.36	15%	0				2.0			2.0			1.0			
57330	REPAIR BLADDER-VAGINA LESION	090	288	312	24	8%	13.21	14.57	1.36	10%	0				2.0			2.0	2.0		1.0			
57335	REPAIR VAGINA	090	459	495	36	8%	20.02	21.73	1.71	9%	0				3.0			3.0						
57415	REMOVE VAGINAL FOREIGN BODY	010	113	120	7	6%	2.49	2.82	0.33	13%	0				1.0									
57423	REPAIR PARAVAG DEFECT LAP	090	357	362	5	1%	16.08	17.05	0.97	6%	0			1.0	1.0				1.0		1.0			
57425	LAPAROSCOPY SURG COLPOPEXY	090	351	365	14	4%	17.03	17.80	0.77	5%	0				2.0						0.5			
57426	REVISE PROSTH VAG GRAFT LAP	090	360	377	17	5%	14.3	15.71	1.41	10%	0				3.0				1.0		1.0			
57505	ENDOCERVICAL CURETTAGE	010	36	38	2	6%	1.19	1.41	0.22	18%	0			1.0										
57511	CRYOCAUTERY OF CERVIX	010	55	57	2	4%	1.95	2.17	0.22	11%	0			1.0										
57513	LASER SURGERY OF CERVIX	010	88	90	2	2%	1.95	2.17	0.22	11%	0			1.0										
57520	CONIZATION OF CERVIX	090	110	113	3	3%	4.11	4.44	0.33	8%	0			1.5										
57522	CONIZATION OF CERVIX	090	178	185	7	4%	3.67	4.00	0.33	9%	0				1.0									
57530	REMOVAL OF CERVIX	090	180.5	191	10.5	6%	5.27	5.99	0.72	14%	0				1.5						1.0			
57531	REMOVAL OF CERVIX RADICAL	090	604	648	44	7%	29.95	32.65	2.70	9%	-2				2.0	1.0		5.0	1.0		1.0			
57540	REMOVAL OF RESIDUAL CERVIX	090	309	324	15	5%	13.29	14.61	1.32	10%	0				2.0			1.0	1.0		1.0			
57545	REMOVE CERVIX/REPAIR PELVIS	090	364	379	15	4%	14.1	15.42	1.32	9%	0				2.0			1.0	1.0		1.0			
57550	REMOVAL OF RESIDUAL CERVIX	090	228	249.5	21.5	9%	6.34	7.58	1.24	20%	0				2.0			1.5			1.0			
57555	REMOVE CERVIX/REPAIR VAGINA	090	311	340	29	9%	9.94	11.54	1.60	16%	0				2.0			3.0			1.0			
57556	REMOVE CERVIX REPAIR BOWEL	090	292	321	29	10%	9.36	10.96	1.60	17%	0				2.0			3.0			1.0			
57558	D&C OF CERVICAL STUMP	010	55	57	2	4%	1.72	1.94	0.22	13%	0			1.0										
57700	REVISION OF CERVIX	090	129.5	147	17.5	14%	4.35	5.18	0.83	19%	0				2.5									
57720	REVISION OF CERVIX	090	136.5	147	10.5	8%	4.61	5.22	0.61	13%	0				1.5						0.5			
58120	DILATION AND CURETTAGE	010	129	136	7	5%	3.59	4.03	0.44	12%	0				1.0						0.5			
58140	MYOMECTOMY ABDOM METHOD	090	374	394	20	5%	15.79	17.35	1.56	10%	0				2.0			2.0	1.0		1.0			
58145	MYOMECTOMY VAG METHOD	090	267	291	24	9%	8.91	10.27	1.36	15%	0				2.0			2.0			1.0			
58146	MYOMECTOMY ABDOM COMPLETE	090	429	450	21	5%	20.34	22.10	1.76	9%	0				2.0			2.0		1.0	1.0			
58150	TOTAL HYSTERECTOMY	090	394	419	25	6%	17.31	19.11	1.80	10%	0				2.0			3.0	1.0		1.0			
58152	TOTAL HYSTERECTOMY	090	373.5	411	37.5	10%	21.86	23.87	2.01	9%	0				2.5			4.0			1.0			
58180	PARTIAL HYSTERECTOMY	090	414	439	25	6%	16.6	18.40	1.80	11%	0				2.0			3.0	1.0		1.0			
58200	EXTENSIVE HYSTERECTOMY	090	459	475	16	3%	23.1	24.86	1.76	8%	0				2.0			2.0	2.0		1.0			
58210	EXTENSIVE HYSTERECTOMY	090	627	660	33	5%	30.91	33.48	2.57	8%	0				3.0			4.0	2.0	2.0	1.0			
58240	REMOVAL OF PELVIS CONTENTS	090	1118	1157	39	3%	49.33	53.46	4.13	8%	-2			1.0	4.0	1.0		3.0	6.0		1.0			
58260	VAGINAL HYSTERECTOMY	090	311	328	17	5%	14.15	15.56	1.41	10%	-2				1.0	1.0		1.0	1.0		1.0			
58262	VAG HYST INCLUDING T/O	090	342	359	17	5%	15.94	17.35	1.41	9%	-2				1.0	1.0		1.0	1.0		1.0			

58263	VAG HYST W/T/O & VAG REPAIR	090	363	380	17	5%	17.23	18.64	1.41	8%	-2				1.0	1.0		1.0	1.0		1.0			
58267	VAG HYST W/URINARY REPAIR	090	392.5	432.5	40	10%	18.36	20.49	2.13	12%	0				2.5			4.5			1.0			
58270	VAG HYST W/ENTEROCELE REPAIR	090	304	335.5	31.5	10%	15.3	17.02	1.72	11%	0				2.0			3.5			1.0			
58275	HYSTERECTOMY/REVISE VAGINA	090	365.5	403	37.5	10%	17.03	19.04	2.01	12%	0				2.5			4.0			1.0			
58280	HYSTERECTOMY/REVISE VAGINA	090	387.5	427.5	40	10%	18.33	20.46	2.13	12%	0				2.5			4.5			1.0			
58285	EXTENSIVE HYSTERECTOMY	090	499.5	505.5	6	1%	23.38	24.79	1.41	6%	0			1.0	1.0			1.0	2.0		1.0			
58290	VAG HYST COMPLEX	090	389	395	6	2%	20.27	21.55	1.28	6%	0				2.0				2.0		1.0			
58291	VAG HYST INCL T/O COMPLEX	090	410	416	6	1%	22.06	23.34	1.28	6%	0				2.0				2.0		1.0			
58292	VAG HYST T/O & REPAIR COMPL	090	423	429	6	1%	23.35	24.63	1.28	5%	0				2.0				2.0		1.0			
58294	VAG HYST W/ENTEROCELE COMP	090	405	411	6	1%	21.55	22.83	1.28	6%	0				2.0				2.0		1.0			
58345	REOPEN FALLOPIAN TUBE	010	116	118	2	2%	4.7	5.03	0.33	7%	0			1.0							0.5			
58346	INSERT HEYMAN UTERI CAPSULE	090	267	277	10	4%	7.56	8.77	1.21	16%	0			1.0	1.0			1.0	1.0		1.0			
58350	REOPEN FALLOPIAN TUBE	010	53	55	2	4%	1.06	1.28	0.22	21%	0			1.0										
58353	ENDOMETR ABLATE THERMAL	010	151.5	153.5	2	1%	3.6	4.04	0.44	12%	0			1.0							1.0			
58356	ENDOMETRIAL CRYOABLATION	010	167	174	7	4%	6.41	6.85	0.44	7%	0				1.0						0.5			
58400	SUSPENSION OF UTERUS	090	241.5	264.5	23	10%	7.14	8.46	1.32	18%	0				1.5			2.5			1.0			
58410	SUSPENSION OF UTERUS	090	354	369	15	4%	13.8	15.12	1.32	10%	0				2.0			1.0	1.0		1.0			
58520	REPAIR OF RUPTURED UTERUS	090	379	391	12	3%	13.48	15.20	1.72	13%	0				2.0			1.0	1.0	1.0	1.0			
58540	REVISION OF UTERUS	090	364	379	15	4%	15.71	17.03	1.32	8%	0				2.0			1.0	1.0		1.0			
58541	LSH UTERUS 250 G OR LESS	090	226	240	14	6%	12.29	13.06	0.77	6%	0				2.0						0.5			
58542	LSH W/T/O UT 250 G OR LESS	090	239	253	14	6%	14.16	14.93	0.77	5%	0				2.0						0.5			
58543	LSH UTERUS ABOVE 250 G	090	261	275	14	5%	14.39	15.16	0.77	5%	0				2.0						0.5			
58544	LSH W/T/O UTERUS ABOVE 250 G	090	271	285	14	5%	15.6	16.37	0.77	5%	0				2.0						0.5			
58545	LAPAROSCOPIC MYOMECTOMY	090	334	344	10	3%	15.55	16.63	1.08	7%	0				2.0				1.0		1.0			
58546	LAPARO-MYOMECTOMY COMPLE	090	394	404	10	3%	19.94	21.02	1.08	5%	0				2.0				1.0		1.0			
58548	LAP RADICAL HYST	090	564	593	29	5%	31.63	33.61	1.98	6%	-2				2.0	1.0		2.0	1.0		1.0			
58550	LAPARO-ASST VAG HYSTERECTOM	090	330	356	26	8%	15.1	16.68	1.58	10%	0			1.0	2.0			2.0			1.0			
58552	LAPARO-VAG HYST INCL T/O	090	350	376	26	7%	16.91	18.49	1.58	9%	0			1.0	2.0			2.0			1.0			
58553	LAPARO-VAG HYST COMPLEX	090	391.5	406.5	15	4%	20.06	21.38	1.32	7%	0				2.0			1.0	1.0		1.0			
58554	LAPARO-VAG HYST W/T/O COMP	090	425	442	17	4%	23.11	24.65	1.54	7%	0			1.0	2.0			1.0	1.0		1.0			
58565	HYSTEROSCOPY STERILIZATION	090	191	195	4	2%	7.12	7.67	0.55	8%	0			2.0							0.5			
58570	TLH UTERUS 250 G OR LESS	090	241	255	14	6%	13.36	14.13	0.77	6%	0				2.0						0.5			
58571	TLH W/T/O 250 G OR LESS	090	241	255	14	6%	15	15.77	0.77	5%	0				2.0						0.5			
58572	TLH UTERUS OVER 250 G	090	271	285	14	5%	17.71	18.48	0.77	4%	0				2.0						0.5			
58573	TLH W/T/O UTERUS OVER 250 G	090	281	295	14	5%	20.79	21.56	0.77	4%	0				2.0						0.5			
58575	LAPS TOT HYST RESJ MAL	090	510	529	19	4%	32.6	34.10	1.50	5%	-2				2.0	1.0			1.0		1.0			
58580	TRANSCRV ABLTJ UTRN FIBRD RF	010	153	160	7	5%	7.21	7.65	0.44	6%	0				1.0						0.5			
58600	DIVISION OF FALLOPIAN TUBE	090	166	173	7	4%	5.91	6.46	0.55	9%	0				1.0						1.0			
58605	DIVISION OF FALLOPIAN TUBE	090	141	153	12	9%	5.28	5.98	0.70	13%	0			1.0				2.0						
58615	OCCLUDE FALLOPIAN TUBE(S)	010	99	101	2	2%	3.94	4.16	0.22	6%	0			1.0										
58660	LAPAROSCOPY LYSIS	090	209.5	216.5	7	3%	11.59	12.03	0.44	4%	0				1.0						0.5			
58661	LAPAROSCOPY REMOVE ADNEXA	010	217	224	7	3%	11.35	11.79	0.44	4%	0				1.0						0.5			
58662	LAPAROSCOPY EXCISE LESIONS	090	186.5	194.5	8	4%	12.15	12.53	0.38	3%	-1				0.5	0.5								
58670	LAPAROSCOPY TUBAL CAUTERY	090	118	125	7	6%	5.91	6.24	0.33	6%	0				1.0									
58671	LAPAROSCOPY TUBAL BLOCK	090	118	125	7	6%	5.91	6.24	0.33	6%	0				1.0									
58672	LAPAROSCOPY FIMBRIOPLASTY	090	96	98	2	2%	12.91	13.13	0.22	2%	0			1.0										
58673	LAPAROSCOPY SALPINGOSTOMY	090	185	192	7	4%	14.04	14.37	0.33	2%	0				1.0									
58674	LAPS ABLTJ UTERINE FIBROIDS	090	266	280	14	5%	14.08	14.85	0.77	5%	0				2.0						0.5			
58700	REMOVAL OF FALLOPIAN TUBE	090	321.5	333.5	12	4%	12.95	14.25	1.30	10%	-2			1.0		1.0		1.0	1.0		1.0			
58720	REMOVAL OF OVARY/TUBE(S)	090	309	319	10	3%	12.16	13.37	1.21	10%	0			1.0	1.0			1.0	1.0		1.0			
58740	ADHESIOLYSIS TUBE OVARY	090	374	386	12	3%	14.9	16.20	1.30	9%	-2			1.0		1.0		1.0	1.0		1.0			
58750	REPAIR OVIDUCT	090	357	367	10	3%	15.64	16.85	1.21	8%	0			1.0	1.0			1.0	1.0		1.0			
58752	REVISE OVARIAN TUBE(S)	090	377	387	10	3%	15.64	16.85	1.21	8%	0			1.0	1.0			1.0	1.0		1.0			
58760	FIMBRIOPLASTY	090	357	367	10	3%	13.93	15.14	1.21	9%	0			1.0	1.0			1.0	1.0		1.0			
58770	CREATE NEW TUBAL OPENING	090	347	357	10	3%	14.77	15.98	1.21	8%	0			1.0	1.0			1.0	1.0		1.0			
58800	DRAINAGE OF OVARIAN CYST(S)	090	159.5	170	10.5	7%	4.62	5.34	0.72	15%	0				1.5						1.0			
58805	DRAINAGE OF OVARIAN CYST(S)	090	198.5	211.5	13	7%	6.42	7.26	0.84	13%	0				1.5			0.5			1.0			
58820	DRAIN OVARY ABSCESS OPEN	090	131.5	142	10.5	8%	4.7	5.31	0.61	13%	0				1.5						0.5			
58822	DRAIN OVARY ABSCESS PERCUT	090	399	416	17	4%	11.81	13.77	1.96	17%	0				2.0			2.0	1.0	1.0	1.0			
58825	TRANSPOSITION OVARY(S)	090	282	292	10	4%	11.78	12.99	1.21	10%	0			1.0	1.0			1.0	1.0		1.0			
58900	BIOPSY OF OVARY(S)	090	205.5	221	15.5	8%	6.59	7.55	0.96	14%	0				1.5			1.0			1.0			
58920	PARTIAL REMOVAL OF OVARY(S)	090	214.5	230	15.5	7%	11.95	12.91	0.96	8%	0				1.5			1.0			1.0			
58925	REMOVAL OF OVARIAN CYST(S)	090	329	344	15	5%	12.43	13.75	1.32	11%	0				2.0			1.0	1.0		1.0			
58940	REMOVAL OF OVARY(S)	090	257	283.5	26.5	10%	8.22	9.70	1.48	18%	0				2.0			2.5			1.0			
58943	REMOVAL OF OVARY(S)	090	385	419	34	9%	19.52	21.36	1.84	9%	0				2.0			4.0			1.0			
58950	RESECT OVARIAN MALIGNANCY	090	420	433	13	3%	18.37	20.11	1.74	9%	0			1.0	2.0			1.0	2.0		1.0			
58951	RESECT OVARIAN MALIGNANCY	090	581.5	581.5	0	0%	24.26	26.16	1.90	8%	-2			1.0		1.0		1.0	4.0		1.0			
58952	RESECT OVARIAN MALIGNANCY	090	710	727	17	2%	27.29	30.13	2.84	10%	-2			2.0		1.0		4.0	4.0		1.0			
58953	TAH RAD DISSECT FOR DEBULK	090	712	729	17	2%	34.13	36.60	2.47	7%	-2			1.0	1.0	1.0		2.0	2.0	1.0	1.0			
58954	TAH RAD DEBULK/LYMPH REMOV	090	757	774	17	2%	37.13	39.60	2.47	7%	-2			1.0	1.0	1.0		2.0	2.0	2.0	1.0	1.0		
58956	BSO OMENTECTOMY W/TAH	090	534.5	558.5	24	4%	22.8	25.09	2.29	10%	0				3.0			2.0	1.0	1.0	1.0			
58958	RESC RECR OVR TBL PP UTR MAL	090	582	602	20	3%	29.22	31.29	2.07	7%	-2			1.0	1.0	1.0		2						

59100	REMOVE UTERUS LESION	090	329	346	17	5%	13.37	14.91	1.54	12%	-2			1.0		1.0		2.0	1.0		1.0			
59120	TREAT ECTOPIC PREGNANCY	090	384	402	18	5%	12.67	14.41	1.74	14%	-2			1.0		1.0		2.0		1.0	1.0			
59121	TREAT ECTOPIC PREGNANCY	090	324	339	15	5%	12.74	14.06	1.32	10%	0					2.0			1.0			1.0		
59130	TREAT ECTOPIC PREGNANCY	090	349	373	24	7%	15.08	16.44	1.36	9%	0					2.0			2.0			1.0		
59136	TREAT ECTOPIC PREGNANCY	090	334	349	15	4%	14.25	15.57	1.32	9%	0					2.0			1.0	1.0		1.0		
59140	TREAT ECTOPIC PREGNANCY	090	186.5	197	10.5	6%	5.94	6.66	0.72	12%	0					1.5						1.0		
59150	TREAT ECTOPIC PREGNANCY	090	225	239	14	6%	12.29	13.06	0.77	6%	0					2.0						0.5		
59151	TREAT ECTOPIC PREGNANCY	090	235	249	14	6%	12.11	12.88	0.77	6%	0					2.0						0.5		
59160	D & C AFTER DELIVERY	010	79	81	2	3%	2.76	2.98	0.22	8%	0			1.0										
59400	OBSTETRICAL CARE	MMM	739.5	835.5	96	13%	37	41.84	4.84	13%	-12	1.0		2.0	9.0	2.0				1.0		1.0		
59410	OBSTETRICAL CARE	MMM	398.5	401.5	3	1%	18.76	19.51	0.75	4%	0					1.0				1.0		1.0		
59425	ANTEPARTUM CARE ONLY	MMM	137	180	43	31%	7.8	9.29	1.49	19%	-8	1.0				4.0								
59426	ANTEPARTUM CARE ONLY	MMM	252	330	78	31%	14.3	17.44	3.14	22%	-8	1.0				9.0								
59430	CARE AFTER DELIVERY	MMM	63	79	16	25%	3.22	3.97	0.75	23%	-2					1.0	1.0							
59510	CESAREAN DELIVERY	MMM	817.5	925.5	108	13%	41.05	46.46	5.41	13%	-12	1.0		2.0	10.0	2.0			1.0	1.0		1.0		
59515	CESAREAN DELIVERY	MMM	476.5	491.5	15	3%	22.79	24.11	1.32	6%	0					2.0			1.0	1.0		1.0		
59610	VBAC DELIVERY	MMM	739.5	835.5	96	13%	38.71	43.55	4.84	13%	-12	1.0		2.0	9.0	2.0				1.0		1.0		
59614	VBAC CARE AFTER DELIVERY	MMM	398.5	401.5	3	1%	20.48	21.23	0.75	4%	0					1.0					1.0		1.0	
59618	ATTEMPTED VBAC DELIVERY	MMM	792.5	900.5	108	14%	41.57	46.98	5.41	13%	-12	1.0		2.0	10.0	2.0			1.0	1.0		1.0		
59622	ATTEMPTED VBAC AFTER CARE	MMM	451.5	466.5	15	3%	23.32	24.64	1.32	6%	0					2.0			1.0	1.0		1.0		
59812	TREATMENT OF MISCARRIAGE	090	135.5	147.5	12	9%	4.44	5.01	0.57	13%	0					1.0			1.0					
59820	CARE OF MISCARRIAGE	090	162	180	18	11%	4.84	5.68	0.84	17%	-4					2.0								
59821	TREATMENT OF MISCARRIAGE	090	148	161.5	13.5	9%	5.09	5.72	0.63	12%	-3					1.5								
59830	TREAT UTERUS INFECTION	090	115.5	126	10.5	9%	6.59	7.09	0.50	8%	0					1.5								
59841	INDUCED ABORTION DILAT&EVAC	010	203	212	9	4%	5.65	6.29	0.64	11%	-2					1.0						1.0		
59855	INDUCED ABORTION 1+VAG SUPP	090	158	165	7	4%	6.43	6.76	0.33	5%	0					1.0								
59856	INDUCED AB 1+VAG SUPP D&C	090	183	190	7	4%	7.79	8.12	0.33	4%	0					1.0								
59857	INDUCED AB 1+VAG SUPP HYST	090	301	303	2	1%	9.33	9.55	0.22	2%	0				1.0									
59870	EVACUATE MOLE OF UTERUS	090	256	271	15	6%	6.57	7.87	1.30	20%	-2				3.0		1.0					1.0		
60000	DRAIN THYROID/TONGUE CYST	010	59	61	2	3%	1.81	2.03	0.22	12%	0				1.0									
60200	REMOVE THYROID LESION	090	297	316.5	19.5	7%	10.02	11.61	1.59	16%	0				3.5				2.5			1.0		
60210	PARTIAL THYROID EXCISION	090	264	273	9	3%	11.23	11.78	0.55	5%	0				1.0	1.0								
60212	PARTIAL THYROID EXCISION	090	358	369	11	3%	16.43	17.20	0.77	5%	0				2.0	1.0								
60220	PARTIAL REMOVAL OF THYROID	090	267	281	14	5%	11.19	11.96	0.77	7%	0					2.0						0.5		
60225	PARTIAL REMOVAL OF THYROID	090	374	399.5	25.5	7%	14.79	16.73	1.94	13%	0				4.0				3.5			1.0		
60240	REMOVAL OF THYROID	090	327	341	14	4%	15.04	15.81	0.77	5%	0					2.0						0.5		
60252	REMOVAL OF THYROID	090	470	483	13	3%	22.01	23.75	1.74	8%	0				1.0	2.0			1.0	2.0		1.0		
60254	EXTENSIVE THYROID SURGERY	090	500	513	13	3%	28.42	30.16	1.74	6%	0				1.0	2.0			1.0	2.0		1.0		
60260	REPEAT THYROID SURGERY	090	372	382	10	3%	18.26	19.47	1.21	7%	0				1.0	1.0			1.0	1.0		1.0		
60270	REMOVAL OF THYROID	090	650	657	7	1%	23.2	25.74	2.54	11%	0				1.0	2.0			1.0	2.0	2.0	1.0		1.0
60271	REMOVAL OF THYROID	090	377	387	10	3%	17.62	18.83	1.21	7%	0				1.0	1.0			1.0	1.0		1.0		
60280	REMOVE THYROID DUCT LESION	090	262	274	12	5%	6.16	7.39	1.23	20%	0				3.5				1.0			1.0		
60281	REMOVE THYROID DUCT LESION	090	262	274	12	5%	8.82	10.05	1.23	14%	0				3.5				1.0			1.0		
60500	EXPLORE PARATHYROID GLANDS	090	313	329	16	5%	15.6	16.59	0.99	6%	0				1.0	2.0						0.5		
60502	RE-EXPLORE PARATHYROID	090	465	499	34	7%	21.15	23.56	2.41	11%	0				4.5				5.0			1.0		
60505	EXPLORE PARATHYROID GLANDS	090	636	681	45	7%	23.06	26.06	3.00	13%	0				5.0				7.0			1.0		1.0
60520	REMOVAL OF THYMUS GLAND	090	474	493	19	4%	17.16	18.41	1.25	7%	-2		1.0		1.0	1.0			2.0			1.0		2.0
60521	REMOVAL OF THYMUS GLAND	090	445	477	32	7%	19.18	20.93	1.75	9%	-4		2.0			1.0			5.0			1.0		
60522	REMOVAL OF THYMUS GLAND	090	533	579	46	9%	23.48	26.15	2.67	11%	0				2.0	1.0			7.0			1.0		
60540	EXPLORE ADRENAL GLAND	090	485	527	42	9%	18.02	20.69	2.67	15%	0				3.5				7.0			1.0		
60545	EXPLORE ADRENAL GLAND	090	538	582.5	44.5	8%	20.93	23.72	2.79	13%	0				3.5				7.5			1.0		
60600	REMOVE CAROTID BODY LESION	090	429	444	15	3%	25.09	26.41	1.32	5%	0					2.0			1.0	1.0		1.0		
60605	REMOVE CAROTID BODY LESION	090	530	537	7	1%	31.96	33.44	1.48	5%	0					2.0				1.0	1.0	1.0		
60650	LAPAROSCOPY ADRENALECTOMY	090	384	403	19	5%	20.73	21.85	1.12	5%	0					2.0			1.0			1.0		
61105	TDH SDRL/VENTR PNXR	090	152	159	7	5%	5.45	6.00	0.55	10%	0					1.0						1.0		
61108	TDH PNXR EVAC&/DRG SDRL HMT	090	326.5	371.5	45	14%	11.64	14.01	2.37	20%	0					2.5			5.5			1.0		
61120	BURR HOLE FOR VENTR PUNCTURE	090	238.5	264	25.5	11%	9.6	11.04	1.44	15%	0					1.5				3.0		1.0		
61140	BURR HOLE/TREPH BX BRAIN/LES	090	367.5	407.5	40	11%	17.23	19.36	2.13	12%	0					2.5				4.5		1.0		
61150	BUR HOL/TRPH DRG BRN ABS/CS	090	378	422	44	12%	18.9	21.22	2.32	12%	0					2.0				6.0		1.0		
61151	BURR HOLE/TREPH SBSQ TAPPING	090	312.5	348	35.5	11%	13.49	15.41	1.92	14%	0					1.5				5.0		1.0		
61154	BURR HOLE W/EVAC&/DRG HMT	090	447	480	33	7%	17.07	19.64	2.57	15%	0					3.0				4.0	2.0		1.0	
61156	BURR HOL ASPIR HMTM/CST ICERE	090	339.5	377.5	38	11%	17.45	19.49	2.04	12%	0					1.5				5.5		1.0		
61215	INS SUBQ RSVR PMP/NFS SYS	090	275.5	306	30.5	11%	5.85	7.53	1.68	29%	0					1.5				4.0			1.0	
61250	BURR HOLE/TREPH STTL EXPL	090	304.5	340	35.5	12%	11.49	13.41	1.92	17%	0					1.5				5.0		1.0		
61253	BURR HOLE TREPH ITTL UNI/BI	090	333.5	371.5	38	11%	13.49	15.53	2.04	15%	0					1.5				5.5		1.0		
61304	CRNEC/CRNOT EXPL SUPRATNTOR	090	493	542	49	10%	23.41	25.97	2.56	11%	0					2.0				7.0		1.0		
61305	CRNEC/CRNOT EXPL INFRATNTOR	090	617.5	687.5	70	11%	28.64	32.21	3.57	12%	0					2.5				10.5			1.0	
61312	CRNEC/CRNOT STTL XDRL/SDRL	090	689	714	25	4%	30.17	33.69	3.52	12%	0					2.0				6.0	4.0	1.0	1.0	
61313	CRNEC/CRNOT STTL ICERE	090	687	719	32	5%	28.09	31.70	3.61	13%	0					3.0				5.0	2.0	2.0	1.0	
61314	CRNEC/CRNOT ITTL XDRL/SDRL	090	540.5	595.5	55	10%	25.9	28.75	2.85	11%	0					2.5				7.5			1.0	
61315	CRNEC/CRNOT ITTL NTRACEREBL	090	625.5	693	67.5	11%	29.65	33.10	3.45	12%	0					2.5				10.0			1.0	
61320	CRNEC/CRNOT DRG ICR ABS STTL	090	570	634	64	11%	27.42	30.70	3.28	12%	0													

61322	CRNEC/CRNOT DCMPRV W/O LO	090	893	927	34	4%	34.26	39.57	5.31	15%	0			1.0	3.0			7.0	3.0	4.0	1.0			
61323	CRNEC/CRNOT DCMPRV W/LOBE	090	865	900	35	4%	35.06	39.88	4.82	14%	0			1.0	2.0			8.0	3.0	3.0	1.0			
61330	DCMPRN ORBIT ONLY TRANSCRN	090	597.5	665	67.5	11%	25.3	28.75	3.45	14%	0				2.5			10.0			1.0			
61333	EXPL ORBIT W/REMOVAL LESION	090	573	617	44	8%	29.27	31.59	2.32	8%	0				2.0			6.0			1.0			
61340	SUBTEMPORAL CRANIAL DCMPRN	090	445	494	49	11%	20.11	22.67	2.56	13%	0				2.0			7.0			1.0			
61343	CRNEC SOPL CRV LAM DCMPRN	090	669.5	742	72.5	11%	31.86	35.55	3.69	12%	0				2.5			11.0			1.0			
61345	OTH CRANIAL DCMPRN PST FOSS	090	622.5	692.5	70	11%	29.23	32.80	3.57	12%	0				2.5			10.5			1.0			
61450	CRNEC STPL SCTJ CMPRN/DCMPR	090	541	602.5	61.5	11%	27.69	30.85	3.16	11%	0				2.0			9.5			1.0			
61458	CRNEC SOPL XPL/DCMPR CRL NR	090	551.5	601.5	50	9%	28.84	31.45	2.61	9%	0				2.5			6.5			1.0			
61460	CRNEC SOPL SCTJ 1+CRNL NR	090	609.5	672	62.5	10%	30.24	33.45	3.21	11%	0				2.5			9.0			1.0			
61500	CRNEC EXC TUM/BONE LES SKULL	090	412.5	450	37.5	9%	19.18	21.19	2.01	10%	0				2.5			4.0			1.0			
61501	CRANIECTOMY F/OSTEOMYELITIS	090	438.5	486	47.5	11%	16.35	18.84	2.49	15%	0				2.5			6.0			1.0			
61510	CRNEC TREPH EXC BRN TUM STTL	090	635	675	40	6%	30.83	33.73	2.90	9%	0				4.0			4.0	2.0		1.0			
61512	CRNEC TREPH EXC MNGIOMA ST	090	652	685	33	5%	37.14	39.71	2.57	7%	0				3.0			4.0	2.0		1.0			
61514	CRNEC TREPH EXC BRN ABS STTL	090	599.5	667	67.5	11%	27.23	30.68	3.45	13%	0				2.5			10.0			1.0			
61516	CRNEC TREPH EXC CYST STTL	090	598.5	666	67.5	11%	26.58	30.03	3.45	13%	0				2.5			10.0			1.0			
61518	REMOVAL OF BRAIN LESION	090	755	783	28	4%	39.89	43.15	3.26	8%	0				4.0			3.0	3.0	1.0	1.0			
61519	REMOVE BRAIN LINING LESION	090	732	765	33	5%	43.43	46.00	2.57	6%	0				3.0			4.0	2.0		1.0			
61520	REMOVAL OF BRAIN LESION	090	815	869	54	7%	57.09	60.27	3.18	6%	0				4.0			6.0	1.0		1.0			
61521	REMOVAL OF BRAIN LESION	090	928	1016.5	88.5	10%	46.99	51.44	4.45	9%	0				3.0			13.5			1.0			
61522	REMOVAL OF BRAIN ABSCESS	090	654.5	727	72.5	11%	31.54	35.23	3.69	12%	0				2.5			11.0			1.0			
61524	REMOVAL OF BRAIN LESION	090	625.5	695.5	70	11%	29.89	33.46	3.57	12%	0				2.5			10.5			1.0			
61526	REMOVAL OF BRAIN LESION	090	789	833	44	6%	54.08	56.78	2.70	5%	-2				2.0	1.0		5.0	1.0		1.0			
61530	REMOVAL OF BRAIN LESION	090	869.5	927	57.5	7%	45.56	48.53	2.97	7%	0				2.5			8.0			1.0			
61531	IMPLANT BRAIN ELECTRODES	090	511	530	19	4%	16.41	18.46	2.05	12%	-2				1.0	1.0		2.0	1.0	1.0	1.0			
61533	IMPLANT BRAIN ELECTRODES	090	537	598.5	61.5	11%	21.46	24.62	3.16	15%	0				2.0			9.5			1.0			
61534	REMOVAL OF BRAIN LESION	090	619.5	689.5	70	11%	23.01	26.58	3.57	15%	0				2.5			10.5			1.0			
61535	REMOVE BRAIN ELECTRODES	090	414	465.5	51.5	12%	13.15	15.83	2.68	20%	0				2.0			7.5			1.0			
61536	REMOVAL OF BRAIN LESION	090	759.5	837	77.5	10%	37.72	41.65	3.93	10%	0				2.5			12.0			1.0			
61537	REMOVAL OF BRAIN TISSUE	090	614	644	30	5%	36.45	38.49	2.04	6%	0				2.0			4.0	1.0		1.0			
61538	REMOVAL OF BRAIN TISSUE	090	679	709	30	4%	39.45	41.49	2.04	5%	0				2.0			4.0	1.0		1.0			
61539	REMOVAL OF BRAIN TISSUE	090	758.5	836	77.5	10%	34.28	38.21	3.93	11%	0				2.5			12.0			1.0			
61540	REMOVAL OF BRAIN TISSUE	090	655	668	13	2%	31.43	33.17	1.74	6%	0			1.0	2.0			1.0	2.0		1.0			
61541	INCISION OF BRAIN TISSUE	090	675.5	748	72.5	11%	30.94	34.63	3.69	12%	0				2.5			11.0			1.0			
61543	REMOVAL OF BRAIN TISSUE	090	666.5	739	72.5	11%	31.31	35.00	3.69	12%	0				2.5			11.0			1.0			
61544	REMOVE & TREAT BRAIN LESION	090	598	664.5	66.5	11%	27.36	30.76	3.40	12%	0				2.0			10.5			1.0			
61545	EXCISION OF BRAIN TUMOR	090	775	821	46	6%	46.43	49.77	3.34	7%	0				4.0			5.0	1.0	1.0	1.0			
61546	REMOVAL OF PITUITARY GLAND	090	703.5	778.5	75	11%	33.44	37.25	3.81	11%	0				2.5			11.5			1.0			
61548	REMOVAL OF PITUITARY GLAND	090	553	597	44	8%	23.37	25.69	2.32	10%	0				2.0			6.0			1.0		1.0	
61550	RELEASE OF SKULL SEAMS	090	279	300	21	8%	15.59	16.69	1.10	7%	0				3.0						0.5			
61552	RELEASE OF SKULL SEAMS	090	345.5	365.5	20	6%	20.4	21.57	1.17	6%	0				2.5			0.5			1.0			
61556	INCISE SKULL/SUTURES	090	692	701	9	1%	24.09	26.58	2.49	10%	-2		1.0	1.0	1.0			3.0	3.0	1.0	1.0			
61557	INCISE SKULL/SUTURES	090	510	546	36	7%	23.31	25.24	1.93	8%	0				3.0			3.0			1.0			
61558	EXCISION OF SKULL/SUTURES	090	661	707	46	7%	26.5	28.91	2.41	9%	0				3.0			5.0			1.0			
61559	EXCISION OF SKULL/SUTURES	090	665	713	48	7%	34.02	36.52	2.50	7%	0				4.0			4.0			1.0			
61563	EXCISION OF SKULL TUMOR	090	656	659	3	0%	28.44	30.25	1.81	6%	-2		1.0	1.0	1.0			1.0	2.0	1.0	1.0			
61564	EXCISION OF SKULL TUMOR	090	623	664	41	7%	34.74	36.91	2.17	6%	0				3.0			4.0			1.0			
61566	REMOVAL OF BRAIN TISSUE	090	610	642	32	5%	32.45	34.71	2.26	7%	0			1.0	2.0			4.0	1.0		1.0			
61567	INCISION OF BRAIN TISSUE	090	681	715	34	5%	37	39.48	2.48	7%	0			2.0	2.0			4.0	1.0		1.0			
61570	REMOVE FOREIGN BODY BRAIN	090	585.5	650.5	65	11%	26.51	29.84	3.33	13%	0				2.5			9.5			1.0			
61571	INCISE SKULL FOR BRAIN WOUND	090	635.5	705.5	70	11%	28.42	31.99	3.57	13%	0				2.5			10.5			1.0			
61575	SKULL BASE/BRAINSTEM SURGER	090	762.5	840	77.5	10%	36.56	40.49	3.93	11%	0				2.5			12.0			1.0			
61576	SKULL BASE/BRAINSTEM SURGER	090	915	974	59	6%	55.31	58.73	3.42	6%	0				4.0			7.0	1.0		1.0		1.0	
61580	CRANIOFACIAL APPROACH SKULL	090	1078.3	1072.3	-6	-1%	34.51	38.03	3.52	10%	-2		1.0	2.0	2.0				3.0	4.0		1.0		1.0
61581	CRANIOFACIAL APPROACH SKULL	090	1214.4	1227.4	13	1%	39.13	43.31	4.18	11%	-4		1.0	2.0	2.0	1.0		1.0	1.0	5.0	1.0		1.0	
61582	CRANIOFACIAL APPROACH SKULL	090	1010.3	1040.3	30	3%	35.14	38.75	3.61	10%	0			2.0	3.0			4.0	3.0	1.0	1.0		1.0	
61583	CRANIOFACIAL APPROACH SKULL	090	906.4	952.4	46	5%	38.5	41.59	3.09	8%	-2		1.0	1.0	1.0			8.0		1.0	1.0		1.0	
61584	ORBITOCRANIAL APPROACH/SKU	090	842.4	843.4	1	0%	37.7	40.35	2.65	7%	-2		1.0	1.0	1.0			2.0	3.0	2.0	1.0		1.0	
61585	ORBITOCRANIAL APPROACH/SKU	090	1101.7	1096.7	-5	0%	42.57	45.60	3.03	7%	0			2.0	1.0			1.0	3.0	3.0	1.0		2.0	
61586	RESECT NASOPHARYNX SKULL	090	720	760	40	6%	27.48	30.38	2.90	11%	0				4.0			4.0	2.0		1.0			
61590	INFRATEMPORAL APPROACH/SKU	090	1418.4	1420.4	2	0%	47.04	51.40	4.36	9%	-2		1.0	2.0	2.0			1.0		7.0	1.0		2.0	
61591	INFRATEMPORAL APPROACH/SKU	090	1254.85	1269.85	15	1%	47.02	49.64	2.62	6%	-4		2.0	1.0	2.0			3.0	4.0		1.0		2.0	
61592	ORBITOCRANIAL APPROACH/SKU	090	1002.8	998.8	-4	0%	43.08	45.49	2.41	6%	-4		2.0	1.0	1.0			1.0	3.0	2.0	1.0		2.0	
61595	TRANSTEMPORAL APPROACH/SK	090	1077.8	1071.8	-6	-1%	33.74	37.26	3.52	10%	-2		1.0	2.0	2.0				3.0	4.0	1.0		1.0	
61596	TRANSCOCHLEAR APPROACH/SKU	090	1188.3	1179.3	-9	-1%	39.43	42.66	3.23	8%	-2		1.0	2.0	1.0			1.0	4.0	3.0	1.0		1.0	
61597	TRANSCONDYLAR APPROACH/SKU	090	1041.4	1061.4	20	2%	40.82	43.70	2.88	7%	0			3.0				5.0	2.0	1.0	1.0		2.0	
61598	TRANSPETROSAL APPROACH/SKU	090	1048.1	1054.1	6	1%	36.53	39.00	2.47	7%	-2		1.0	2.0	1.0			2.0	3.0	1.0	1.0		2.0	
61600	RESECT/EXCISE CRANIAL LESION	090	1101.4	1101.4	0	0%	30.01	33.73	3.72	12%	-2		1.0	2.0	2.0					6.0	1.0		1.0	
61601	RESECT/EXCISE CRANIAL LESION	090	854.9	859.9	5	1%	31.14	33.59	2.45	8%	-4		2.0	1.0	1.0									

61613	REMOVE ANEURYSM SINUS	090	1102	1095	-7	-1%	45.03	48.55	3.52	8%	0			3.0				1.0		6.0	1.0		2.0	
61615	RESECT/EXCISE LESION SKULL	090	1092.2	1096.2	4	0%	35.77	38.95	3.18	9%	-2		1.0	1.0	2.0			2.0	4.0	2.0	1.0		1.0	
61616	RESECT/EXCISE LESION SKULL	090	1116.8	1146.8	30	3%	46.74	49.84	3.10	7%	-2		1.0	1.0	2.0			5.0	2.0	1.0	1.0		2.0	
61618	REPAIR DURA	090	573.1	574.1	1	0%	18.69	20.68	1.99	11%	0			2.0	1.0				1.0	2.0	1.0			
61619	REPAIR DURA	090	587.6	587.6	0	0%	22.1	24.02	1.92	9%	0			3.0				1.0	2.0	1.0	1.0			
61630	INTRACRANIAL ANGIOPLASTY	XXX	394	409	15	4%	22.07	23.39	1.32	6%	0				2.0			1.0	1.0		1.0			
61635	INTRACRAN ANGIOPLSTY W/STEN	XXX	424	430	6	1%	24.28	25.56	1.28	5%	0				2.0				2.0		1.0			
61640	DILATE IC VASOSPASM INIT	000	233	230	-3	-1%	12.32	12.72	0.40	3%	0									1.0				
61680	INTRACRANIAL VESSEL SURGERY	090	632	674	42	7%	32.55	35.16	2.61	8%	0				3.0			5.0	1.0		1.0			
61682	INTRACRANIAL VESSEL SURGERY	090	874	924	50	6%	63.41	66.41	3.00	5%	0				2.0			8.0	1.0		1.0			
61684	INTRACRANIAL VESSEL SURGERY	090	717	759	42	6%	41.64	44.25	2.61	6%	0				3.0			5.0	1.0		1.0			
61686	INTRACRANIAL VESSEL SURGERY	090	1019	1065	46	5%	67.5	70.84	3.34	5%	-2				2.0	1.0		6.0	1.0	1.0	1.0		1.0	
61690	INTRACRANIAL VESSEL SURGERY	090	672	688	16	2%	31.34	33.48	2.14	7%	-4				2.0			2.0	3.0		1.0			
61692	INTRACRANIAL VESSEL SURGERY	090	896	919	23	3%	54.59	57.61	3.02	6%	-4				2.0			4.0	3.0	1.0	1.0			
61697	BRAIN ANEURYSM REPR COMPLX	090	1194	1203	9	1%	63.4	69.10	5.70	9%	-2				2.0	1.0		5.0	6.0	5.0	1.0			
61698	BRAIN ANEURYSM REPR COMPLX	090	1209	1221	12	1%	69.63	74.93	5.30	8%	-2				2.0	1.0		5.0	6.0	4.0	1.0			
61700	BRAIN ANEURYSM REPR SIMPLE	090	949	973	24	3%	50.62	55.32	4.70	9%	-2				2.0	1.0		5.0	3.0	4.0	1.0			
61702	INNER SKULL VESSEL SURGERY	090	1144	1157	13	1%	60.04	65.54	5.50	9%	-2				2.0	1.0		5.0	5.0	5.0	1.0			
61703	CLAMP NECK ARTERY	090	377	421	44	12%	18.8	21.12	2.32	12%	0				2.0			6.0			1.0			
61705	REVISE CIRCULATION TO HEAD	090	655.5	720.5	65	10%	38.1	41.43	3.33	9%	0				2.5			9.5			1.0			
61708	REVISE CIRCULATION TO HEAD	090	647.5	712.5	65	10%	37.2	40.53	3.33	9%	0				2.5			9.5			1.0			
61710	REVISE CIRCULATION TO HEAD	090	551	607.5	56.5	10%	31.29	34.21	2.92	9%	0				2.0			8.5			1.0			
61711	FUSION OF SKULL ARTERIES	090	665.5	730.5	65	10%	38.23	41.56	3.33	9%	0				2.5			9.5			1.0			
61720	INCISE SKULL/BRAIN SURGERY	090	384	408	24	6%	17.62	18.98	1.36	8%	0				2.0			2.0			1.0			
61735	INCISE SKULL/BRAIN SURGERY	090	576.5	641.5	65	11%	22.35	25.68	3.33	15%	0				2.5			9.5			1.0			
61737	LITT ICR MLT TRJ MLT/CPLX LS	000	474	471	-3	-1%	22.67	23.07	0.40	2%	0									1.0				
61750	INCISE SKULL/BRAIN BIOPSY	090	487	543.5	56.5	12%	19.83	22.75	2.92	15%	0				2.0			8.5			1.0			
61751	BRAIN BIOPSY W/CT/MR GUIDE	090	395	426	31	8%	18.79	20.48	1.69	9%	0				3.0			2.0			1.0			
61760	IMPLANT BRAIN ELECTRODES	090	505	536	31	6%	22.39	24.08	1.69	8%	0				3.0			2.0			1.0			
61770	INCISE SKULL FOR TREATMENT	090	517	578.5	61.5	12%	23.19	26.35	3.16	14%	0				2.0			9.5			1.0			
61790	TREAT TRIGEMINAL NERVE	090	282	301	19	7%	11.6	12.72	1.12	10%	0				2.0			1.0			1.0			
61791	TREAT TRIGEMINAL TRACT	090	328	349.5	21.5	7%	15.41	16.65	1.24	8%	0				2.0			1.5			1.0			
61796	SRS CRANIAL LESION SIMPLE	090	195	209	14	7%	13.93	14.70	0.77	6%	0				2.0						0.5			
61798	SRS CRANIAL LESION COMPLEX	090	225	239	14	6%	19.85	20.62	0.77	4%	0				2.0						0.5			
61850	IMPLANT NEUROELECTRODES	090	306.5	337	30.5	10%	13.34	15.02	1.68	13%	0				1.5			4.0			1.0			
61860	IMPLANT NEUROELECTRODES	090	405	451.5	46.5	11%	22.26	24.70	2.44	11%	0				2.0			6.5			1.0			
61863	IMPLANT NEUROELECTRODE	090	452	470	18	4%	20.71	22.56	1.85	9%	0				3.0			1.0	2.0		1.0			
61867	IMPLANT NEUROELECTRODE	090	617	635	18	3%	33.03	34.88	1.85	6%	0				3.0			1.0	2.0		1.0			
61880	REVISE/REMOVE NEUROELECTRO	090	213.5	231.5	18	8%	6.95	8.03	1.08	15%	0				1.5			1.5			1.0			
61885	INSRT/REDO NEUROSTIM 1 ARRA	090	181	195	14	8%	6.05	6.82	0.77	13%	0				2.0						0.5			
61886	IMPLANT NEUROSTIM ARRAYS	090	385	405	20	5%	9.93	11.87	1.94	20%	0				4.0				2.0		1.0			
61888	REVISE/REMOVE NEURORECEIVER	010	171	178	7	4%	5.23	5.91	0.68	13%	0			1.0				1.0			1.0			
61889	INS SK-MNT CRNL NSTM PG/RCVF	090	533	551	18	3%	25.75	27.35	1.60	6%	-2				1.0	1.0			1.0	1.0		1.0		
61891	REV/RPLCMT SK-MNT CRNL NSTM	090	245	259	14	6%	11.25	12.02	0.77	7%	0				2.0						0.5			
61892	RMV SK-MNT CRNL NSTM PG/RCVF	090	275	289	14	5%	15	15.77	0.77	5%	0				2.0						0.5			
62000	TREAT SKULL FRACTURE	090	408	454.5	46.5	11%	13.93	16.37	2.44	18%	0				2.0			6.5			1.0			
62005	TREAT SKULL FRACTURE	090	470	519	49	10%	17.63	20.19	2.56	15%	0				2.0			7.0			1.0			
62010	TREATMENT OF HEAD INJURY	090	519.5	572	52.5	10%	21.43	24.16	2.73	13%	0				2.5			7.0			1.0			
62100	REPAIR BRAIN FLUID LEAKAGE	090	549.5	597	47.5	9%	23.53	26.02	2.49	11%	0				2.5			6.0			1.0			
62115	REDUCTION OF SKULL DEFECT	090	678	728.5	50.5	7%	22.91	25.53	2.62	11%	0				4.0			4.5			1.0			
62117	REDUCTION OF SKULL DEFECT	090	714	706	-8	-1%	28.35	30.43	2.08	7%	0			3.0				2.0	2.0		1.0			
62120	REPAIR SKULL CAVITY LESION	090	523	566	43	8%	24.59	26.85	2.26	9%	0				4.0			3.0			1.0			
62121	INCISE SKULL REPAIR	090	496	545	49	10%	23.03	25.59	2.56	11%	0				2.0			7.0			1.0			
62140	CRNOP SKULL DEFECT	090	383	414.5	31.5	8%	14.55	16.27	1.72	12%	0				2.0			3.5			1.0			
62141	CRNOP SKULL DEFECT>5 CM DIAM	090	413	449.5	36.5	9%	16.07	18.03	1.96	12%	0				2.0			4.5			1.0			
62142	RMVL B1 FLP/PROSTC PLATE SKL	090	324	355.5	31.5	10%	11.83	13.55	1.72	15%	0				2.0			3.5			1.0			
62143	RPL B1 FLP/PROSTC PLATE SKL	090	371	405	34	9%	14.15	15.99	1.84	13%	0				2.0			4.0			1.0			
62145	REPAIR OF SKULL & BRAIN	090	490	531.5	41.5	8%	20.09	22.29	2.20	11%	0				2.0			5.5			1.0			
62146	CRNOP W/AUTOGRAFT	090	402	438.5	36.5	9%	17.28	19.24	1.96	11%	0				2.0			4.5			1.0			
62147	CRNOP W/AUTOGRAFT>5 CM DIA	090	473	517	44	9%	20.67	22.99	2.32	11%	0				2.0			6.0			1.0			
62161	DISSECT BRAIN W/SCOPE	090	400	422	22	5%	21.23	23.01	1.78	8%	0			1.0	2.0			2.0	1.0		1.0			
62162	REMOVE COLLOID CYST W/SCOPE	090	516	534	18	3%	26.8	28.78	1.98	7%	0			1.0	2.0			2.0	2.0		1.0			
62164	REMOVE BRAIN TUMOR W/SCOPE	090	571	587	16	3%	29.43	31.83	2.40	8%	0			2.0	2.0			2.0	3.0		1.0			
62165	REMOVE PITUIT TUMOR W/SCOPE	090	490	512	22	4%	23.23	25.01	1.78	8%	0			1.0	2.0			2.0	1.0		1.0			
62180	ESTABLISH BRAIN CAVITY SHUNT	090	564	596	32	6%	22.58	24.71	2.13	9%	-2				1.0	1.0		4.0	1.0		1.0			
62190	ESTABLISH BRAIN CAVITY SHUNT	090	355	389	34	10%	12.17	14.01	1.84	15%	0				2.0			4.0			1.0			
62192	ESTABLISH BRAIN CAVITY SHUNT	090	351	385	34	10%	13.35	15.19	1.84	14%	0				2.0			4.0			1.0			
62194	REPLACE/IRRIGATE CATHETER	010	294	313	19	6%	5.78	6.90	1.12	19%	0				2.0			1.0			1.0			
62200	ESTABLISH BRAIN CAVITY SHUNT	090	388	417	29	7%	19.29	20.89	1.60	8%	0				2.0			3.0			1.0			
62201	BRAIN CAVITY SHUNT W/SCOPE	090	425	456	31	7%	16.04	17.73	1.69	11%	0				3.0			2.0			1.0			
62220	ESTABLISH BRAIN CAVITY SHUNT	090	356	390	34	10%	14.1	15.94	1.84	13%	0				2.0			4.0</						

62230	REPLACE/REVISE BRAIN SHUNT	090	293.5	321.5	28	10%	11.43	12.99	1.56	14%	0				1.5			3.5			1.0			
62256	REMOVE BRAIN CAVITY SHUNT	090	233.5	256.5	23	10%	7.38	8.70	1.32	18%	0				1.5			2.5			1.0			
62258	REPLACE BRAIN CAVITY SHUNT	090	366	400	34	9%	15.64	17.48	1.84	12%	0				2.0			4.0			1.0			
62263	EPIDURAL LYSIS MULT SESSIONS	010	214	230	16	7%	5	5.99	0.99	20%	0			1.0	2.0						0.5			
62264	EPIDURAL LYSIS ON SINGLE DAY	010	109	109	0	0%	4.42	4.53	0.11	2%	0										0.5			
62287	DCMPRN PX PERQ 1/MLT LUMBA	090	248	269	21	8%	9.03	10.13	1.10	12%	0				3.0						0.5			
62292	NJX CHEMONUCLEOLYSIS LMBR	090	284	308	24	8%	9.24	10.60	1.36	15%	0				2.0			2.0			1.0		1.0	
62294	INJECTION INTO SPINAL ARTERY	090	336	367.5	31.5	9%	12.87	14.59	1.72	13%	0				2.0			3.5			1.0			
62350	IMPLANT SPINAL CANAL CATH	010	170	177	7	4%	6.05	6.49	0.44	7%	0				1.0						0.5			
62351	IMPLANT SPINAL CANAL CATH	090	449	448	-1	0%	11.66	13.96	2.30	20%	0			4.0						3.0	1.0			
62355	REMOVE SPINAL CANAL CATHETE	010	140	147	7	5%	3.55	3.99	0.44	12%	0				1.0						0.5			
62360	INSERT SPINE INFUSION DEVICE	010	170	177	7	4%	4.33	4.77	0.44	10%	0				1.0						0.5			
62361	IMPLANT SPINE INFUSION PUMP	010	170	177	7	4%	5	5.44	0.44	9%	0				1.0						0.5			
62362	IMPLANT SPINE INFUSION PUMP	010	170	177	7	4%	5.6	6.04	0.44	8%	0				1.0						0.5			
62365	REMOVE SPINE INFUSION DEVICE	010	155	162	7	5%	3.93	4.37	0.44	11%	0				1.0						0.5			
62380	NDSC DCMPRN 1 NTRSPC LUMBA	090	231	245	14	6%	0	0.77	0.77	#DIV/0!	0				2.0						0.5			
63001	REMOVE SPINE LAMINA 1/2 CRVL	090	488	529.5	41.5	9%	17.61	19.81	2.20	12%	0				2.0			5.5			1.0		1.0	
63003	REMOVE SPINE LAMINA 1/2 THRC	090	485	526.5	41.5	9%	17.74	19.94	2.20	12%	0				2.0			5.5			1.0		1.0	
63005	REMOVE SPINE LAMINA 1/2 LMB	090	450	477	27	6%	16.43	18.32	1.89	12%	0				3.0			2.0	1.0		1.0			
63011	REMOVE SPINE LAMINA 1/2 SCRL	090	415.5	458	42.5	10%	15.91	18.16	2.25	14%	0				2.5			5.0			1.0			
63012	REMOVE LAMINA/FACETS LUMBA	090	441.5	486.5	45	10%	16.85	19.22	2.37	14%	0				2.5			5.5			1.0			
63015	REMOVE SPINE LAMINA >2 CRVC	090	465	492	27	6%	20.85	22.74	1.89	9%	0				3.0			2.0	1.0		1.0			
63016	REMOVE SPINE LAMINA >2 THRC	090	665.5	715.5	50	8%	22.03	24.64	2.61	12%	0				2.5			6.5			1.0		2.5	
63017	REMOVE SPINE LAMINA >2 LMBR	090	437	459	22	5%	17.33	18.98	1.65	10%	0				3.0			1.0	1.0		1.0			
63020	NECK SPINE DISK SURGERY	090	379	403	24	6%	14.91	16.65	1.74	12%	-2				2.0	1.0		1.0	1.0		1.0			
63030	LOW BACK DISK SURGERY	090	305	328	23	8%	12	13.19	1.19	10%	-2				2.0	1.0					0.5			
63040	LAMINOTOMY SINGLE CERVICAL	090	479.5	527	47.5	10%	20.31	22.80	2.49	12%	0				2.5			6.0			1.0			
63042	LAMINOTOMY SINGLE LUMBAR	090	400	436	36	9%	18.76	20.69	1.93	10%	0				3.0			3.0			1.0			
63045	LAM FACETEC & FORAMOT CRV	090	395	417	22	6%	17.95	19.60	1.65	9%	0				3.0			1.0	1.0		1.0			
63046	LAM FACETEC & FORAMOT THRC	090	395	417	22	6%	17.25	18.90	1.65	10%	0				3.0			1.0	1.0		1.0			
63047	LAM FACETEC & FORAMOT LUMB	090	362	384	22	6%	15.37	17.02	1.65	11%	0				3.0			1.0	1.0		1.0			
63050	CERVICAL LAMINOPLSTY 2/> SEG	090	455	477	22	5%	22.01	23.79	1.78	8%	0			1.0	2.0			2.0	1.0		1.0			
63051	C-LAMINOPLASTY W/GRAFT/PLAT	090	495	517	22	4%	25.51	27.29	1.78	7%	0			1.0	2.0			2.0	1.0		1.0			
63055	DECOMPRESS SPINAL CORD THRC	090	520.5	570.5	50	10%	23.55	26.16	2.61	11%	0				2.5			6.5			1.0			
63056	DECOMPRESS SPINAL CORD LMB	090	490.5	538	47.5	10%	21.86	24.35	2.49	11%	0				2.5			6.0			1.0			
63064	DECOMPRESS SPINAL CORD THRC	090	592.5	645	52.5	9%	26.22	28.95	2.73	10%	0				2.5			7.0			1.0			
63075	NECK SPINE DISK SURGERY	090	355	367	12	3%	19.6	20.90	1.30	7%	0			1.0	2.0				1.0		1.0			
63077	SPINE DISK SURGERY THORAX	090	517.5	562.5	45	9%	22.88	25.25	2.37	10%	0				2.5			5.5			1.0			
63081	REMOVE VERT BODY DCMPRN CR	090	622.5	675	52.5	8%	26.1	28.83	2.73	10%	0				2.5			7.0			1.0		1.5	
63085	REMOVE VERT BODY DCMPRN TH	090	721.5	781.5	60	8%	29.47	32.56	3.09	10%	0				2.5			8.5			1.0		1.5	
63087	REMOV VERTBR DCMPRN THRC	090	682	729	47	7%	37.53	40.38	2.85	8%	0				3.0			6.0	1.0		1.0			
63090	REMOVE VERT BODY DCMPRN LN	090	741	807	66	9%	30.93	34.30	3.37	11%	0				3.0			9.0			1.0		1.5	
63101	REMOVE VERT BODY DCMPRN TH	090	671	706	35	5%	34.1	36.89	2.79	8%	0			1.0	3.0			4.0	2.0		1.0			
63102	REMOVE VERT BODY DCMPRN LN	090	658	693	35	5%	34.1	36.89	2.79	8%	0			1.0	3.0			4.0	2.0		1.0			
63170	INCISE SPINAL CORD TRACT(S)	090	623.5	676	52.5	8%	22.21	24.94	2.73	12%	0				2.5			7.0			1.0		1.5	
63172	DRAINAGE OF SPINAL CYST	090	581	625	44	8%	19.76	22.08	2.32	12%	0				2.0			6.0			1.0		1.5	
63173	DRAINAGE OF SPINAL CYST	090	630.5	680.5	50	8%	24.31	26.92	2.61	11%	0				2.5			6.5			1.0		1.5	
63185	INCISE SPINE NRV HALF SEGMNT	090	451.5	496.5	45	10%	16.49	18.86	2.37	14%	0				2.5			5.5			1.0			
63190	INCISE SPINE NRV >2 SEGMNTS	090	491.5	536.5	45	9%	18.89	21.26	2.37	13%	0				2.5			5.5			1.0			
63191	INCISE SPINE ACCESSORY NERVE	090	468.5	511	42.5	9%	18.92	21.17	2.25	12%	0				2.5			5.0			1.0			
63197	LAM W/CORDOTOMY 1STG THRC	090	707.5	752.5	45	6%	24.08	26.45	2.37	10%	0				2.5			5.5			1.0		3.0	
63200	RELEASE SPINAL CORD LUMBAR	090	589.5	637	47.5	8%	21.44	23.93	2.49	12%	0				2.5			6.0			1.0		1.5	
63250	REVISE SPINAL CORD VSL CRVL	090	941.5	1004	62.5	7%	43.86	47.07	3.21	7%	0				2.5			9.0			1.0		2.5	
63251	REVISE SPINAL CORD VSLS THRC	090	983	1056.5	73.5	7%	44.64	48.37	3.73	8%	0				3.0			10.5			1.0		2.5	
63252	REVISE SPINE CORD VSL THRLMB	090	981	1054.5	73.5	7%	44.63	48.36	3.73	8%	0				3.0			10.5			1.0		2.5	
63265	EXCISE INTRSPINL LESION CRV	090	612.5	660	47.5	8%	23.82	26.31	2.49	10%	0				2.5			6.0			1.0		1.5	
63266	EXCISE INTRSPINL LESION THRC	090	636.5	689	52.5	8%	24.68	27.41	2.73	11%	0				2.5			7.0			1.0		1.5	
63267	EXCISE INTRSPINL LESION LMBR	090	480.5	528	47.5	10%	19.45	21.94	2.49	13%	0				2.5			6.0			1.0			
63268	EXCISE INTRSPINL LESION SCRL	090	498.5	546	47.5	10%	20.02	22.51	2.49	12%	0				2.5			6.0			1.0			
63270	EXCISE INTRSPINL LESION CRVL	090	781.5	839	57.5	7%	29.8	32.77	2.97	10%	0				2.5			8.0			1.0		2.5	
63271	EXCISE INTRSPINL LESION THRC	090	779.5	837	57.5	7%	29.92	32.89	2.97	10%	0				2.5			8.0			1.0		2.5	
63272	EXCISE INTRSPINL LESION LMBR	090	648.5	703.5	55	8%	27.5	30.35	2.85	10%	0				2.5			7.5			1.0		1.0	
63273	EXCISE INTRSPINL LESION SCRL	090	648.5	703.5	55	8%	26.47	29.32	2.85	11%	0				2.5			7.5			1.0		1.0	
63275	BX/EXC XDRL SPINE LESN CRVL	090	654.5	709.5	55	8%	25.86	28.71	2.85	11%	0				2.5			7.5			1.0		1.0	
63276	BX/EXC XDRL SPINE LESN THRC	090	659.5	717	57.5	9%	25.69	28.66	2.97	12%	0				2.5			8.0			1.0		1.0	
63277	BX/EXC XDRL SPINE LESN LMBR	090	544.5	594.5	50	9%	22.39	25.00	2.61	12%	0				2.5			6.5			1.0			
63278	BX/EXC XDRL SPINE LESN SCRL	090	546.5	596.5	50	9%	22.12	24.73	2.61	12%	0				2.5			6.5			1.0			
63280	BX/EXC IDRL SPINE LESN CRVL	090	669	732.5	63.5	9%	30.29	33.54	3.25	11%	0				3.0			8.5			1.0			
63281	BX/EXC IDRL SPINE LESN THRC	090	669	732.5	63.5	9%	29.99	33.24	3.25	11%	0				3.0			8.5			1.0			
63282	BX/EXC IDRL SPINE LESN LMBR	090	623	679	56	9%	28.15	31.04	2.89	10%	0				3.0			7.0			1.0			
63283	BX/EXC IDRL SPINE LESN SCRL	090	618	674</																				

63287	BX/EXC IDRL IMED LESN THRLMB	090	931	1002	71	8%	40.08	43.69	3.61	9%	0				3.0			10.0			1.0		2.5	
63290	BX/EXC XDRL/IDRL LSN ANY LVL	090	960	1033.5	73.5	8%	40.82	44.55	3.73	9%	0				3.0			10.5			1.0		2.5	
63300	REMOVE VERT XDRL BODY CRVCL	090	638.5	691	52.5	8%	26.8	29.53	2.73	10%	0				2.5			7.0			1.0		1.5	
63301	REMOVE VERT XDRL BODY THRC	090	950	1023.5	73.5	8%	31.57	35.30	3.73	12%	0				3.0			10.5			1.0		3.5	
63302	REMOVE VERT XDRL BODY THRLN	090	871	939.5	68.5	8%	31.15	34.64	3.49	11%	0				3.0			9.5			1.0		2.5	
63303	REMOV VERT XDRL BDY LMBR/SA	090	809.5	869.5	60	7%	33.55	36.64	3.09	9%	0				2.5			8.5			1.0		2.5	
63304	REMOVE VERT IDRL BODY CRVCL	090		911	66	8%	33.85	37.22	3.37	10%	0				3.0			9.0			1.0		3.0	
63305	REMOVE VERT IDRL BODY THRC	090	1004	1077.5	73.5	7%	36.24	39.97	3.73	10%	0				3.0			10.5			1.0		4.0	
63306	REMOV VERT IDRL BDY THRC LMB	090	871	939.5	68.5	8%	35.55	39.04	3.49	10%	0				3.0			9.5			1.0		2.5	
63307	REMOV VERT IDRL BDY LMBR/SA	090	863	931.5	68.5	8%	34.96	38.45	3.49	10%	0				3.0			9.5			1.0		2.5	
63600	REMOVE SPINAL CORD LESION	090	364	398	34	9%	15.12	16.96	1.84	12%	0				2.0			4.0			1.0			
63620	SRS SPINAL LESION	090	195	209	14	7%	15.6	16.37	0.77	5%	0				2.0						0.5			
63650	IMPLANT NEUROELECTRODES	010	170	177	7	4%	7.15	7.59	0.44	6%	0				1.0						0.5			
63655	IMPLANT NEUROELECTRODES	090	254	270	16	6%	10.92	11.91	0.99	9%	0			1.0	2.0						0.5			
63661	REMOVE SPINE ELTRD PERQ ARAY	010	165	172	7	4%	5.08	5.52	0.44	9%	0				1.0						0.5			
63662	REMOVE SPINE ELTRD PLATE	090	243	259	16	7%	11	12.10	1.10	10%	0			1.0	2.0						1.0			
63663	REVISE SPINE ELTRD PERQ ARAY	010	200	207	7	3%	7.75	8.19	0.44	6%	0				1.0						0.5			
63664	REVISE SPINE ELTRD PLATE	090	273	289	16	6%	11.52	12.62	1.10	10%	0			1.0	2.0						1.0			
63685	INS/RPLC SPI NPG/RCVR POCKET	010	170	177	7	4%	5.19	5.63	0.44	8%	0				1.0						0.5			
63688	REV/RMV IMP SP NPG/R DTCH CN	010	162	169	7	4%	4.35	4.79	0.44	10%	0				1.0						0.5			
63700	REPAIR OF SPINAL HERNIATION	090	401	437	36	9%	17.47	19.40	1.93	11%	0				3.0			3.0			1.0			
63702	REPAIR OF SPINAL HERNIATION	090	463	499	36	8%	19.41	21.34	1.93	10%	0				3.0			3.0			1.0			
63704	REPAIR OF SPINAL HERNIATION	090	609	677	68	11%	22.43	25.89	3.46	15%	0				4.0			8.0			1.0			
63706	REPAIR OF SPINAL HERNIATION	090	679	747	68	10%	25.35	28.81	3.46	14%	0				4.0			8.0			1.0			
63707	REPAIR SPINAL FLUID LEAKAGE	090	377.5	420	42.5	11%	12.65	14.90	2.25	18%	0				2.5			5.0			1.0			
63709	REPAIR SPINAL FLUID LEAKAGE	090	426.5	466.5	40	9%	15.65	17.78	2.13	14%	0				2.5			4.5			1.0			
63710	GRAFT REPAIR OF SPINE DEFECT	090	407.5	447.5	40	10%	15.4	17.53	2.13	14%	0				2.5			4.5			1.0			
63740	INSTALL SPINAL SHUNT	090	378.5	416	37.5	10%	12.63	14.64	2.01	16%	0				2.5			4.0			1.0			
63741	INSTALL SPINAL SHUNT	090	289	313	24	8%	9.12	10.48	1.36	15%	0				2.0			2.0			1.0			
63744	REVISION OF SPINAL SHUNT	090	282.5	308	25.5	9%	8.94	10.38	1.44	16%	0				1.5			3.0			1.0			
63746	REMOVAL OF SPINAL SHUNT	090	254.5	282.5	28	11%	7.33	8.89	1.56	21%	0				1.5			3.5			1.0			
64553	IMPLANT NEUROELECTRODES	010	160	167	7	4%	6.13	6.57	0.44	7%	0				1.0						0.5			
64555	IMPLANT NEUROELECTRODES	010	145	152	7	5%	5.76	6.20	0.44	8%	0				1.0						0.5			
64561	IMPLANT NEUROELECTRODES	010	131	140	9	7%	5.44	5.86	0.42	8%	-2				1.0									
64568	OPN IMPLTJ CRNL NRV NEA&PG	090	275	294	19	7%	9	10.12	1.12	12%	0				2.0			1.0			1.0			
64569	REVISE/REPL VAGUS N ELTRD	090	312	331	19	6%	11	12.12	1.12	10%	0				2.0			1.0			1.0			
64570	REMOVE VAGUS N ELTRD	090	259	271	12	5%	9.1	9.89	0.79	9%	0				1.0			1.0			1.0			
64575	OPN IMPLTJ NEA PERPH NERVE	090	78	81	3	4%	4.42	4.75	0.33	7%	0			1.5										
64580	OPN IMPLTJ NEA NEUROMUSCUL	090	79	82	3	4%	4.19	4.52	0.33	8%	0			1.5										
64581	OPN IMPLTJ NEA SACRAL NERVE	090	269	278	9	3%	12.2	12.73	0.53	4%	-2					1.0					0.5			
64582	OPN MPLTJ HPGLSL NSTM ARY PG	090	294	308	14	5%	14	14.77	0.77	5%	0				2.0						0.5			
64583	REV/RPLCT HPGLSL NSTM ARY PG	090	309	323	14	5%	14.5	15.27	0.77	5%	0				2.0						0.5			
64584	RMVL HPGLSL NSTIM ARY PG	090	275	289	14	5%	12	12.77	0.77	6%	0				2.0						0.5			
64585	REV/RMV PERPH NSTIM ELTRD RA	010	58	60	2	3%	2.11	2.33	0.22	10%	0			1.0										
64590	INS/RPL PRPH SAC/GSTR NPG/R	010	145	152	7	5%	5.1	5.54	0.44	9%	0				1.0						0.5			
64595	REV/RMV PRPH SAC/GSTR NPG/R	010	134	141	7	5%	3.79	4.23	0.44	12%	0				1.0						0.5			
64600	INJECTION TREATMENT OF NERVE	010	77	79	2	3%	3.49	3.71	0.22	6%	0			1.0										
64605	INJECTION TREATMENT OF NERVE	010	103	105	2	2%	5.65	5.87	0.22	4%	0			1.0										
64610	INJECTION TREATMENT OF NERVE	010	140	142	2	1%	7.2	7.42	0.22	3%	0			1.0										
64611	CHEMODENERV SALIV GLANDS	010	36	38	2	6%	1.03	1.25	0.22	21%	0			1.0										
64612	DESTROY NERVE FACE MUSCLE	010	41	43	2	5%	1.41	1.63	0.22	16%	0			1.0										
64620	INJECTION TREATMENT OF NERVE	010	76	78	2	3%	2.89	3.11	0.22	8%	0			1.0										
64624	DSTRJ NULYT AGT GNCLR NRV	010	74	76	2	3%	2.5	2.72	0.22	9%	0			1.0										
64625	RF ABLTJ NRV NRV TG SI JT	010	98	105	7	7%	3.39	3.83	0.44	13%	0				1.0						0.5			
64628	TRML DSTRJ IOS BVN 1ST 2 L/S	010	178	185	7	4%	7.15	7.59	0.44	6%	0				1.0						0.5			
64630	INJECTION TREATMENT OF NERVE	010	78	80	2	3%	3.05	3.27	0.22	7%	0			1.0										
64632	N BLOCK INJ COMMON DIGIT	010	36	38	2	6%	1.23	1.45	0.22	18%	0			1.0										
64633	DESTROY CERV/THOR FACET JNT	010	100	107	7	7%	3.32	3.76	0.44	13%	0				1.0						0.5			
64635	DESTROY LUMB/SAC FACET JNT	010	100	107	7	7%	3.32	3.76	0.44	13%	0				1.0						0.5			
64640	INJECTION TREATMENT OF NERVE	010	64	66	2	3%	1.98	2.20	0.22	11%	0			1.0										
64680	INJECTION TREATMENT OF NERVE	010	98	100	2	2%	2.67	2.89	0.22	8%	0			1.0										
64681	INJECTION TREATMENT OF NERVE	010	122	132	10	8%	3.78	4.26	0.48	13%	0						2.0							
64702	REVISE FINGER/TOE NERVE	090	212	230	18	8%	6.26	7.47	1.21	19%	0			2.0	2.0						0.5			
64704	REVISE HAND/FOOT NERVE	090	152	157	5	3%	4.69	5.24	0.55	12%	0			2.5										
64708	REVISE ARM/LEG NERVE	090	220	233	13	6%	6.36	7.46	1.10	17%	0			3.0	1.0						0.5			
64712	REVISION OF SCIATIC NERVE	090	294	307.5	13.5	5%	8.07	9.31	1.24	15%	0				3.0			1.5			1.0			
64713	REVISION OF ARM NERVE(S)	090	429	446	17	4%	11.4	12.87	1.47	13%	0			3.5			2.0				1.0			
64714	REVISE LOW BACK NERVE(S)	090	364	373.5	9.5	3%	10.55	11.66	1.11	11%	0			3.5			0.5				1.0			
64716	REVISION OF CRANIAL NERVE	090	182	198	16	9%	6.99	7.87	0.88	13%	0			1.0	2.0									
64718	REVISE ULNAR NERVE AT ELBOW	090	250	278	28	11%	7.26	8.69	1.43	20%	0				4.0						0.5			
64719	REVISE ULNAR NERVE AT WRIST	090	149	154	5	3%	4.97	5.52	0.55	11%	0			2.5										
64721	CARPAL TUNNEL SURGERY	090	171	187	16	9%	4.97	5.96	0.99	20%	0			1.0	2.0						0.5			
64722	RELIEVE PRESSURE ON NERVE(S)	090	159	164	5	3%	4.82	5.48	0.66	14%	0			2.5							0.5			

64726	RELEASE FOOT/TOE NERVE	090	151	155	4	3%	4.27	4.82	0.55	13%	0			2.0						0.5			
64732	INCISION OF BROW NERVE	090	132.5	143	10.5	8%	4.89	5.50	0.61	12%	0				1.5					0.5			
64734	INCISION OF CHEEK NERVE	090	186	200	14	8%	5.55	6.43	0.88	16%	0				2.0					1.0			
64736	INCISION OF CHIN NERVE	090	139	153	14	10%	5.23	5.89	0.66	13%	0				2.0								
64738	INCISION OF JAW NERVE	090	173	187	14	8%	6.36	7.13	0.77	12%	0				2.0					0.5			
64740	INCISION OF TONGUE NERVE	090	166	180	14	8%	6.22	6.99	0.77	12%	0				2.0					0.5			
64742	INCISION OF FACIAL NERVE	090	179	193	14	8%	6.85	7.62	0.77	11%	0				2.0					0.5			
64744	INCISE NERVE BACK OF HEAD	090	192.5	203	10.5	5%	5.72	6.44	0.72	13%	0				1.5					1.0			
64746	INCISE DIAPHRAGM NERVE	090	177	191	14	8%	6.56	7.33	0.77	12%	0				2.0					0.5			
64755	INCISION OF STOMACH NERVES	090	360	377	17	5%	15.05	17.14	2.09	14%	0			1.0	1.0			3.0	1.0	1.0	1.0		
64760	INCISION OF VAGUS NERVE	090	212	226	14	7%	7.59	8.47	0.88	12%	0				2.0					1.0			
64763	INCISE HIP/THIGH NERVE	090	210	224	14	7%	7.56	8.33	0.77	10%	0				2.0					0.5			
64766	INCISE HIP/THIGH NERVE	090	239.5	257	17.5	7%	9.47	10.41	0.94	10%	0				2.5					0.5			
64771	SEVER CRANIAL NERVE	090	236.5	254	17.5	7%	8.15	9.09	0.94	11%	0				2.5					0.5			
64772	INCISION OF SPINAL NERVE	090	245	259	14	6%	7.84	8.72	0.88	11%	0				2.0					1.0			
64774	REMOVE SKIN NERVE LESION	090	174	188	14	8%	5.8	6.57	0.77	13%	0				2.0					0.5			
64776	REMOVE DIGIT NERVE LESION	090	158.5	169	10.5	7%	5.6	6.21	0.61	11%	0				1.5					0.5			
64782	REMOVE LIMB NERVE LESION	090	235	249	14	6%	6.86	7.74	0.88	13%	0				2.0					1.0			
64784	REMOVE NERVE LESION	090	257.5	275	17.5	7%	10.62	11.56	0.94	9%	0				2.5					0.5			
64786	REMOVE SCIATIC NERVE LESION	090	291.5	309	17.5	6%	16.25	17.19	0.94	6%	0				2.5					0.5			
64788	REMOVE SKIN NERVE LESION	090	183	197	14	8%	5.24	6.01	0.77	15%	0				2.0					0.5			
64790	REMOVAL OF NERVE LESION	090	331.5	349	17.5	5%	12.1	13.04	0.94	8%	0				2.5					0.5			
64792	REMOVAL OF NERVE LESION	090	416	437	21	5%	15.86	17.07	1.21	8%	0				3.0					1.0			
64802	SYMPATHECTOMY CERVICAL	090	354.5	389.5	35	10%	10.37	12.26	1.89	18%	0				2.5			3.5		1.0			
64804	SYMPATHECTOMY CERVICOTHOR	090	389.5	427	37.5	10%	15.91	17.92	2.01	13%	0				2.5			4.0		1.0			
64809	SYMPATHECTOMY THORACOLUM	090	336	367.5	31.5	9%	14.71	16.43	1.72	12%	0				2.0			3.5		1.0			
64818	SYMPATHECTOMY LUMBAR	090	345	376.5	31.5	9%	11.34	13.06	1.72	15%	0				2.0			3.5		1.0			
64820	SYMPATHECTOMY DIGITAL ARTER	090	268	277	9	3%	10.74	11.29	0.55	5%	-4		2.0	1.0	1.0								
64821	SYMPATHECTOMY RADIAL ARTER	090	269	287	18	7%	9.33	10.78	1.45	16%	0				3.0	1.0		1.0		1.0			
64822	SYMPATHECTOMY ULNAR ARTER	090	269	287	18	7%	9.33	10.78	1.45	16%	0				3.0	1.0		1.0		1.0			
64823	SYMPATHECTOMY SUPFC PALMA	090	299	317	18	6%	10.94	12.39	1.45	13%	0				3.0	1.0		1.0		1.0			
64831	REPAIR OF DIGIT NERVE	090	237	255	18	8%	9.16	10.37	1.21	13%	0				2.0	2.0				0.5			
64834	REPAIR OF HAND OR FOOT NERVE	090	226	240	14	6%	10.81	11.69	0.88	8%	0					2.0				1.0			
64835	REPAIR OF HAND OR FOOT NERVE	090	259.5	277	17.5	7%	11.73	12.78	1.05	9%	0					2.5				1.0			
64836	REPAIR OF HAND OR FOOT NERVE	090	260.5	278	17.5	7%	11.73	12.78	1.05	9%	0					2.5				1.0			
64840	REPAIR OF LEG NERVE	090	356	379.5	23.5	7%	14.02	15.35	1.33	9%	0				3.0			0.5		1.0			
64856	REPAIR/TRANSDPOSE NERVE	090	415.5	453	37.5	9%	15.07	17.08	2.01	13%	0				2.5			4.0		1.0			
64857	REPAIR ARM/LEG NERVE	090	428.5	468.5	40	9%	15.82	17.95	2.13	13%	0				2.5			4.5		1.0			
64858	REPAIR SCIATIC NERVE	090	442.5	482.5	40	9%	17.82	19.95	2.13	12%	0				2.5			4.5		1.0			
64861	REPAIR OF ARM NERVES	090	549	600	51	9%	20.89	23.54	2.65	13%	0				3.0			6.0		1.0			
64862	REPAIR OF LOW BACK NERVES	090	531	582	51	10%	21.09	23.74	2.65	13%	0				3.0			6.0		1.0			
64864	REPAIR OF FACIAL NERVE	090	321	345	24	7%	13.41	14.77	1.36	10%	0				2.0			2.0		1.0			
64865	REPAIR OF FACIAL NERVE	090	365.5	385.5	20	5%	16.09	17.26	1.17	7%	0				2.5			0.5		1.0			
64866	FUSION OF FACIAL/OTHER NERVE	090	391.5	421.5	30	8%	16.83	18.48	1.65	10%	0				2.5			2.5		1.0			
64868	FUSION OF FACIAL/OTHER NERVE	090	351	375	24	7%	14.9	16.26	1.36	9%	0					2.0		2.0		1.0			
64885	NERVE GRAFT HEAD/NECK	090	325	339	14	4%	17.6	18.48	0.88	5%	0				2.0					1.0			
64886	NERVE GRAFT HEAD/NECK >4 CM	090	411	426	15	4%	20.82	22.14	1.32	6%	0				2.0			1.0	1.0	1.0			
64890	NRV GRF 1STRND HND/FOOT <4C	090	403.5	433.5	30	7%	16.24	17.89	1.65	10%	0				2.5			2.5		1.0			
64891	NRV GRF 1STRND HND/FOOT >4C	090	424.5	459.5	35	8%	17.35	19.24	1.89	11%	0				2.5			3.5		1.0			
64892	NRV GRF 1STRND ARM/LEG <4CM	090	396.5	426.5	30	8%	15.74	17.39	1.65	10%	0				2.5			2.5		1.0			
64893	NRV GRF 1STRND ARM/LEG >4 CM	090	439.5	477	37.5	9%	16.87	18.88	2.01	12%	0				2.5			4.0		1.0			
64895	NRV GRF MLTST HND/FOOT	090	458.5	491	32.5	7%	20.39	22.16	1.77	9%	0				2.5			3.0		1.0			
64896	NRV GRF MLTST HND/FOOT >4 CM	090	523	566.5	43.5	8%	21.96	24.25	2.29	10%	0				3.0			4.5		1.0			
64897	NRV GRF MLTST ARM/LEG	090	480.5	513	32.5	7%	19.38	21.15	1.77	9%	0				2.5			3.0		1.0			
64898	NRV GRF MLTST ARM/LEG >4 CM	090	531	574.5	43.5	8%	20.97	23.26	2.29	11%	0				3.0			4.5		1.0			
64905	NERVE PEDICLE TRANSFER	090	383.5	413.5	30	8%	15.11	16.76	1.65	11%	0				2.5			2.5		1.0			
64907	NERVE PEDICLE TRANSFER	090	404.5	439.5	35	9%	20.03	21.92	1.89	9%	0					2.5		3.5		1.0			
64910	NERVE REPAIR W/ALLOGRAFT	090	257	280	23	9%	10.52	11.84	1.32	13%	0			1.0	3.0					0.5			
64911	NEURORRAPHY W/VEIN AUTOGR	090	292	315	23	8%	14	15.32	1.32	9%	0			1.0	3.0					0.5			
64912	NRV RPR W/NRV ALGRFT 1ST	090	272	295	23	8%	12	13.32	1.32	11%	0			1.0	3.0					0.5			
65091	REVISE EYE	090	164.5	182	17.5	11%	7.26	8.20	0.94	13%	0				2.5					0.5			
65093	REVISE EYE WITH IMPLANT	090	214	221	7	3%	7.04	8.03	0.99	14%	0			3.5						1.0			
65101	REMOVAL OF EYE	090	232	260	28	12%	8.3	9.73	1.43	17%	0				4.0					0.5			
65103	REMOVE EYE/INSERT IMPLANT	090	237	265	28	12%	8.84	10.27	1.43	16%	0				4.0					0.5			
65105	REMOVE EYE/ATTACH IMPLANT	090	269.5	301	31.5	12%	9.93	11.53	1.60	16%	0				4.5					0.5			
65110	REMOVAL OF EYE	090	370.5	409	38.5	10%	15.7	17.74	2.04	13%	0				5.5					1.0			
65112	REMOVE EYE/REVISE SOCKET	090	434.5	482.5	48	11%	18.51	21.00	2.49	13%	0				6.5			0.5		1.0			
65114	REMOVE EYE/REVISE SOCKET	090	446.5	494.5	48	11%	19.65	22.14	2.49	13%	0				6.5			0.5		1.0			
65125	REVISE OCULAR IMPLANT	090	148	154	6	4%	3.27	3.93	0.66	20%	0			3.0									
65130	INSERT OCULAR IMPLANT	090	200	228	28	14%	8.42	9.74	1.32	16%	0				4.0								
65135	INSERT OCULAR IMPLANT	090	207	235	28	14%	8.6	9.92	1.32	15%	0				4.0								
65140	ATTACH OCULAR IMPLANT	090	255.5	287	31.5	12%	9.46	11.06	1.60	17%	0				4.5					0.5			
65150	REVISE OCULAR IMPLANT	090	187	194	7	4%	6.43	7.31	0.88	14%	0			3.5						0.5			

65155	REINSERT OCULAR IMPLANT	090	259.5	291	31.5	12%	10.1	11.59	1.49	15%	0				4.5									
65175	REMOVAL OF OCULAR IMPLANT	090	174.5	199	24.5	14%	7.4	8.56	1.16	16%	0				3.5									
65235	REMOVE FOREIGN BODY FROM E	090	185.5	217	31.5	17%	9.01	10.50	1.49	16%	0				4.5									
65260	REMOVE FOREIGN BODY FROM E	090	270	305	35	13%	12.54	14.30	1.76	14%	0				5.0				0.5					
65265	REMOVE FOREIGN BODY FROM E	090	291.5	330	38.5	13%	14.34	16.16	1.82	13%	0				5.5									
65270	REPAIR OF EYE WOUND	010	67	69	2	3%	1.95	2.17	0.22	11%	0			1.0										
65272	REPAIR OF EYE WOUND	090	115.5	133	17.5	15%	4.62	5.45	0.83	18%	0				2.5									
65273	REPAIR OF EYE WOUND	090	164.5	182	17.5	11%	5.16	6.21	1.05	20%	0				2.5				1.0					
65275	REPAIR OF EYE WOUND	090	146	167	21	14%	6.29	7.28	0.99	16%	0				3.0									
65280	REPAIR OF EYE WOUND	090	249.5	281	31.5	13%	9.1	10.70	1.60	18%	0				4.5				0.5					
65285	REPAIR OF EYE WOUND	090	353	397	44	12%	15.36	17.67	2.31	15%	0			1.0	6.0				0.5					
65286	REPAIR OF EYE WOUND	090	172.5	197	24.5	14%	6.63	7.79	1.16	17%	0				3.5									
65290	REPAIR OF EYE SOCKET WOUND	090	178.5	203	24.5	14%	6.53	7.69	1.16	18%	0				3.5									
65400	REMOVAL OF EYE LESION	090	189.5	221	31.5	17%	7.5	8.99	1.49	20%	0				4.5									
65420	REMOVAL OF EYE LESION	090	149	157	8	5%	4.36	5.24	0.88	20%	0			4.0										
65426	REMOVAL OF EYE LESION	090	162.5	170.5	8	5%	6.05	7.04	0.99	16%	0			4.0					0.5					
65436	CURETTE/TREAT CORNEA	090	101	115	14	14%	4.82	5.48	0.66	14%	0				2.0									
65450	TREATMENT OF CORNEAL LESION	090	117	125	8	7%	3.47	4.35	0.88	25%	0			4.0										
65600	REVISION OF CORNEA	090	115.5	133	17.5	15%	4.2	5.03	0.83	20%	0				2.5									
65710	CORNEAL TRANSPLANT	090	317	363	46	15%	14.45	16.61	2.16	15%	-4				4.0	2.0								
65730	CORNEAL TRANSPLANT	090	322	368	46	14%	16.35	18.51	2.16	13%	-4				4.0	2.0								
65750	CORNEAL TRANSPLANT	090	288	330	42	15%	16.9	18.88	1.98	12%	0				6.0									
65755	CORNEAL TRANSPLANT	090	288	330	42	15%	16.79	18.77	1.98	12%	0				6.0									
65756	CORNEAL TRNSPL ENDOTHELIAL	090	255	282	27	11%	16.84	18.60	1.76	10%	0			3.0	3.0				0.5					
65770	KERATOPROSTHESIS	090	456.5	507	50.5	11%	19.74	22.35	2.61	13%	0				6.5		1.0		1.0					
65772	CORRECTION OF ASTIGMATISM	090	128.5	146	17.5	14%	5.09	5.92	0.83	16%	0				2.5									
65775	CORRECTION OF ASTIGMATISM	090	168.5	193	24.5	15%	6.91	8.07	1.16	17%	0				3.5									
65780	OCULAR RECONST TRANSPLANT	090	192	222	30	16%	7.03	8.68	1.65	23%	0			1.0	4.0				0.5					
65781	OCULAR RECONST TRANSPLANT	090	354	374	20	6%	18.14	20.45	2.31	13%	0			10.0					0.5					
65782	OCULAR RECONST TRANSPLANT	090	331	349	18	5%	15.43	17.52	2.09	14%	0			9.0					0.5					
65785	IMPLTJ NTRSTRML CRNL RNG SEG	090	134	147	13	10%	5.39	6.38	0.99	18%	0			3.0	1.0									
65810	DRAINAGE OF EYE	090	142	163	21	15%	5.82	6.81	0.99	17%	0				3.0									
65815	DRAINAGE OF EYE	090	152	173	21	14%	6	6.99	0.99	17%	0				3.0									
65820	GONIOTOMY	090	244	264	20	8%	8.91	10.23	1.32	15%	0			3.0	2.0									
65850	TRABECULOTOMY AB EXTERNO	090	233	243	10	4%	11.39	12.71	1.32	12%	0			5.0					1.0					
65855	TRABECULOPLASTY LASER SURG	010	61	63	2	3%	3	3.22	0.22	7%	0			1.0										
65860	SEVERING ADS ANT SGM LASER	090	120	122	2	2%	3.59	3.81	0.22	6%	0			1.0										
65865	INCISE INNER EYE ADHESIONS	090	135	142	7	5%	5.77	6.54	0.77	13%	0			3.5										
65870	INCISE INNER EYE ADHESIONS	090	165.5	190	24.5	15%	7.39	8.55	1.16	16%	0				3.5									
65875	INCISE INNER EYE ADHESIONS	090	178	206	28	16%	7.81	9.13	1.32	17%	0				4.0									
65880	INCISE INNER EYE ADHESIONS	090	185	213	28	15%	8.36	9.68	1.32	16%	0				4.0									
65900	REMOVE EYE LESION	090	246	281	35	14%	12.51	14.16	1.65	13%	0				5.0									
65920	REMOVE IMPLANT OF EYE	090	214	249	35	16%	9.99	11.64	1.65	17%	0				5.0									
65930	REMOVE BLOOD CLOT FROM EYE	090	176	197	21	12%	8.39	9.49	1.10	13%	0				3.0				0.5					
66020	INJECTION TREATMENT OF EYE	010	52	54	2	4%	1.64	1.86	0.22	13%	0			1.0										
66030	INJECTION TREATMENT OF EYE	010	51	53	2	4%	1.3	1.52	0.22	17%	0			1.0										
66130	REMOVE EYE LESION	090	131	137	6	5%	7.83	8.49	0.66	8%	0			3.0										
66150	GLAUCOMA SURGERY	090	269	318	49	18%	10.53	12.84	2.31	22%	0				7.0									
66155	GLAUCOMA SURGERY	090	284	333	49	17%	10.52	12.94	2.42	23%	0				7.0				0.5					
66160	GLAUCOMA SURGERY	090	266	315	49	18%	12.39	14.70	2.31	19%	0				7.0									
66170	GLAUCOMA SURGERY	090	278	321	43	15%	13.94	16.58	2.64	19%	0			4.0	5.0				0.5					
66172	INCISION OF EYE	090	325	372	47	14%	14.84	17.92	3.08	21%	0			6.0	5.0				0.5					
66174	TRLUML DIL AQ O/F CAN W/O ST	090	173	203	30	17%	7.62	9.27	1.65	22%	0				1.0	4.0			0.5					
66175	TRLUML DIL AQ O/F CAN W/ST	090	184	214	30	16%	9.34	10.99	1.65	18%	0				1.0	4.0			0.5					
66179	AQUEOUS SHUNT EYE W/O GRAF	090	272	313	41	15%	14	16.42	2.42	17%	0				3.0	5.0			0.5					
66180	AQUEOUS SHUNT EYE W/GRAFT	090	277	318	41	15%	15	17.42	2.42	16%	0				3.0	5.0			0.5					
66183	INSERT ANT DRAINAGE DEVICE	090	257	298	41	16%	13.2	15.62	2.42	18%	0				3.0	5.0			0.5					
66184	REVISION OF AQUEOUS SHUNT	090	254	288	34	13%	9.58	11.67	2.09	22%	0				3.0	4.0			0.5					
66185	REVISE AQUEOUS SHUNT EYE	090	259	293	34	13%	10.58	12.67	2.09	20%	0				3.0	4.0			0.5					
66225	REPAIR/GRAFT EYE LESION	090	294	329	35	12%	12.63	14.28	1.65	13%	0				5.0									
66250	FOLLOW-UP SURGERY OF EYE	090	175.5	200	24.5	14%	7.1	8.26	1.16	16%	0				3.5									
66500	INCISION OF IRIS	090	103	108	5	5%	3.83	4.38	0.55	14%	0			2.5										
66505	INCISION OF IRIS	090	108	114	6	6%	4.22	4.88	0.66	16%	0			3.0										
66600	REMOVE IRIS AND LESION	090	211.5	243	31.5	15%	10.12	11.61	1.49	15%	0				4.5									
66605	REMOVAL OF IRIS	090	221.5	253	31.5	14%	14.22	15.71	1.49	10%	0				4.5									
66625	REMOVAL OF IRIS	090	132	139	7	5%	5.3	6.07	0.77	15%	0			3.5										
66630	REMOVAL OF IRIS	090	171.5	196	24.5	14%	7.28	8.44	1.16	16%	0				3.5									
66635	REMOVAL OF IRIS	090	167.5	192	24.5	15%	7.37	8.53	1.16	16%	0				3.5									
66680	REPAIR IRIS & CILIARY BODY	090	182	203	21	12%	7.97	9.07	1.10	14%	0				3.0									
66682	REPAIR IRIS & CILIARY BODY	090	202	225	23	11%	8.74	10.06	1.32	15%	0			1.0	3.0				0.5					
66683	IMPLANTATION IRIS PROSTHESIS	090	224	252	28	13%	10.67	12.10	1.43	13%	0				4.0				0.5					
66700	DESTRUCTION CILIARY BODY	090	146	155	9	6%	5.14	5.69	0.55	11%	0			1.0	1.0									
66710	CILIARY TRANSSLERAL THERAPY	090	140	149	9	6%	5.14	5.69	0.55	11%	0			1.0	1.0									

66711	ECP CILIARY BODY DESTRUCTION	090	191	221	30	16%	5.62	7.27	1.65	29%	0			1.0	4.0						0.5			
66720	DESTRUCTION CILIARY BODY	090	146	155	9	6%	4.75	5.74	0.99	21%	0			4.5										
66740	DESTRUCTION CILIARY BODY	090	140	149	9	6%	5.14	5.69	0.55	11%	0			1.0	1.0									
66761	REVISION OF IRIS	010	66	75	9	14%	3	3.55	0.55	18%	0			1.0	1.0									
66762	REVISION OF IRIS	090	123.5	141	17.5	14%	5.38	6.21	0.83	15%	0				2.5									
66770	REMOVAL OF INNER EYE LESION	090	132	153	21	16%	6.13	7.12	0.99	16%	0				3.0									
66820	INCISION SECONDARY CATARACT	090	113	118	5	4%	4.01	4.56	0.55	14%	0			2.5										
66821	AFTER CATARACT LASER SURGERY	090	82	96	14	17%	3.42	4.08	0.66	19%	0				2.0									
66825	REPOSITION INTRAOCULAR LENS	090	219	239	20	9%	9.01	10.33	1.32	15%	0			3.0	2.0									
66830	REMOVAL OF LENS LESION	090	189	217	28	15%	9.47	10.79	1.32	14%	0				4.0									
66840	REMOVAL OF LENS MATERIAL	090	183	211	28	15%	9.18	10.50	1.32	14%	0				4.0									
66850	REMOVAL OF LENS MATERIAL	090	207.5	239	31.5	15%	10.55	12.04	1.49	14%	0				4.5									
66852	REMOVAL OF LENS MATERIAL	090	206.5	238	31.5	15%	11.41	12.90	1.49	13%	0				4.5									
66920	EXTRACTION OF LENS	090	188	216	28	15%	10.13	11.45	1.32	13%	0				4.0									
66930	EXTRACTION OF LENS	090	210.5	242	31.5	15%	11.61	13.10	1.49	13%	0				4.5									
66940	EXTRACTION OF LENS	090	198.5	230	31.5	16%	10.37	11.86	1.49	14%	0				4.5									
66982	XCAPSL CTRC RMVL CPLX WO ECP	090	175	198	23	13%	10.25	11.57	1.32	13%	0			1.0	3.0						0.5			
66984	XCAPSL CTRC RMVL W/O ECP	090	126	142	16	13%	7.35	8.34	0.99	13%	0			1.0	2.0						0.5			
66985	INSERT LENS PROSTHESIS	090	227	262	35	15%	9.98	11.63	1.65	17%	0				5.0									
66989	XCPSL CTRC RMVL CPLX INSI 1+	090	176	199	23	13%	12.13	13.45	1.32	11%	0			1.0	3.0						0.5			
66991	XCAPSL CTRC RMVL INSI 1+	090	172	195	23	13%	9.23	10.55	1.32	14%	0			1.0	3.0						0.5			
67005	PARTIAL REMOVAL OF EYE FLUID	090	147	155	8	5%	5.89	6.77	0.88	15%	0			4.0										
67010	PARTIAL REMOVAL OF EYE FLUID	090	156	164	8	5%	7.06	7.94	0.88	12%	0			4.0										
67015	RELEASE OF EYE FLUID	090	171	180	9	5%	7.14	8.13	0.99	14%	0			4.5										
67025	REPLACE EYE FLUID	090	190	218	28	15%	8.11	9.43	1.32	16%	0				4.0									
67027	IMPLANT EYE DRUG SYSTEM	090	244	264	20	8%	11.62	12.94	1.32	11%	0			3.0	2.0									
67030	INCISE INNER EYE STRANDS	090	167	195	28	17%	6.11	7.43	1.32	22%	0				4.0									
67031	LASER SURGERY EYE STRANDS	090	109.5	127	17.5	16%	4.47	5.30	0.83	18%	0				2.5									
67036	REMOVAL OF INNER EYE FLUID	090	250	285	35	14%	12.13	13.89	1.76	15%	0				5.0						0.5			
67039	LASER TREATMENT OF RETINA	090	260	295	35	13%	13.2	14.96	1.76	13%	0				5.0						0.5			
67040	LASER TREATMENT OF RETINA	090	273	308	35	13%	14.5	16.26	1.76	12%	0				5.0						0.5			
67041	VIT FOR MACULAR PUCKER	090	260	295	35	13%	16.33	18.09	1.76	11%	0				5.0						0.5			
67042	VIT FOR MACULAR HOLE	090	260	295	35	13%	16.33	18.09	1.76	11%	0				5.0						0.5			
67043	VIT FOR MEMBRANE DISSECT	090	275	310	35	13%	17.4	19.16	1.76	10%	0				5.0						0.5			
67101	REPAIR DETACHED RETINA CRTX	010	145	159	14	10%	3.5	4.27	0.77	22%	0				2.0						0.5			
67105	REPAIR DETACHED RETINA PC	010	97	111	14	14%	3.39	4.05	0.66	19%	0				2.0									
67107	REPAIR DETACHED RETINA	090	290	325	35	12%	16	17.76	1.76	11%	0				5.0						0.5			
67108	REPAIR DETACHED RETINA	090	295	330	35	12%	17.13	18.89	1.76	10%	0				5.0						0.5			
67110	REPAIR DETACHED RETINA	090	196	238	42	21%	10.25	12.23	1.98	19%	0				6.0									
67113	REPAIR RETINAL DETACH CPLX	090	348	390	42	12%	19	21.09	2.09	11%	0				6.0						0.5			
67115	RELEASE ENCIRCLING MATERIAL	090	158.5	183	24.5	15%	6.11	7.27	1.16	19%	0				3.5									
67120	REMOVE EYE IMPLANT MATERIAL	090	162.5	187	24.5	15%	7.1	8.26	1.16	16%	0				3.5									
67121	REMOVE EYE IMPLANT MATERIAL	090	280	315	35	13%	12.25	13.90	1.65	13%	0				5.0									
67141	PROPH RTA DTCHMNT CRTX DTH	010	77	91	14	18%	2.53	3.19	0.66	26%	0				2.0									
67145	PROPH RTA DTCHMNT PC	010	76	90	14	18%	2.53	3.19	0.66	26%	0				2.0									
67208	TREATMENT OF RETINAL LESION	090	137	158	21	15%	7.65	8.64	0.99	13%	0				3.0									
67210	TREATMENT OF RETINAL LESION	090	106	127	21	20%	6.36	7.35	0.99	16%	0				3.0									
67218	TREATMENT OF RETINAL LESION	090	464	476	12	3%	20.36	22.85	2.49	12%	0			3.0	1.0			2.0	2.0	1.0	1.0			
67220	TREATMENT OF CHOROID LESION	090	117.5	138.5	21	18%	6.36	7.35	0.99	16%	0				3.0									
67227	DSTRJ EXTENSIVE RETINOPATHY	010	93	100	7	8%	3.5	3.94	0.44	13%	0				1.0						0.5			
67228	TREATMENT X10SV RETINOPATHY	010	81	88	7	9%	4.39	4.72	0.33	8%	0				1.0									
67229	TR RETINAL LES PRETERM INF	090	353.5	391.5	38	11%	16.3	18.70	2.40	15%	0				6.0			1.0			1.0			
67250	REINFORCE EYE WALL	090	210	231	21	10%	9.61	10.60	0.99	10%	0				3.0									
67255	REINFORCE/GRAFT EYE WALL	090	216	243	27	13%	8.38	10.14	1.76	21%	0			3.0	3.0						0.5			
67311	REVISE EYE MUSCLE	090	144	155	11	8%	5.93	6.81	0.88	15%	0			2.0	1.0						0.5			
67312	REVISE TWO EYE MUSCLES	090	159	170	11	7%	9.5	10.38	0.88	9%	0			2.0	1.0						0.5			
67314	REVISE EYE MUSCLE	090	145	156	11	8%	5.93	6.81	0.88	15%	0			2.0	1.0						0.5			
67316	REVISE TWO EYE MUSCLES	090	164	175	11	7%	10.31	11.19	0.88	9%	0			2.0	1.0						0.5			
67318	REVISE EYE MUSCLE(S)	090	166	182	16	10%	9.8	10.79	0.99	10%	0			1.0	2.0						0.5			
67343	RELEASE EYE TISSUE	090	167.5	192	24.5	15%	8.47	9.63	1.16	14%	0				3.5									
67345	DESTROY NERVE OF EYE MUSCLE	010	58	60	2	3%	3.01	3.23	0.22	7%	0			1.0										
67400	EXPLORE/BIOPSY EYE SOCKET	090	255.5	287	31.5	12%	11.2	12.80	1.60	14%	0				4.5						0.5			
67405	EXPLORE/DRAIN EYE SOCKET	090	209	237	28	13%	9.2	10.63	1.43	16%	0				4.0						0.5			
67412	EXPLORE/TREAT EYE SOCKET	090	234.5	252	17.5	7%	10.3	11.24	0.94	9%	0				2.5						0.5			
67413	EXPLORE/TREAT EYE SOCKET	090	220	230	10	5%	10.24	11.34	1.10	11%	0			5.0										
67414	EXPLR/DECOMPRESS EYE SOCKET	090	347	361	14	4%	17.94	19.33	1.39	8%	-2			1.0	1.0	1.0			1.0		1.0			
67420	EXPLORE/TREAT EYE SOCKET	090	468	513	45	10%	21.87	24.22	2.35	11%	0				5.0			2.0			1.0			
67430	EXPLORE/TREAT EYE SOCKET	090	353	395	42	12%	15.29	17.27	1.98	13%	0				6.0									
67440	EXPLORE/DRAIN EYE SOCKET	090	336.5	375	38.5	11%	14.84	16.77	1.93	13%	0				5.5						0.5			
67445	EXPLR/DECOMPRESS EYE SOCKET	090	352	366	14	4%	19.12	20.51	1.39	7%	-2			1.0	1.0	1.0			1.0		1.0			
67450	EXPLORE/BIOPSY EYE SOCKET	090	366	408	42	11%	15.41	17.50	2.09	14%	0				6.0						0.5			
67550	INSERT EYE SOCKET IMPLANT	090	282	317	35	12%	11.77	13.42	1.65	14%	0				5.0									
67560	REVISE EYE SOCKET IMPLANT	090	276	311	35	13%	12.18	13.83	1.65	14%	0				5.0									

67570	DECOMPRESS OPTIC NERVE	090	294	314	20	7%	14.4	15.59	1.19	8%	-2			2.0	1.0	1.0									
67700	BLEPHAROTOMY DRG ABSC EYEL	010	59	61	2	3%	1.4	1.62	0.22	16%	0			1.0											
67710	SEVERING TARSORRHAPHY	010	39	41	2	5%	1.07	1.29	0.22	21%	0			1.0											
67715	CANTHOTOMY	010	41	43	2	5%	1.27	1.49	0.22	17%	0			1.0											
67800	REMOVE EYELID LESION	010	46	47	1	2%	1.41	1.52	0.11	8%	0			0.5											
67801	REMOVE EYELID LESIONS	010	48	49	1	2%	1.91	2.02	0.11	6%	0			0.5											
67805	REMOVE EYELID LESIONS	010	78	80	2	3%	2.27	2.49	0.22	10%	0			1.0											
67808	REMOVE EYELID LESION(S)	090	126.5	144	17.5	14%	4.6	5.43	0.83	18%	0				2.5										
67825	REVISE EYELASHES	010	47	49	2	4%	1.43	1.65	0.22	15%	0			1.0											
67830	REVISE EYELASHES	010	56	58	2	4%	1.75	1.97	0.22	13%	0			1.0											
67835	REVISE EYELASHES	090	154	160	6	4%	5.7	6.36	0.66	12%	0			3.0											
67840	REMOVE EYELID LESION	010	56	58	2	4%	2.09	2.31	0.22	11%	0			1.0											
67850	DSTRJ LESION LID MARGIN <1CM	010	48	50	2	4%	1.74	1.96	0.22	13%	0			1.0											
67880	REVISION OF EYELID	090	114.5	132	17.5	15%	4.6	5.43	0.83	18%	0				2.5										
67882	REVISION OF EYELID	090	156	177	21	13%	6.02	7.01	0.99	16%	0				3.0										
67900	REPAIR BROW DEFECT	090	177	193	16	9%	6.82	7.70	0.88	13%	0			1.0	2.0										
67901	REPAIR EYELID DEFECT	090	188	196	8	4%	7.59	8.58	0.99	13%	0			4.0								0.5			
67902	REPAIR EYELID DEFECT	090	221	234	13	6%	9.82	10.92	1.10	11%	0			3.0	1.0							0.5			
67903	REPAIR EYELID DEFECT	090	145	151	6	4%	6.51	7.17	0.66	10%	0			3.0											
67904	REPAIR EYELID DEFECT	090	185	198	13	7%	7.97	9.07	1.10	14%	0			3.0	1.0							0.5			
67906	REPAIR EYELID DEFECT	090	134	140	6	4%	6.93	7.59	0.66	10%	0			3.0											
67908	REPAIR EYELID DEFECT	090	136	143	7	5%	5.3	6.07	0.77	15%	0			3.5											
67909	REVISE EYELID DEFECT	090	136	143	7	5%	5.57	6.34	0.77	14%	0			3.5											
67911	REVISE EYELID DEFECT	090	183	191	8	4%	7.5	8.49	0.99	13%	0			4.0								0.5			
67912	CORRECTION EYELID W/IMPLANT	090	166	182	16	10%	6.36	7.35	0.99	16%	0			1.0	2.0							0.5			
67914	REPAIR EYELID DEFECT	090	129	140	11	9%	3.75	4.63	0.88	23%	0			2.0	1.0							0.5			
67915	REPAIR EYELID DEFECT	090	70	74	4	6%	2.03	2.47	0.44	22%	0			2.0											
67916	REPAIR EYELID DEFECT	090	134	145	11	8%	5.48	6.36	0.88	16%	0			2.0	1.0							0.5			
67917	REPAIR EYELID DEFECT	090	142	153	11	8%	5.93	6.81	0.88	15%	0			2.0	1.0							0.5			
67921	REPAIR EYELID DEFECT	090	124	135	11	9%	3.47	4.35	0.88	25%	0			2.0	1.0							0.5			
67922	REPAIR EYELID DEFECT	090	75	79	4	5%	2.03	2.47	0.44	22%	0			2.0											
67923	REPAIR EYELID DEFECT	090	134	145	11	8%	5.48	6.36	0.88	16%	0			2.0	1.0							0.5			
67924	REPAIR EYELID DEFECT	090	149	160	11	7%	5.93	6.81	0.88	15%	0			2.0	1.0							0.5			
67930	REPAIR EYELID WOUND	010	77	79	2	3%	3.65	3.87	0.22	6%	0			1.0											
67935	REPAIR EYELID WOUND	090	150	156	6	4%	6.36	7.02	0.66	10%	0			3.0											
67938	REMOVE EYELID FOREIGN BODY	010	48	50	2	4%	1.38	1.60	0.22	16%	0			1.0											
67950	REVISION OF EYELID	090	144	151	7	5%	5.99	6.76	0.77	13%	0			3.5											
67961	REVISION OF EYELID	090	167	174	7	4%	5.86	6.63	0.77	13%	0			3.5											
67966	REVISION OF EYELID	090	200	213	13	6%	8.97	10.07	1.10	12%	0			3.0	1.0							0.5			
67971	RECONSTRUCTION OF EYELID	090	235	244	9	4%	10.01	11.00	0.99	10%	0			4.5											
67973	RECONSTRUCTION OF EYELID	090	253	264	11	4%	13.13	14.34	1.21	9%	0			5.5											
67974	RECONSTRUCTION OF EYELID	090	255	266	11	4%	13.1	14.31	1.21	9%	0			5.5											
67975	RECONSTRUCTION OF EYELID	090	197	206	9	5%	9.35	10.34	0.99	11%	0			4.5											
68020	INCISE/DRAIN EYELID LINING	010	41	43	2	5%	1.42	1.64	0.22	15%	0			1.0											
68110	EXC LES CONJUNCTIVA	010	58	60	2	3%	1.82	2.04	0.22	12%	0			1.0											
68115	EXC LES CONJUNCTIVA >1 CM	010	68	70	2	3%	2.41	2.63	0.22	9%	0			1.0											
68130	EXC LES CONJUNCTIVA ADJ SCL	090	132	139	7	5%	5.1	5.87	0.77	15%	0			3.5											
68135	DESTRUCTION LES CONJUNCTIVA	010	58	60	2	3%	1.89	2.11	0.22	12%	0			1.0											
68320	REVISE/GRAFT EYELID LINING	090	209	237	28	13%	6.64	7.96	1.32	20%	0				4.0										
68325	REVISE/GRAFT EYELID LINING	090	217	245	28	13%	8.63	9.95	1.32	15%	0				4.0										
68326	REVISE/GRAFT EYELID LINING	090	211	239	28	13%	8.42	9.74	1.32	16%	0				4.0										
68328	REVISE/GRAFT EYELID LINING	090	231	259	28	12%	9.45	10.77	1.32	14%	0				4.0										
68330	REVISE EYELID LINING	090	154	175	21	14%	5.78	6.77	0.99	17%	0				3.0										
68335	REVISE/GRAFT EYELID LINING	090	216	244	28	13%	8.46	9.78	1.32	16%	0				4.0										
68340	SEPARATE EYELID ADHESIONS	090	134.5	152	17.5	13%	4.97	5.80	0.83	17%	0				2.5										
68360	REVISE EYELID LINING	090	138.5	156	17.5	13%	5.17	6.00	0.83	16%	0				2.5										
68362	REVISE EYELID LINING	090	203	231	28	14%	8.61	9.93	1.32	15%	0				4.0										
68371	HARVEST EYE TISSUE ALOGRAFT	010	150	158	8	5%	5.09	6.08	0.99	19%	0			4.0								0.5			
68400	I&D LACRIMAL GLAND	010	56	58	2	4%	1.74	1.96	0.22	13%	0			1.0											
68420	I&D LACRIMAL SAC	010	61	63	2	3%	2.35	2.57	0.22	9%	0			1.0											
68440	SNIP INC LACRIMAL PUNCTUM	010	35	37	2	6%	0.99	1.21	0.22	22%	0			1.0											
68500	REMOVAL OF TEAR GLAND	090	260.5	299	38.5	15%	12.77	14.59	1.82	14%	0				5.5										
68505	PARTIAL REMOVAL TEAR GLAND	090	262.5	301	38.5	15%	12.69	14.51	1.82	14%	0				5.5										
68520	REMOVAL OF TEAR SAC	090	212	240	28	13%	8.78	10.10	1.32	15%	0				4.0										
68530	CLEARANCE OF TEAR DUCT	010	89	91	2	2%	3.7	3.92	0.22	6%	0			1.0											
68540	REMOVE TEAR GLAND LESION	090	263	298	35	13%	12.18	13.83	1.65	14%	0				5.0										
68550	REMOVE TEAR GLAND LESION	090	328	370	42	13%	15.16	17.14	1.98	13%	0				6.0										
68700	REPAIR TEAR DUCTS	090	201	229	28	14%	7.87	9.19	1.32	17%	0				4.0										
68705	REVISE TEAR DUCT OPENING	010	55	57	2	4%	2.11	2.33	0.22	10%	0			1.0											
68720	CREATE TEAR SAC DRAIN	090	235	258	23	10%	9.96	11.17	1.21	12%	0			1.0	3.0										
68745	CREATE TEAR DUCT DRAIN	090	212	240	28	13%	9.9	11.22	1.32	13%	0				4.0										
68750	CREATE TEAR DUCT DRAIN	090	233.5	265	31.5	13%	10.1	11.59	1.49	15%	0				4.5										
68760	CLOSE TEAR DUCT OPENING	010	37	39	2	5%	1.78	2.00	0.22	12%	0			1.0											

68761	CLOSE TEAR DUCT OPENING	010	38	40	2	5%	1.41	1.63	0.22	16%	0			1.0									
68770	CLOSE TEAR SYSTEM FISTULA	090	181	209	28	15%	8.29	9.61	1.32	16%	0				4.0								
68801	DILATE TEAR DUCT OPENING	010	33	35	2	6%	0.82	1.04	0.22	27%	0			1.0									
68810	PROBE NASOLACRIMAL DUCT	010	43	45	2	5%	1.54	1.76	0.22	14%	0			1.0									
68811	PROBE NASOLACRIMAL DUCT	010	74.5	74.5	0	0%	1.74	1.85	0.11	6%	-2		1.0								0.5		
68815	PROBE NASOLACRIMAL DUCT	010	108	112	4	4%	2.7	3.25	0.55	20%	0			2.0							0.5		
68816	PROBE NL DUCT W/BALLOON	010	83	83	0	0%	2.1	2.21	0.11	5%	-2		1.0								0.5		
68840	EXPLORE/IRRIGATE TEAR DUCTS	010	39	41	2	5%	1.3	1.52	0.22	17%	0			1.0									
69000	DRG XTRNL EAR ABSC/HEM SMPL	010	49	51	2	4%	1.5	1.72	0.22	15%	0			1.0									
69005	DRG XTRNL EAR ABSC/HEM COM	010	62	64	2	3%	2.16	2.38	0.22	10%	0			1.0									
69020	DRG XTRNL AUD CANAL ABSCESS	010	40	42	2	5%	1.53	1.75	0.22	14%	0			1.0									
69110	REMOVE EXTERNAL EAR PARTIAL	090	91	95	4	4%	3.53	3.97	0.44	12%	0			2.0									
69120	REMOVAL OF EXTERNAL EAR	090	109	113	4	4%	4.14	4.58	0.44	11%	0			2.0									
69140	REMOVE EAR CANAL LESION(S)	090	185	192	7	4%	8.14	9.02	0.88	11%	0			3.5							0.5		
69145	REMOVE EAR CANAL LESION(S)	090	72	75	3	4%	2.7	3.03	0.33	12%	0			1.5									
69150	EXTENSIVE EAR CANAL SURGERY	090	285	293	8	3%	13.61	14.71	1.10	8%	0			4.0							1.0		
69155	EXTENSIVE EAR/NECK SURGERY	090	745	805	60	8%	23.35	26.93	3.58	15%	-4			1.0	2.0	2.0		6.0	1.0		1.0		
69205	CLEAR OUTER EAR CANAL	010	25.5	25.5	0	0%	1.21	1.21	-	0%	-1		0.5										
69222	CLEAN OUT MASTOID CAVITY	010	48	50	2	4%	1.45	1.67	0.22	15%	0			1.0									
69300	REVISE EXTERNAL EAR	YYY	227	236	9	4%	6.44	6.86	0.42	7%	-4		1.0			1.0							
69310	REBUILD OUTER EAR CANAL	090	220	228	8	4%	10.97	11.85	0.88	8%	0			4.0									
69320	REBUILD OUTER EAR CANAL	090	359	369	10	3%	17.18	18.39	1.21	7%	0			5.0							0.5		
69420	INCISION OF EARDRUM	010	37	39	2	5%	1.38	1.60	0.22	16%	0			1.0									
69421	INCISION OF EARDRUM	010	38	40	2	5%	1.78	2.00	0.22	12%	0			1.0									
69433	CREATE EARDRUM OPENING	010	56	63	7	13%	1.57	1.90	0.33	21%	0				1.0								
69436	CREATE EARDRUM OPENING	010	64	66	2	3%	2.01	2.23	0.22	11%	0			1.0									
69440	EXPLORATION OF MIDDLE EAR	090	185	191	6	3%	7.71	8.48	0.77	10%	0			3.0							0.5		
69450	EARDRUM REVISION	090	116	121	5	4%	5.69	6.24	0.55	10%	0			2.5									
69501	MASTOIDECTOMY	090	206	212	6	3%	9.21	9.98	0.77	8%	0			3.0							0.5		
69502	MASTOIDECTOMY	090	299	307	8	3%	12.56	13.66	1.10	9%	0			4.0							1.0		
69505	REMOVE MASTOID STRUCTURES	090	321	329	8	2%	13.17	14.27	1.10	8%	0			4.0							1.0		
69511	EXTENSIVE MASTOID SURGERY	090	318	326	8	3%	13.7	14.80	1.10	8%	0			4.0							1.0		
69530	EXTENSIVE MASTOID SURGERY	090	563	592	29	5%	20.38	22.55	2.17	11%	0			4.5				4.0			1.0		1.0
69535	REMOVE PART OF TEMPORAL BO	090	770	825	55	7%	37.42	40.90	3.48	9%	0			5.0				9.0			1.0		
69540	EXCISION AURAL POLYP	010	43	45	2	5%	1.25	1.47	0.22	18%	0			1.0									
69550	EXC AURL GLOMUS TUM TRNSCA	090	234	241	7	3%	11.15	12.03	0.88	8%	0			3.5							0.5		
69552	EXC AURL GLOMUS TUM TRNSMS	090	396	411.5	15.5	4%	19.81	21.27	1.46	7%	0			4.0				1.5			1.0		
69554	EXC AURL GLOMUS TUM EXTEND	090	1024	1078	54	5%	35.97	39.53	3.56	10%	-4				2.0	2.0		6.0	2.0		1.0		
69601	REVJ MSTDC RSLTG COMPL MSTC	090	330	339	9	3%	13.45	14.66	1.21	9%	0			4.5							1.0		
69602	REVJ MSTDC RSLT MOD RAD MSTC	090	325	333	8	2%	13.76	14.86	1.10	8%	0			4.0							1.0		
69603	REVJ MSTDC RSLTG RAD MSTDC	090	319	327	8	3%	14.2	15.30	1.10	8%	0			4.0							1.0		
69604	REVJ MSTDC RSLTG TYMPANPLST	090	336	344	8	2%	14.2	15.30	1.10	8%	0			4.0							1.0		
69610	TYMPANIC MEMBRANE REPAIR	010	90	92	2	2%	4.47	4.69	0.22	5%	0			1.0									
69620	MYRINGOPLASTY	090	158	164	6	4%	6.03	6.69	0.66	11%	0			3.0									
69631	REPAIR EARDRUM STRUCTURES	090	245	253	8	3%	10.05	11.04	0.99	10%	0			4.0							0.5		
69632	REBUILD EARDRUM STRUCTURES	090	274	283	9	3%	12.96	14.06	1.10	8%	0			4.5							0.5		
69633	REBUILD EARDRUM STRUCTURES	090	275	284	9	3%	12.31	13.41	1.10	9%	0			4.5							0.5		
69635	REPAIR EARDRUM STRUCTURES	090	292	300	8	3%	13.51	14.50	0.99	7%	0			4.0							0.5		
69636	REBUILD EARDRUM STRUCTURES	090	332	341	9	3%	15.43	16.53	1.10	7%	0			4.5							0.5		
69637	REBUILD EARDRUM STRUCTURES	090	340	349	9	3%	15.32	16.42	1.10	7%	0			4.5							0.5		
69641	REVISE MIDDLE EAR & MASTOID	090	341	349	8	2%	12.89	13.99	1.10	9%	0			4.0							1.0		
69642	REVISE MIDDLE EAR & MASTOID	090	376	386	10	3%	17.06	18.38	1.32	8%	0			5.0							1.0		
69643	REVISE MIDDLE EAR & MASTOID	090	369	380.5	11.5	3%	15.59	16.92	1.33	9%	0			4.5				0.5			1.0		
69644	REVISE MIDDLE EAR & MASTOID	090	399	410.5	11.5	3%	17.23	18.56	1.33	8%	0			4.5				0.5			1.0		
69645	REVISE MIDDLE EAR & MASTOID	090	377	391	14	4%	16.71	18.16	1.45	9%	0			4.5				1.0			1.0		
69646	REVISE MIDDLE EAR & MASTOID	090	416	432.5	16.5	4%	18.37	19.94	1.57	9%	0			4.5				1.5			1.0		
69650	STAPES MOBILIZATION	090	181	187	6	3%	9.8	10.57	0.77	8%	0			3.0							0.5		
69660	REVISE MIDDLE EAR BONE	090	202	208	6	3%	12.03	12.80	0.77	6%	0			3.0							0.5		
69661	REVISE MIDDLE EAR BONE	090	276	284	8	3%	15.92	17.02	1.10	7%	0			4.0							1.0		
69662	REVISE MIDDLE EAR BONE	090	249	256	7	3%	15.6	16.59	0.99	6%	0			3.5							1.0		
69666	REPAIR MIDDLE EAR STRUCTURES	090	206	212	6	3%	9.89	10.77	0.88	9%	0			3.0							1.0		
69667	REPAIR MIDDLE EAR STRUCTURES	090	206	212	6	3%	9.9	10.78	0.88	9%	0			3.0							1.0		
69670	REMOVE MASTOID AIR CELLS	090	280	289.5	9.5	3%	11.73	12.84	1.11	9%	0			3.5				0.5			1.0		
69676	REMOVE MIDDLE EAR NERVE	090	196	203	7	4%	9.69	10.57	0.88	9%	0			3.5							0.5		
69700	CLOSE MASTOID FISTULA	090	181	187	6	3%	8.37	9.14	0.77	9%	0			3.0							0.5		
69711	REMOVE/REPAIR HEARING AID	090	249	257	8	3%	10.62	11.61	0.99	9%	0			4.0							0.5		
69714	IMPL OI IMPLT SKULL PERQ ESP	090	146	155	9	6%	6.68	7.34	0.66	10%	0			1.0	1.0						0.5		
69716	IMPL OI IMPLT SK TC ESP<100	090	168	177	9	5%	9.03	9.69	0.66	7%	0			1.0	1.0						0.5		
69717	RPLCMT OI IMPLT SKL PRQ ESP	090	159	168	9	6%	7.91	8.57	0.66	8%	0			1.0	1.0						0.5		
69719	RPLCM OI IMPLT SK TC ESP<100	090	174	183	9	5%	9.46	10.12	0.66	7%	0			1.0	1.0						0.5		
69720	RELEASE FACIAL NERVE	090	357	371	14	4%	14.71	16.16	1.45	10%	0			4.5				1.0			1.0		
69725	RELEASE FACIAL NERVE	090	695	730	35	5%	27.64	30.30	2.66	10%	0				4.0			3.0	2.0		1.0		
69726	RMV NTR OI IMPLT SKL PRQ ESP	090	150	159	9	6%	6.36	7.02	0.66	10%	0			1.0	1.0						0.5		

69727	RMV NTR OI IMP SK TC ESP<100	090	170	179	9	5%	7.38	8.04	0.66	9%	0			1.0	1.0						0.5			
69728	RMV NTR OI IMP SK TC>=100	090	178	187	9	5%	8.5	9.16	0.66	8%	0			1.0	1.0						0.5			
69729	IMPL OI IMPLT SK TC ESP>=100	090	181	190	9	5%	9.97	10.63	0.66	7%	0			1.0	1.0						0.5			
69730	RPLC OI IMPLT SK TC ESP>=100	090	186	195	9	5%	10.25	10.91	0.66	6%	0			1.0	1.0						0.5			
69740	REPAIR FACIAL NERVE	090	374	387.5	13.5	4%	16.27	17.51	1.24	8%	0			3.0				1.5			1.0			
69745	REPAIR FACIAL NERVE	090	435	449.5	14.5	3%	17.02	18.37	1.35	8%	0			3.5				1.5			1.0			
69805	EXPLORE INNER EAR	090	347	370	23	7%	14.71	16.14	1.43	10%	-2			1.0	1.0	1.0		1.0			1.0			
69806	EXPLORE INNER EAR	090	309	321	12	4%	12.63	13.86	1.23	10%	0			3.5				1.0			1.0			
69905	REMOVE INNER EAR	090	233	240	7	3%	11.26	12.25	0.99	9%	0			3.5							1.0			
69910	REMOVE INNER EAR & MASTOID	090	315	327	12	4%	13.91	15.14	1.23	9%	0			3.5				1.0			1.0			
69915	INCISE INNER EAR NERVE	090	573	606	33	6%	22.77	25.07	2.30	10%	0			4.0				5.0			1.0		1.5	
69930	IMPLANT COCHLEAR DEVICE	090	387	403	16	4%	17.73	18.59	0.86	5%	-2				1.0	1.0					0.5			
69950	INCISE INNER EAR NERVE	090	669	701	32	5%	27.63	30.27	2.64	10%	-4			1.0		2.0		4.0	2.0		1.0			
69955	RELEASE FACIAL NERVE	090	755	795	40	5%	29.42	32.32	2.90	10%	0				4.0			4.0	2.0		1.0			
69960	RELEASE INNER EAR CANAL	090	675	715	40	6%	29.42	32.32	2.90	10%	0				4.0			4.0	2.0		1.0			
69970	REMOVE INNER EAR LESION	090	793	833	40	5%	32.41	35.31	2.90	9%	0				4.0			4.0	2.0		1.0			
77427	RADIATION TX MANAGEMENT XS	XXX	101.39	105.23	3.84	4%	3.37	3.55	0.18	5%	-0.34				0.3	0.2								
77750	INFUSE RADIOACTIVE MATERIALS	090	100	104	4	4%	5	5.44	0.44	9%	0			2.0										
77761	APPLY INTRCAV RADIAT SIMPLE	090	82	84	2	2%	3.85	4.07	0.22	6%	0			1.0										
77762	APPLY INTRCAV RADIAT INTERM	090	113	115	2	2%	5.76	5.98	0.22	4%	0			1.0										
77763	APPLY INTRCAV RADIAT COMPL	090	160	164	4	2%	8.66	9.10	0.44	5%	0			2.0										
77789	APPLY SURF LDR RADIONUCLIDE	000	53	55	2	4%	1.14	1.36	0.22	19%	0			1.0										
92986	REVISION OF AORTIC VALVE	090	463	489	26	6%	22.6	24.05	1.45	6%	0				3.0			1.0			1.0			
92987	REVISION OF MITRAL VALVE	090	329	350	21	6%	23.38	24.37	0.99	4%	0				3.0									
92990	REVISION OF PULMONARY VALVE	090	393	414	21	5%	18.27	19.26	0.99	5%	0				3.0									
G0342	Laparoscopy islet cell trans	090	238	247	9	4%	11.92	12.58	0.66	6%	0			1.0	1.0						0.5			
G0343	Laparotomy islet cell transp	090	588	590	2	0%	19.85	22.28	2.43	12%	0			2.0	1.0			1.0	2.0	2.0	1.0			
G0412	Open tx iliac spine uni/bil	090	388	405	17	4%	10.45	12.12	1.67	16%	0			2.0	1.0			2.0	1.0		1.0			
G0413	Pelvic ring fracture uni/bil	090	393	427	34	9%	15.73	18.08	2.35	15%	0			1.0	3.0			3.0	1.0		1.0			
G0414	Pelvic ring fx treat int fix	090	443	477	34	8%	14.65	17.00	2.35	16%	0			1.0	3.0			3.0	1.0		1.0			
G0415	Open tx post pelvic fxcture	090	543	587	44	8%	20.93	23.76	2.83	14%	0			1.0	3.0			5.0	1.0		1.0			

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2025

Ablation Therapy – Bone Tumors– Tab 4

In February 2025, the CPT Editorial Panel approved a new Category I add-on code to describe and report cryoablation during an open surgical procedure where the bone is frozen after a tumor resection. The physician work involves applying liquid nitrogen into the bone defect to freeze it. Typically, this is utilized for large or complex tumors rather than percutaneous methods, where a device or a probe is put through the skin. The new add-on code was surveyed for the April 2025 RUC meeting.

Family of Services

Despite all three codes involving bone tumors, the specialty societies indicated that percutaneous approach CPT codes 20982 and 20983 are not part of the same code family as the new open approach add-on code 209XX. In preparation for the April 2025 RUC meeting, the specialty societies submitted a letter to the RUC that provides a detailed explanation about how these codes are dissimilar and a comprehensive rationale supporting their decision to survey only CPT code 209XX and not the other two existing codes. CPT codes 20982 and 20983 both describe stand-alone percutaneous procedures for radiofrequency ablation (20982) and cryoablation (20983), whereas 209XX describes an add-on open procedure performed after surgical curettage of the bone tumor. Thus, the two percutaneous procedures are not clinically similar to 209XX and do not require comparable physician work. Both percutaneous procedures are performed by a small number of physicians overall, and among the physicians who use these codes, the annual case volumes are relatively low. The specialty societies reiterated the substantial differences between the stand-alone percutaneous procedures and the new add-on open bone tumor ablation procedure. They also confirmed this would not create a rank order anomaly across these services. **The RUC agreed with the specialty societies that CPT codes 20982 and 20983 are not in the same code family and do not need to be resurveyed with CPT code 209XX for the April 2025 RUC meeting. The RUC submits no recommendation for CPT codes 20982 and 20983. The RUC notes that a small percentage (15%) of these services were reported incorrectly, rather than an unlisted code for the open approach. As such, a small budget neutrality adjustment is included in the RUC’s utilization assumptions.**

ZZZ Survey Template

The specialty societies submitted a second letter to the RUC, indicating their intention to make an interim recommendation for CPT code 209XX at the April 2025 RUC meeting until this code can be resurveyed for the September 2025 RUC meeting using a different survey instrument. In their rationale, the specialty societies explained that the standard ZZZ survey instrument used to survey CPT code 209XX did not provide survey respondents with the opportunity to accurately account for and estimate any potential pre-service and post-service time required to perform this service. In rare circumstances, specialty societies may provide justification and request that an amended ZZZ survey instrument with pre- and post-service time be used when surveying.

In their explanation, the specialty societies described that the pre-service work involved with CPT code 209XX includes further discussion with the patient, which includes describing the ablation therapy and outlining potential risks, particularly to the adjacent tissues and structures.

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Additional time is also needed to ensure the medical team is set up and fully prepared to perform this procedure, which is rarely done and requires using a variety of supplies for handling liquid nitrogen, including funnels, silicone sheets to place around soft tissues, and special types of protective goggles and gloves. The intra-service time involved with this service includes the placement of the protective silicone sheets, attaching a probe or thermocouple to monitor the temperature and the extent of freezing, carefully pouring the liquid nitrogen into the defect through a funnel, letting it sit and freeze the bone for 5-6 minutes, administering warm saline around the soft tissue as necessary to avoid freezing damage, and drying the bone to complete the freeze-thaw cycle. This cryoablation cycle is repeated three times.

Considering that the standard ZZZ survey instrument only has a single field to enter intra-service time, the specialty societies believe this may have confused survey respondents and led to a potential underestimation of the pre-service, post-service, and total time necessary to perform this procedure. Due to this potentially being a flawed survey, the specialty societies prepared an interim recommendation for CPT code 209XX using the current survey results. They intend on resurveying for the September 2025 RUC meeting using an amended ZZZ survey instrument with pre- and post-service time, which would provide survey respondents with the opportunity to report additional pre- and/or post-service time if applicable. **The RUC determined that the specialty societies may survey 209XX with the amended ZZZ survey template that specifically asks the respondent whether pre- and post-service time is associated with this add-on service for the September 2025 RUC meeting.**

209XX Ablation therapy for reduction or eradication of bone tumor, including adjacent soft tissue when involved by tumor extension, cryoablation, open (List separately in addition to code for primary procedure)

The RUC reviewed survey results from 37 orthopaedic surgeons who are self-designated as musculoskeletal oncologists and recommends an interim work RVU of 2.78, which is consistent with the survey 25th percentile work RVU and appropriately accounts for the physician work typically required to perform this service. The RUC recommends 25 minutes of intra-service and total time.

To support the recommended work RVU of 2.78, the RUC compared the surveyed code to the top key reference code 20702 *Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)* (work RVU = 2.50, 25 minutes intra-service time, 32 minutes total time) and the second key reference code 61797 *Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)* (work RVU = 3.48, 30 minutes intra-service and total time). The RUC recognizes that the two key reference services bracket the survey 25th percentile work RVU and estimated measured intensity. The surveyed code requires identical intra-service time compared to the top key reference code, but also has greater complexity and intensity to perform, thus supporting a higher work RVU. Survey respondents who selected the top key reference also agreed that the surveyed code is more intense/complex to perform. CPT code 209XX requires slightly less time and intensity compared to the second key reference code, further supporting the survey 25th percentile work RVU. **The RUC recommends an interim work RVU of 2.78 for CPT code 209XX and a resurvey with the pre/post time ZZZ survey template for review at the September 2025 RUC meeting.**

Practice Expense

The RUC recommends no direct practice expense inputs for CPT code 209XX as it is a facility-based add-on service.

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New Technology

CPT code 209XX will be placed on the New Technology/New Services list to be re-reviewed by the RUC in three years. The specialty societies expect this to be a low-volume service. Given that this procedure describes open cryosurgery and involves liquid nitrogen, the technology utilized, and the technique involved with these supplies are not widely practiced and are unfamiliar to most orthopaedic surgeons at this time.

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.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery Musculoskeletal System General Other Procedures				
(f)20982	A1	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; radiofrequency	000	No Recommendation (2025 Work RVU = 7.02)
(f)20983	A2	cryoablation (Do not report 20982, 20983 in conjunction with 76940, 77002, 77013, 77022)	000	No Recommendation (2025 Work RVU = 6.88)
†●209XX	A3	Ablation therapy for reduction or eradication of bone tumor, including adjacent soft tissue when involved by tumor extension, cryoablation, open (List separately in addition to code for primary procedure) (Use 209XX in conjunction with 21601, 21602, 21603, 22100, 22101, 22102, 22110, 22112, 22114, 23140, 23145, 23146, 23150, 23155, 23156, 24110, 24115, 24116, 24120, 24125, 24126, 25120, 25125,	ZZZ	2.78 (Interim) Resurvey for September 2025

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		25126, 25130, 25135, 25136, 26200, 26205, 26210, 26215, 27065, 27066, 27067, 27355, 27356, 27357, 27635, 27637, 27638, 28100, 28102, 28103, 28104, 28106, 28107, 28108)		

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April 1, 2025

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 4 Ablation Therapy – Bone Tumors (Codes +209XX, 20982, 20983)

Dear Dr. Silva:

On behalf of the American College of Radiology, Society of Interventional Radiology, and the Outpatient Endovascular and Interventional Society, we write to explain why the new add-on CPT code 209XX (*Ablation therapy for reduction or eradication of bone tumors, including adjacent soft tissue when involved by tumor extension, cryoablation, open (List separately in addition to code for primary procedure)*) is not in the same family as existing percutaneous bone tumor ablation procedures, 20982 (*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; radiofrequency*) and 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*).

Background

CPT codes 20982 and 20983 were created in 2004 and 2015, respectively. In February 2025, the CPT Editorial Panel approved a new Category I CPT code, 209XX, for open bone tumor ablation as an add-on code to open surgical procedures, which is scheduled to be valued at the April 2025 RUC meeting.

Procedures are not clinically similar

Despite these three codes all involving bone tumors, they are not similar in the nature, time, or intensity of physician work. Percutaneous ablation procedures involve image-guided placement of linear, metallic ablation probes through the skin and soft tissues into and around target tumor(s), followed by energy-mediated tumor treatment with imaging monitoring, and they are standalone procedures. In contrast, 209XX's Description of Procedure from the Code Change Application (CCA) describes it as an **add-on open procedure** performed after surgical curettage of the bone tumor in which "liquid nitrogen is gently poured using a funnel into the defect..." This bears no resemblance to the work performed in codes 20982 or 20983.

Little to no overlap between performing specialties

New code 209XX is anticipated to be performed "significantly, if not exclusively" by orthopedic and hand surgeons.

In contrast, over 90% of the claims data from 20982 and 20983 arise outside those specialties, predominantly from diagnostic and interventional radiologists. According to the 209XX CCA, approximately 15% of open procedures are miscoded as percutaneous, so the true degree of specialty overlap is even smaller.

No change to the existing procedure or patient population

Documented in the 209XX CCA (excluding those procedures which are being miscoded), open bone tumor ablation procedures are currently being reported with unlisted CPT codes. As such, the addition of this new code will not be expected to change the type, length of time, and intensity of physician work, or the patient population of codes 20982 or 20983.

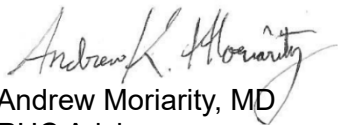
Logistical barriers

CPT codes 20982 and 20983 have low utilization and are performed by a small number of physicians. Based on the latest available claims data from 2023, only seven physicians billed 20982 more than 11 times and zero physicians billed 20983 more than 11 times. This makes the probability of a valid survey very low.

For these reasons, the undersigned societies have concluded that existing codes 20982 and 20983 are not in the same family as the new, add-on open surgical code 209XX and therefore we have not surveyed them for the April 2025 RUC Meeting.

We look forward to discussion with the RUC at the upcoming meeting.

Respectfully,



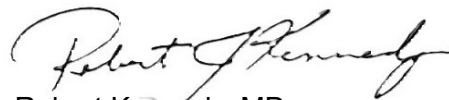
Andrew Moriarity, MD
RUC Advisor
American College of Radiology



Michael Booker, MD, MBA
Alternate RUC Advisor
American College of Radiology



Minhajuddin Khaja, MD
RUC Advisor
Society of Interventional Radiology



Robert Kennedy, MD
Alternate RUC Advisor
Society of Interventional Radiology



Gerald Niedzwiecki, MD, FSIR
RUC Advisor
Outpatient Endovascular and Interventional Society



Curtis Anderson, MD, PhD
Alternate RUC Advisor
Outpatient Endovascular and Interventional Society

March 31, 2025

Ezequiel Silva III, MD
Chair, RVS Update Committee
American Medical Association
330 N. Wabash Avenue
Chicago, IL 60611

RE: Tab 4, Ablation Therapy – Bone Tumors

Dear Dr. Silva,

The AAOS has provided the survey results from the current survey for 209XX and are recommending the 25th percentile work RVU and median intraservice time until we can resurvey code 209XX using a survey instrument that includes the ability to report additional pre- and post-service time, if applicable, as described in the definition of a ZZZ-global code. The results of this resurvey will be presented at the September 2025 RUC meeting, which is within the same RUC cycle related to the 2027 Physician Fee Schedule.

- **Rationale: Resurvey of 209XX**

The current standard ZZZ-global code survey defines the ZZZ global as "*Code related to another service and is always included in the global period of the other service (Note: Physician work is associated with intra-service time and in some instances the pre- and post-service time).*" However, even though the definition indicates there could be pre- and post-time related to the add-on service, and the survey respondent is instructed to review the global period definition, there is only a single place to enter time that is shown as "intra-service time" which can be confusing with respect to time estimation. The current 2025 survey resulted in an intraservice time of 25 minutes. However, preservice and postservice time that we believe is applicable to code 209XX was not collected.

Thank you for allowing us to provide this information. We will be available to respond to any RUC member questions.

Sincerely,
William Creevy, MD
RUC Advisor, American Academy of Orthopaedic Surgeons

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

CPT Code: 209XX Tracking Number A3

Original Specialty Recommended RVU: **2.78**Global Period: ZZZ Current Work RVU: **N/A**Presented Recommended RVU: **2.78**RUC Recommended RVU: **2.78**

CPT Descriptor: Ablation therapy for reduction or eradication of bone tumor, including adjacent soft tissue when involved by tumor extension, cryoablation, open (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 35-year-old female who has just undergone intralesional surgical treatment of a giant cell tumor of bone involving the distal femur also requires additional local adjuvant treatment of the resultant defect. [Note: This is an add-on service. Only consider the additional work related to the ablation therapy for eradication the bone tumor, including adjacent soft tissue when involved by tumor extension.]

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 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: Discuss the purpose of ablation therapy after tumor excision with the patient and/or family, including a brief description of the technical aspects of the procedure. Outline the risks, including damage to adjacent tissues and structures. Review sequence and timing of the cryoablation with OR team. Confirm the availability and presence of the supplies and equipment needed to perform cryoablation, including liquid nitrogen, funnels, saline solution and warming device, silicone sheeting for soft tissue protection, and protective devices for the surgical team (eg, goggles and gloves).

Description of Intra-Service Work: Following resection/removal of the tumor (separately reported), the resulting defect is carefully inspected. The popliteal artery, tibial nerve, common peroneal nerve and the surrounding skin, muscles, and tendons are protected with silicone sheets. Thermocouples are placed around and within the lesion to monitor the temperature and the extent of freezing, ensuring proper treatment while safeguarding the surrounding healthy tissue. Liquid nitrogen is slowly poured into the defect through a funnel, with attention given to prevent spillage onto surrounding soft tissues and skin. Warm saline is applied to soft tissue areas to avoid freezing damage. After 5-6 minutes of freezing, the area is thoroughly irrigated with warm normal saline, and the bone is dried to complete the freeze-thaw cycle. This procedure (liquid nitrogen application, warm saline application to protect soft tissues, 5-6 minutes of freezing, warm normal saline irrigation, drying of bone) is repeated for a total of three freeze-thaw cycles of cryoablation.

Description of Post-Service Work: Document the cryoablation procedure in the medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2025				
Presenter(s):	William Creevy, MD; Hussein Elkousy MD; Adam Levin, MD				
Specialty Society(ies):	AAOS				
CPT Code:	209XX				
Sample Size:	1304	Resp N:	37		
Description of Sample:	Random general society membership and members self-designated musculoskeletal oncology				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	4.00	6.00	10.00	50.00
Survey RVW:	1.62	2.78	3.40	4.00	8.22
Pre-Service Evaluation Time:			0.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	10.00	15.00	25.00	30.00	90.00
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:	209XX	Recommended Physician Work RVU: 2.78		
	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:	25.00			
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):	<u>0.00</u>	99291x 0.00	99292x 0.00	
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00 14x 0.00 15x 0.00

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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
20702	ZZZ	2.50	RUC Time

CPT Descriptor Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
61797	ZZZ	3.48	RUC Time

CPT Descriptor Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>

CPT Descriptor 1

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>

CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO 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: 14 **% of respondents:** 37.8 %

Number of respondents who choose 2nd Key Reference Code: 9

% of respondents: 24.3 %

TIME ESTIMATES (Median)

	CPT Code: <u>209XX</u>	Top Key Reference CPT Code: <u>20702</u>	2nd Key Reference CPT Code: <u>61797</u>
Median Pre-Service Time	0.00	5.00	0.00
Median Intra-Service Time	25.00	25.00	30.00
Median Immediate Post-service Time	0.00	2.00	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	25.00	32.00	30.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	7%	64%	29%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
0%	29%	71%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	0%	21%	79%

Physical effort required	0%	57%	43%

Psychological Stress

- 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

<u>Less</u>	<u>Identical</u>	<u>More</u>
0%	7%	93%

Survey Code Compared to 2nd Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	11%	33%	44%	11%

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%

67%

33%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

22%

33%

44%

Physical effort required

0%

33%

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

11%

22%

67%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

New add-on code 209XX was created to report open cryosurgery for reduction or eradication of bone tumor, where liquid nitrogen is used directly on a bone tumor and local soft tissue after intralesional management of the tumor. This technique might be preferred over percutaneous cryoablation (20983, where a probe is inserted through the skin) for bone tumors in certain cases, particularly for large or complex tumors, because it allows for more precise and complete tumor destruction with better visualization and control of neurovascular and soft tissue structures.

The current standard ZZZ-global code survey defines the global as "*Code related to another service and is always included in the global period of the other service (Note: Physician work is associated with intra-service time and in some instances the pre- and post-service time).*" However, even though the definition indicates there could be pre- and post-service time related to the add-on service, and the survey respondent is instructed to review the global period definition, there is only a single place to enter time shown as "intra-service time" which can be confusing with respect to time estimation.

The current 2025 survey resulted in an intraservice time of 25 minutes. However, preservice and postservice time as applicable was not collected. As we believe this resulted in a flawed survey, we have provided the

survey results from the current survey and are **recommending the 25th percentile work RVU and median intraservice time as interim until we can resurvey code 209XX** using a survey instrument that includes the ability for survey respondents to report additional pre- and/or post-service time, if applicable, as described in the definition of a ZZZ-global code. The results of this resurvey will be presented at the September 2025 RUC meeting, which is within the same RUC cycle related to the 2027 Physician Fee Schedule.

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. (Use 209XX in conjunction with 21601, 21602, 21603, 22100, 22101, 22102, 22110, 22112, 22114, 23140, 23145, 23146, 23150, 23155, 23156, 24110, 24115, 24116, 24120, 24125, 24126, 25120, 25125, 25126, 25130, 25135, 25136, 26200, 26205, 26210, 26215, 27065, 27066, 27067, 27355, 27356, 27357, 27635, 27637, 27638, 28100, 28102, 28103, 28104, 28106, 28107, 28108)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 20999; 22899; 23929; 24999; 25999; 26989; 27299; 27599; 27899; 28899

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty orthopaedic surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. specialty estimate

Specialty orthopaedic surgery Frequency 950 Percentage 95.00 %

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? 100
 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. specialty estimate

Specialty orthopaedic surgery	Frequency 95	Percentage 95.00 %

Specialty	Frequency	Percentage	%

Specialty	Frequency	Percentage	%

Do many physicians perform this service across the United States? No

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:

Orthopedic - 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. 20702

ISSUE: Ablation Therapy – Bone Tumors
TAB: 4

				Review Year				RVW				Total Time	PRE	INTRA					POST	12 Month Svy Experience					
SOURCE	CPT	DESC	global		Resp	IWPUT	WPUT	MIN	25th	MED	75th		MAX	EVAL	MIN	25th	MED	75th	MAX	P-SD	MIN	25th	MED	75th	MAX
REF1	20702	Manual preparation and insertion of drug-delivery device(s),	ZZZ	2018	14	0.094	0.078		2.50			32	5		25			2							
REF2	61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear	ZZZ	2008	9	0.116	0.116		3.48			30	0		30			0							
CURRENT	NEW	NEW	ZZZ						n/a			0													
SVY	209XX	Ablation therapy for reduction or eradication of bone tumors,	ZZZ		37	0.136	0.136	1.62	2.78	3.40	4.00	8.22	25		10	15	25	30	90		0	4	6	10	50
REC	209XX	Interim Recommendation & Resurvey	ZZZ			0.111	0.111		2.78			25			25										

March 31, 2025

To: Scott Manaker, MD
Chair, AMA/RUC PE Subcommittee

From: William Creevy, MD, RUC Advisor, American Academy of Orthopaedic Surgeons

Subject: Practice Expense, Tab 4, Ablation Therapy – Bone Tumors

Tab 4 CPT code 209XX is a facility-only add-on service that will have no related direct practice expense input. Thank you for your consideration of this information.

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Screen: High Volume Growth (20985)

April 2025

Computer-Assisted Surgical Navigation – Tab 05

In April 2024, the Relativity Assessment Workgroup identified CPT code 20985 as part of the high-volume growth screen, with Medicare utilization over 10,000 that has increased by at least 100% from 2017 through 2022. Separately, codes 0054T *Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)* and 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)* had been identified on the high-volume CPT Category III screen and were referred for repeat evaluation in three years because the current literature was not sufficient for Category I code status. The specialty society noted that codes 20985, 0054T, and 0055T represented the same service if minor changes were made in the 20985 code descriptor. In September 2024, the Workgroup reviewed the action plan for 20985 and recommended that the RUC refer this code to the CPT Editorial Panel for revision. The RUC recommended that CPT code 20985 be referred to CPT for revision to modify the descriptor and address overlap with codes 0054T and 0055T. At the February 2025 CPT Editorial Panel meeting, CPT code 20985 was revised to remove “image-less” for reporting computer-assisted surgical navigational procedures for musculoskeletal procedures. The two existing Category III codes will be deleted for CPT 2027. CPT code 20985 and related family (eg, 20985 is reported with 27447 76% of the time) codes were identified for review at the April 2025 RUC meeting.

Family of Services

The specialty societies indicated that CPT codes 20985, 27130, 27446 and 27447 are not a family of services as 20985 is an add-on code that can be reported with hundreds of different musculoskeletal procedures. The RUC noted that 20985 is reported 76 percent of the time with 27447. However, as 27447 has much more volume than 20985, only 18 percent of the claims that have 27447 also include 20985. The other joint arthroplasty codes are also currently not typically reported with computer-assisted surgical navigation. AMA staff noted that CMS has an expectation that add-on codes are reviewed along with base codes, with which they are typically performed. At this meeting, CPT codes 27130 and 27447 have been separately identified in a Relativity Assessment Workgroup site of service anomaly screen for services that are typically outpatient, though still have inpatient visits. The specialty society indicated that they will be surveying these services for the September 2025 RUC meeting. Due to this separate identification, all four services will be reviewed at the same meeting. **The RUC recommends that 27130, 27446 and 27447 be reviewed at the September 2025 RUC meeting.**

ZZZ Survey Template

CPT code 20985 was surveyed for pre-and post-time in 2012 and include 10 minutes of pre-service time. CPT codes 20985 was surveyed this time with the standard ZZZ survey template, which specifies the ZZZ global period as a *code related to another service and is always included in the global period of the other service (Note: Physician work is associated with intra-service time and in some instances the pre-and post-service time)* and only asks for the day of procedure intra-service time. In rare circumstances, specialties may provide justification and request that a ZZZ

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 f=Family Code e=Editorial D=Deleted

survey with pre- and post-service time be conducted. The specialty societies are requesting to resurvey these services with the pre/post ZZZ survey template.

The specialties indicated that they believe the pre-service time that was captured in the 2012 valuation remains an integral part of this work for these services. The specialty noted that they are using computer navigation and the associated risk with the patient. The associated risk is related to the need to make additional small incisions for placement of reference pins into bone and associated risks of infection, fracture, and neurovascular injury. There is also additional pre-service time required to initiate and calibrate computer navigation equipment, as well as additional patient positioning time for the computer navigation to be used. **The RUC determined that the specialty societies may survey 20985 with the amended ZZZ survey template that specifically asks the respondent whether this is pre- and post-service time associated with these add-on services.**

20985 Computer-assisted surgical navigational procedure for musculoskeletal procedures (List separately in addition to code for primary procedure)

The RUC reviewed the survey results from 113 orthopaedic surgeons and recommends an interim work RVU of 2.50, maintaining the current value. As interim, the RUC recommends 0 minutes pre-service time and 25 minutes intra-service time, totaling 25 minutes. The specialty societies did not survey for pre-service time and have requested to resurvey with an amended survey instrument, specifically asking if separate pre-service time from the base code occurs for this service.

The RUC compared the surveyed code to the top key reference code 20702 *Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)* (work RVU= 2.50, intra-service 25 minutes and total time 32 minutes) and determined that with identical intra-service times, both services typically involve the same amount of physician work. Of the survey respondents who selected this key reference code, 79 percent indicated that the surveyed code is more intense than key reference code 20702.

For additional support the RUC referenced CPT code 33268 *Excision 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)* (work RVU= 2.50, 20 minutes intra-service and total time). **The RUC recommends an interim work RVU of 2.50 for CPT code 20985 and resurvey with the pre/post time ZZZ survey template for review at the September 2025 RUC meeting.**

Practice Expense

The RUC recommends no direct practice expense inputs for CPT code 20985 as it is a facility-based add-on service.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery Musculoskeletal System General Other Procedures				
▲+ 20985	B1	Computer-assisted surgical navigational procedure for musculoskeletal procedures, ~~image-less~~ (List separately in addition to code for primary procedure) (Do not report 20985 in conjunction with 61781-61783) (20986, 20987 have been deleted) (~~For computer-assisted navigational procedures based on pre-operative and intraoperatively obtained images, see 0054T, 0055T~~)	ZZZ	2.50 (Interim) Resurvey for September 2025 (2025 Work RVU = 2.50)
Surgery Musculoskeletal System Pelvis and Hip Joint Repair, Revision, and/or Reconstruction				
(f) 27130	B2	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	090	No Recommendation Survey for September 2025 meeting (2025 Work RVU = 19.60)

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! = New code s = Revised code : = Add-on code H = Modifier 51 exempt * = Telemedicine X = Audio-only ~ = FDA approval pending # = Resequenced code f = Family Code e = Editorial D = Deleted

Surgery Musculoskeletal System Femur (Thigh Region) and Knee Joint Repair, Revision, and/or Reconstruction				
(f)27446	B3	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	090	No Recommendation Survey for September 2025 meeting (2025 Work RVU = 17.13)
(f)27447	B4	medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty) (For revision of total knee arthroplasty, use 27487) (For removal of total knee prosthesis, use 27488)	090	No Recommendation Survey for September 2025 meeting (2025 Work RVU = 19.60)
Category III Codes ~~†0054T — Computer assisted musculoskeletal surgical navigational orthopedic procedure, with image guidance based on fluoroscopic images (List separately in addition to code for primary procedure)~~ (0054T has been deleted. To report, use 20985) ~~†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)~~ (0055T has been deleted. To report, use 20985) (When CT and MRI are both performed, report 0055T only once)				

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

! = New code s = Revised code : = Add-on code H = Modifier 51 exempt * = Telemedicine X = Audio-only ~ = FDA approval pending # = Resequenced code f = Family Code e = Editorial D = Deleted

March 31, 2025

Ezequiel Silva III, MD
Chair, RVS Update Committee
American Medical Association
330 N. Wabash Avenue
Chicago, IL 60611

RE: Tab 5, Computer Assisted Surgical Navigation

Dear Dr. Silva,

The AAOS is requesting to maintain the current work RVU and times for code 20985, and to resurvey for the September 2025 RUC meeting with a ZZZ global survey tool that allows reporting of intraservice time and pre/postservice time if applicable, consistent with the definition of a ZZZ code. Below we provide a detailed rationale for this request. We also provide below a rationale as to why 20985 does not have any "family" codes.

- **Rationale: Resurvey of 20985**

In the 2007 survey and the 2011 survey of 20985, the standard ZZZ-global survey was used and correctly defined a ZZZ-global code as: *"Code related to another service and is always included in the global period of the other service (Note: Physician work is associated with intra-service time and in some instances the pre- and post-service time)."* The survey included the ability for the survey respondent to indicate "pre-service time (if applicable); intra-service time (skin-to-skin); and immediate post-service time (if applicable)." For both prior surveys, the RUC agreed with the survey median pre-service time of 10 minutes because of the significant time and effort required to initiate and calibrate computer navigation equipment as well as additional patient positioning time for the computer navigation to be used. The RUC disagreed with additional post-service time as duplicate to the primary procedure even though documentation of all the imaging navigation would require additional time and not be related to the index procedure. This resulted in a RUC recommendation of 10 minutes of pre-service time and 20 minutes of intra-service (skin-to-skin) time that was accepted by CMS.

The current standard ZZZ-global code survey still defines the global as *"Code related to another service and is always included in the global period of the other service (Note: Physician work is associated with intra-service time and in some instances the pre- and post-service time)."* However, even though the definition indicates there could be pre- and post-time related to the add-on service, and the survey respondent is instructed to review the global period definition, there is only a single place to enter time that is shown as "intra-service time" which can be confusing with respect to time estimation.

The current 2025 survey resulted in an intraservice time of 25 minutes. However, preservice time was not collected for the additional preservice work prior to the skin-to-skin component of the index procedure.

We have provided the survey results from the current survey and are **recommending the current work RVU and times be maintained until we can resurvey code 20985** using a survey instrument that includes the ability to report additional pre- and post-service time, if

applicable, as described in the definition of a ZZZ-global code. The results of this resurvey will be presented at the September 2025 RUC meeting, which is within the same RUC cycle related to the 2027 Physician Fee Schedule.

- **Rationale: Code 20985 Does Not Have "Family" Codes**

The RUC LOI sent out to societies regarding code 20985 included 27130, 27446, and 27447 as "family" codes. These codes were not included in the code change application for revision of 20985 and deletion of 0054T and 0055T. These codes were not included in the code change application for establishing 20985, 0054T, or 0055T. We do not know who determined these codes to be family codes and we disagree that add-on code 20985 has family codes given the descriptor states "Computer-assisted surgical navigational procedure **for musculoskeletal procedures** (List separately in addition to code for primary procedure)." In fact, code 20985 can be reported with hundreds of musculoskeletal procedures, and as such, there are not specific family procedures identified.

In the AMA collaborative program EncoderPro, there is a Knowledge Base enhanced content entry that provides information about add-on codes that supports the fact that some add-on codes do not have specific primary (family) codes:

The *CPT® 2024 Code Set* includes 628 codes designated as 'add-on' codes. These codes represent additional or supplemental procedures associated with a primary procedure, eg, additional digit(s), lesion(s), vertebral segment(s). Within this group, there are **35 add-on codes** that do not include the specific parenthetical statement, "(Use ##### in conjunction with ...)", which lists the primary code(s) that the add-on code may be used in conjunction with on the same date of service. The list of 35 add-on codes without specific parenthetical instruction as to which specific primary code(s) it may be reported in conjunction with are listed in Table 1 below.

As these add-on codes can have a broader base of primary codes that they can be reported in conjunction with on the same date of service as the add-on code, the parenthetical statement, "(Use ##### in conjunction with ...)" has not been included. Instead, they often include a parenthetical statement that reflects the code's broader applicability "(List separately in addition to code for primary procedure)" or address the type(s) of procedure(s) the add-on code may be reported with. Code 33268 below is an example of this type of parenthetical instruction.

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)

(Use 33268 in conjunction with primary procedures performed via sternotomy or thoracotomy approach)

(Do not report 33268 in conjunction with 33254, 33255, 33256, 33257, 33258, 33259, 33265, 33266, 33420, 33422, 33425, 33426, 33427, 33430)

Lastly, some of these add-on codes also may include exclusionary “(Do not report …)” parentheticals as seen in the example above. While it does not directly address which specific codes it can be added to, it does provide specific instructions/directions on codes that should not be reported with the add-on code.

Table 1: [SELECTED] CPT Add-On Codes Without Specific Primary Code Reporting Instruction

2024 CPT® Add-On Code	Effective Date	2024 CPT Code Descriptor
Category III		
0054T	1/1/2009	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)
0055T	1/1/2009	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI
Surgery		
20985	1/1/2008	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)

As indicated in this Knowledge Base information, code 20985 does not have specific primary codes and as such does not have any specific family codes. We therefore did not identify any code to be surveyed with code 20985. The service described by 20985 does not replace work in any possible index procedure, but instead enhances precision and safety by providing surgeons with real-time, 3D visualization of the skeletal anatomy and surgical instruments, improving the accuracy of procedure, and potentially reducing surgical complications

Thank you for allowing us to provide this information. We will be available to respond to any RUC member questions.

Sincerely,
William Creevy, MD
RUC Advisor, American Academy of Orthopaedic Surgeons

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 20985	Tracking Number B1	Original Specialty Recommended RVU: 2.50
		Presented Recommended RVU: 2.50
Global Period: ZZZ	Current Work RVU: 2.50	RUC Recommended RVU: 2.50

CPT Descriptor: Computer-assisted surgical navigational procedure for musculoskeletal procedures (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Computer-assisted surgical navigation is utilized when a 65-year-old female undergoes a unilateral total knee arthroplasty. [Note: This is an add-on service. Only consider the additional work related to the computer-assisted surgical navigation.]

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 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: In the preoperative area, discussion with patient/family about the use of computer navigation as an adjunct to the arthroplasty procedure. This includes the rationale for use of the system, how it helps align the knee, and that it will increase surgical time. Describe additional small incisions that will be necessary for placement of reference pins into bone and associated risks of infection, fracture, and neurovascular injury. In the OR, confirm the computer system is operational and positioned correctly. Review preoperative plan and templating; update as needed.

Description of Intra-Service Work: Through separate incisions, predrill and place two reference pins in the femur and two in the tibia. Attach clamps to each pin to hold the tracking device. Secure navigation trackers to each pin. The trackers are activated and identified by the computer system. Registration is completed by moving the hip in a circular fashion to enable the computer software to identify the center of the femoral head. Following the standard surgical exposure, identify the bony landmarks of the femur and tibia individually by directed digitization using a pointing device with tracker components. Landmarks identified are typically the medial epicondyle, the lateral epicondyle, the distal femoral center, the axis of the femoral trochlear groove, the surfaces of the medial and lateral distal and posterior condyles, and the topography of the medial and lateral anterior distal femur. Register the tibia by digitizing the center of the tibial plateau, the anterior-posterior axis of the tibia, and the surfaces of the medial and lateral tibial condyles. Identify the ankle center by digitizing tips of the medial and lateral malleoli. After the anatomy has been registered, make an initial assessment of the range of motion (ROM). Measure the amount of angular deformity and degree of ligament imbalance to confirm optimal implant size and position with the bone cuts. The surgeon then proceeds with the standard steps of the procedure including attachment of sequential bone cutting guides; bone cuts with an oscillating saw; soft tissue releases; insertion of trial components; assessment of knee motion, ligament balance and joint stability; and insertion and fixation of the final components. During all of these steps, computer navigation is utilized to provide detailed feedback information which may be used to refine or adjust each step in the procedure. Once the permanent implants are fixed, final alignment, ligament stability and ROM are recorded and stored with the software system. At the conclusion of the surgical procedure, the trackers and pins are removed, and the wounds from the pins are closed.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2025				
Presenter(s):	William Creevy, MD; Hussein Elkousy MD				
Specialty Society(ies):	AAOS				
CPT Code:	20985				
Sample Size:	4717	Resp N:	113		
Description of Sample:	Random society membership and members self-designated as performing total joint surgery				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	30.00	75.00	200.00	600.00
Survey RVW:	1.25	3.00	3.60	5.00	9.88
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	20.00	25.00	30.00	120.00
Immediate Post Service-Time:	0.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00			
Other Hospital time/visit(s):	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
Discharge Day Mgmt:	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
Office time/visit(s):	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			

**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:	20985	Recommended Physician Work RVU: 2.50		
	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:	25.00			
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):	<u>0.00</u>	99291x 0.00	99292x 0.00	
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00 14x 0.00 15x 0.00

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
20702	ZZZ	2.50	RUC Time

CPT Descriptor Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
61799	ZZZ	4.81	RUC Time

CPT Descriptor Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>

CPT Descriptor 1

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>

CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>

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: 29 % of respondents: 25.6 %

Number of respondents who choose 2nd Key Reference Code: 17

% of respondents: 15.0 %

TIME ESTIMATES (Median)

	CPT Code: <u>20985</u>	Top Key Reference CPT Code: <u>20702</u>	2nd Key Reference CPT Code: <u>61799</u>
Median Pre-Service Time	0.00	5.00	0.00
Median Intra-Service Time	25.00	25.00	60.00
Median Immediate Post-service Time	0.00	2.00	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	25.00	32.00	60.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	3%	0%	17%	55%	24%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
3%	21%	76%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	7%	24%	69%
Physical effort required	7%	38%	55%

Psychological Stress

- 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

<u>Less</u>	<u>Identical</u>	<u>More</u>
3%	14%	83%

**Survey Code Compared to
2nd Key Reference Code****Much
Less****Somewhat
Less****Identical****Somewhat
More****Much
More**

Overall intensity/complexity	0%	6%	35%	27%	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

0%	47%	53%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required	6%	41%	53%

Physical effort required	6%	29%	65%

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

24%	35%	41%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

In September 2024, the RAW identified 20985 via the high-volume growth screen and recommended resurvey. At the previous April 2024 RUC meeting, codes 0054T and 0055T had been identified on the high-volume CPT Category III screen and were referred for repeat evaluation in 3 years because current literature was not sufficient for Category 1 codes. With the RUC recommendation to resurvey 20985, the societies included codes 0054T and 0055T for survey, however these codes did not have vignettes. While considering vignettes for these codes, it became apparent that codes 20985, 0054T, and 0055T represented the same service if minor changes were made in the 20985 descriptor. Additionally, it was apparent that a high volume of reporting of 0054T and 0055T was likely reporting that should have been coded as 20985, if the wording for 20985 was clearer. A revised code descriptor for 20985 was approved by the CPT Panel to minimize miscoding and codes 0054T and 0055T will be deleted.

In the 2007 survey and the 2011 survey of 20985, the standard ZZZ-global survey was used and correctly defined a ZZZ-global code as: "Code related to another service and is always included in the global period of the other service (Note: Physician work is associated with intra-service time and in some instances the pre-

and post-service time)." The survey included the ability for the survey respondent to indicate "pre-service time (if applicable); intra-service time (skin-to-skin); and immediate post-service time (if applicable)." For both prior surveys, the RUC agreed with the survey median pre-service time of 10 minutes because of the significant time and effort required to initiate and calibrate computer navigation equipment as well as additional patient positioning time for the computer navigation to be used. The RUC disagreed with additional post-service time as duplicate to the primary procedure even though documentation of all the imaging navigation would require additional time and not be related to the index procedure. This resulted in a RUC recommendation of 10 minutes of pre-service time and 20 minutes of intra-service (skin-to-skin) time that was accepted by CMS.

The current standard ZZZ-global code survey still defines the global as "*Code related to another service and is always included in the global period of the other service (Note: Physician work is associated with intra-service time and in some instances the pre- and post-service time).*" However, even though the definition indicates there could be pre- and post-time related to the add-on service, and the survey respondent is instructed to review the global period definition, there is only a single place to enter time that is shown as "intra-service time" which can be confusing with respect to time estimation.

The current 2025 survey resulted in an intraservice time of 25 minutes. However, preservice time was not collected for the additional preservice work prior to the skin-to-skin component of the index procedure.

As we believe this resulted in a flawed survey, we have provided the survey results from the current survey and are **recommending the current work RVU and times be maintained as interim until we can resurvey code 20985** using a survey instrument that includes the ability for survey respondents to report additional pre- and post-service time, if applicable, as described in the definition of a ZZZ-global code. The results of this resurvey will be presented at the September 2025 RUC meeting, which is within the same RUC cycle related to the 2027 Physician Fee Schedule.

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. Code 20985 may be reported for computer-assisted surgical navigation services performed in conjunction with any musculoskeletal procedure..

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 20985, 0054T, 0055T

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 orhtopaedic surgery How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization is not available

Specialty	Frequency	Percentage	%

Specialty	Frequency	Percentage	%

Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

102,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Please explain the rationale for this estimate. 2023 Medicare utilization for 20985, 0054T, 0055T

Specialty orthopaedic surgery	Frequency 101000	Percentage 99.01 %

Specialty	Frequency	Percentage	%

Specialty	Frequency	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:

Orthopedic - 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 20985

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Computer Assisted Surgical Navigation
TAB: 5

SOURCE	CPT	DESC	global	Review	Resp	IWPUT	WPUT	RVW					Total Time	PRE	INTRA					POST P-SD	12 Month Svy Experience				
				Year				MIN	25th	MED	75th	MAX		EVAL	MIN	25th	MED	75th	MAX		MIN	25th	MED	75th	MAX
REF1	20702	Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)	ZZZ	2018	29	0.094	0.078			2.50			32	5			25			2					
REF2	61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for	ZZZ	2008	17	0.080	0.080			4.81			60	0			60			0					
CURRENT	20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)	ZZZ	2012		0.114	0.083			2.50			30	10			20			0					
CURRENT	0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List	YYY							N/A															
CURRENT	0055T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images (List separately in	YYY							N/A															
SVY	20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures (List separately in addition to code for primary procedure)	ZZZ		113	0.144	0.144	1.25	3.00	3.60	5.00	9.88	25		5	20	25	30	120		0	30	75	200	600
REC	20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures (List separately in addition to code for primary procedure)	ZZZ			0.100	0.100			2.50			25	0			25			0					

March 31, 2025

To: Scott Manaker, MD
Chair, AMA/RUC PE Subcommittee

From: William Creevy, MD, RUC Advisor, American Academy of Orthopaedic Surgeons

Subject: Practice Expense, Tab 5, Computer Assisted Surgical Navigation

Tab 5 CPT code 20985 is a facility-only add-on service that will have no related direct practice expense input. Thank you for your consideration of this information.

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2025

Division of Median Arcuate Ligament – Tab 06

At the February 2025 CPT Editorial Panel meeting, two new codes were created to report open and laparoscopic median arcuate ligament syndrome (MALS) treatment, respectively. MALS or celiac artery compression syndrome is an uncommon vascular disorder caused by an extrinsic compression of the celiac artery from the median arcuate ligament, prominent fibrous bands, and ganglionic periaortic tissue. These infrequent but constant procedures have been performed for several decades and reported with unlisted codes. The two new codes were surveyed for the April 2025 RUC meeting.

39XX1 Division of median arcuate ligament and release of celiac trunk, with ganglionectomy, when performed

The RUC reviewed the survey results from 36 surgeons and recommends a work RVU of 27.09 based on a direct crosswalk to CPT code 35601 *Bypass graft, with other than vein; common carotid-ipsilateral internal carotid* (work RVU = 27.09, 180 minutes intra-service, and 484 minutes total time), which maintains relativity within the family for this code. The RUC recommends 40 minutes of pre-service evaluation time, 3 minutes positioning time, 15 minutes scrub/dress/wait time, 160 minutes intra-service time, 30 minutes immediate post-service time, 2-99231, 1-99232, 1-99233, 1-99239, 1-99213, 1-99214, totaling 501 minutes. The 5-day hospital stay is necessary for the patient, who is typically in an anorexic state and extremely underweight, to be monitored for their ability to tolerate adequate oral intake of food to ensure safe discharge. The re-establishment of oral food intake is sufficiently complex where management of this problem typically extends into the office visits.

For this open procedure, the median arcuate ligament lies directly over the aorta, which significantly increases the complexity and intensity of dissecting the celiac axis. This procedure necessitates a large upper midline laparotomy with the use of mechanical retractors to access the upper posterior portion of the abdomen. Although injury to the aorta, phrenic vessels, or diaphragm is not common, the potential for such injury is possible. Preparation for emergency maneuvers and intraoperative attention to possible injury is constant, significantly increasing the intensity of the procedure. Compared to the laparoscopic procedure, 39XX2, CPT code 39XX1 requires more time during the post-operative period; therefore, is valued slightly higher.

To support the recommended work RVU, the RUC referenced codes 49187 *Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5.1 to 10 cm* (work RVU = 28.65, 195 minutes intra-service, and 542 minutes total time) and 43281 *Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh* (work RVU = 26.60, 180 minutes intra-service, and 424 minutes total time). The surveyed code work RVU and total time are appropriately bracketed by the key reference services supporting the relativity of the RUC recommended work RVU.

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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 f=Family Code e=Editorial D=Deleted

For additional support, the RUC referenced code 35506 *Bypass graft, with vein; carotid-subclavian or subclavian-carotid* (work RVU = 25.33, 165 minutes intra-service, and 452 minutes total time) and MPC code 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)* (work RVU = 29.58, 150 minutes intra-service, and 512 minutes total time). The surveyed code work RVU, intra-service time, and total time are appropriately bracketed by the reference codes supporting the relativity of the RUC recommended work RVU. **The RUC recommends a work RVU of 27.09 for CPT code 39XX1.**

39XX2 Laparoscopy, surgical, with division of median arcuate ligament and release of celiac trunk, with ganglionectomy, when performed

The RUC reviewed the survey results from 37 surgeons and recommends a work RVU of 26.60 based on a direct crosswalk to CPT code 43281 *Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh* (work RVU = 26.60, 180 minutes intra-service, 424 minutes total time), which maintains relativity within the family for this code. The RUC recommends 40 minutes of pre-service evaluation time, 15 minutes positioning time, 10 minutes scrub/dress/wait time, 180 minutes intra-service time, 30 minutes immediate post-service time, 1-99231, 1-99232, 1-99238, 1-99213, 1-99214, totaling 436 minutes. The additional pre-service positioning time is required to secure the patient to the table during manipulation to provide better exposure. The 3-day hospital stay is necessary for the patient, who is typically in an anorexic state and extremely underweight, to be monitored for their ability to tolerate adequate oral intake of food to ensure safe discharge. The reestablishment of oral food intake is so challenging that management of this problem extends into the office visits.

For this laparoscopic procedure, the median arcuate ligament lies directly over the aorta, which significantly increases the complexity and intensity of dissecting the celiac axis. This procedure uses similar types of mechanical retraction to elevate the liver, and delicate dissections around the three branches of the celiac trunk are performed. Although injury to the aorta, phrenic vessels, or diaphragm is not common, the potential for such injury is possible. Preparation for emergency maneuvers and intraoperative attention to possible injury is constant, significantly increasing the intensity of the procedure.

To support the recommended work RVU, the RUC referenced MPC codes 55866 *Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed* (work RVU = 22.46, 180 minutes intra-service, and 362 minutes total time) and 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)* (work RVU = 29.58, 150 minutes intra-service, and 512 minutes total time). The surveyed code work RVU and total time are appropriately bracketed by the reference services supporting relativity of the RUC recommended work RVU. **The RUC recommends a work RVU of 26.60 for CPT code 39XX2.**

Practice Expense

The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs and made no modifications to the standard 090-day global inputs. **The RUC recommends the direct practice expense inputs as submitted by the specialty societies.**

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Mediastinum and Diaphragm Diaphragm Repair				
●39XX1	C1	Division of median arcuate ligament and release of celiac trunk, with ganglionectomy, when performed (For laparoscopic division of median arcuate ligament, use 39XX2)	090	27.09
<u>Laparoscopy</u>				
●39XX2	C2	Laparoscopy, surgical, with division of median arcuate ligament and release of celiac trunk, with ganglionectomy, when performed (For open division of median arcuate ligament, use 39XX1)	090	26.60

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

CPT Code: 39XX1 Tracking Number C1

Original Specialty Recommended RVU: **29.06**Global Period: 090 Current Work RVU: **N/A**Presented Recommended RVU: **27.09**RUC Recommended RVU: **27.09**

CPT Descriptor: Division of median arcuate ligament and release of celiac trunk, with ganglionectomy, when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 40-year-old female with median arcuate ligament syndrome (MALS) presents with a history of postprandial/epigastric pain, abdominal bruit, weight loss, diarrhea, and nausea for more than one year. She has radiographic evidence of celiac artery compression.

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 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 100%

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 92%

Description of Pre-Service Work: Results of preadmission testing (imaging, electrocardiogram and labs) are reviewed. Appropriate selection, timing, and administration of DVT prophylaxis are ensured. Appropriate selection, timing, and administration of antibiotics are ensured. The need for beta-blockers is assessed, and they are ordered as required. The patient is reexamined to confirm that physical findings have not changed, the patient's medication regimen has remained the same, the patient has no new allergies, and the patient has not undergone any recent procedures. Adequate preoperative fasting is confirmed to reduce the risk of postprandial symptoms during the perioperative period. The history and physical examination are then updated in the electronic health record. The planned procedure and postoperative management are reviewed with the patient and family. Informed consent is reviewed and obtained from the patient, including witness confirmation. The length of anesthesia, including adjuncts to postoperative analgesia management, are reviewed with the anesthesiologist. The choice of analgesia, monitoring, and attention to hemodynamic changes and possible complications are extremely important to prevent any anesthetic complications and to be able to adapt to intraoperative physiological changes and the potential risk of vessel compromise/bleeding. Verify that all required instruments and supplies are available. Assistance is provided in transfer of the patient from gurney to operating table. Monitor/assist with positioning of patient. Assist anesthesia team with initiation of anesthesia, to ensure surgical access to upper abdomen. The areas of skin to be prepared and draped are indicated by the surgeon to ensure that all of the potential operative field is included in the preparation. The surgeon scrubs and gowns. A surgical time-out is performed with operating surgical team.

Description of Intra-Service Work: Under general anesthesia, a laparotomy incision is performed via an upper midline incision from the xiphoid to approximately 2 cm cephalad to the umbilicus. Grasp, elevate, and carefully incise the fascia and peritoneum to avoid injury to bowel. Sharply enter the peritoneal cavity under direct vision. Perform a visual and manual complete exploration of the abdominal cavity and its contents. When required, a gastric tube is placed and position confirmed.. The lesser sac and lesser omentum are identified and opened. Downward traction is then applied to the stomach. Identify and carefully dissect along the common hepatic artery and continue in the perivascular plane toward the confluence of the splenic and left gastric arteries to the main trunk of the celiac artery. After meticulously skeletonizing the branches of the celiac axis, the arcuate ligament and all of its fibers overlying the celiac axis are divided and resected. Care must be taken to ensure no inadvertent dissection/injury of the arteries of the celiac access, which could ultimately cause compromise to the liver and/or spleen. All surrounding ligamentous and ganglionic tissues are sharply dissected and removed down to the aorta. The celiac artery is circumferentially mobilized. Disruption of the ganglionic tissue is extended

along the initial 2 to 3 cm of the branches of the celiac trunk including the common hepatic, left gastric, and splenic arteries. Irrigate the abdominal cavity if necessary. Obtain hemostasis. Inspect the abdomen for injury. Make an instrument, needle, sponge, and laparotomy pad count. Return the abdominal organs to normal anatomical position. Drape the omentum over the abdominal contents. Carefully close the fascia and the wound in layers. When placed, the gastric tube is removed.

Description of Post-Service Work:

Immediate postoperative care [operative day through discharge from recovery room]: Apply sterile dressings. Monitor patient during reversal of anesthesia. Assist in transfer of patient from operating table to gurney. Monitor transport of patient from operating room to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff, including need for patient-controlled analgesia. Discontinue prophylactic antibiotic therapy as appropriate. Review postoperative laboratory results. Discuss procedure and outcome with family in waiting area. Write brief operative note. Write postoperative note in the recovery room. Dictate operative report and copy referring physician(s). Call referring physician(s). Write orders for transferring to surgical floor and discuss ongoing care with nursing staff.

Later same day hospital inpatient care [operative day after discharge from recovery room]: Review interval nursing/other staff chart notes. Discuss ongoing care with nursing staff. Evaluate vital signs and intake/output. Auscultate heart, lungs, and abdomen. Monitor fluid and electrolyte status and renal function; monitor for problems, such as ileus or internal bleeding. Examine patient, check wounds, and change dressings. Continue prophylaxis for DVT. Assess need for beta-blockers and order as required. Assess pain scores and adequacy of analgesia. Write orders for laboratory tests and medications. Chart patient progress notes. Answer patient and family questions. Answer nursing/other staff questions. Advance diet, as appropriate.

Daily hospital inpatient care: Review interval nursing/other provider chart notes. Write patient care orders and discuss floor care with nursing staff. Examine patient, including reviewing vital signs and confirming as necessary. Auscultate heart, lungs, and abdomen for bowel sounds. Manage dressings to wounds daily, monitoring status of incision, looking for signs of infection. Continue prophylaxis for DVT and monitor daily for adequacy. Assess need for beta-blockers, order as required. Assess need for antibiotics, order as required. Monitor and document patient progress: evaluate for sepsis, bowel function; cardiorespiratory function. Assess pain scores and adequacy of analgesia. Adjust parenteral controlled pain medication dosing appropriately. Write orders for labs, imaging, and medications. Write orders for advancing diet and patient activity. Chart patient progress notes. Answer patient and family questions. Answer nursing/other provider questions.

Discharge Management: The patient will be discharged when there is return of bowel function, adequate nutrition intake, and adequate pain control with oral analgesics. Prior to discharge, the patient is examined and wounds and status of incisions are assessed. The heart, lungs, and abdomen are auscultated. Hospital medications are reconciled and in consultation with other treating providers, confirmation is made that all orders are in place for medications needed post-discharge, including timing and need for resumption of presurgery medications. Continuation of prophylaxis for DVT is ordered. Home restrictions (ie, diet, activity, bathing) are discussed with the patient, family members, and discharging nurse with an emphasis on managing possible dysregulated eating, nausea, and/or constipation. All appropriate medical records are completed, including day of discharge progress notes, discharge summary and discharge instructions, and insurance forms.

Post-service Office Work: An interval history and physical exam is performed and documented. Review of other treating providers documentation is performed. Dressings are removed and the wound is evaluated. Staples are removed when appropriate (at a single visit or over multiple visits). Dressings are reapplied as needed. Evaluation for postoperative problems (eg, seroma, dysregulated eating, nausea, constipation) is performed and addressed. A PDMP check is performed at every visit, pain medications are reviewed and adjustments made including counseling on side effects and tapering instructions. Activity limitations and wound care are reviewed with the patient and family. Ongoing side effects of the surgical procedure and the release of the ligament are managed including needs for additional postoperative analgesia. Labs evaluating postoperative anemia, hydration, electrolytes are considered and ordered as required with review. Nutritional and electrolyte disturbances in patients with median arcuate ligament syndrome requires on-going management beyond routine postoperative surgical care. During the initial postoperative visit, patients are monitored for refeeding syndrome given their malnourished state. This requires consultation with another qualified health care professional, specifically dietitians, and the referring provider. Following these discussions, dietary instructions and need for nutritional supplements are discussed and planned. An update to primary care physician is performed. Leave of absence or short term disability forms are completed and updated as required. Medical record progress notes are dictated, reviewed, and signed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2025				
Presenter(s):	Don Selzer, MD, FACS; Charles Mabry, MD, FACS; Matthew Sideman, MD, FACS; Jonathan Thompson, MD, FACS; Dmitry Nepomnayshy, MD, FACS				
Specialty Society(ies):	ACS, SVS, SAGES				
CPT Code:	39XX1				
Sample Size:	2327	Resp N:	36		
Description of Sample:	random society membership				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	1.00	3.00	165.00
Survey RVW:	23.15	29.06	30.00	34.54	45.00
Pre-Service Evaluation Time:			60.00		
Pre-Service Positioning Time:			15.00		
Pre-Service Scrub, Dress, Wait Time:			15.00		
Intra-Service Time:	120.00	128.00	160.00	185.00	360.00
Immediate Post Service-Time:	<u>30.00</u>				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>135.00</u>	99231x 2.00	99232x 1.00	99233x 1.00	
Discharge Day Mgmt:	<u>55.00</u>	99238x 0.00	99239x 1.00	99217x 0.00	
Office time/visit(s):	<u>63.00</u>	99211x 0.00	12x 0.00	13x 1.00	14x 1.00 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:	39XX1	Recommended Physician Work RVU: 27.09		
	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:	3.00	3.00	0.00	
Pre-Service Scrub, Dress, Wait Time:	15.00	20.00	-5.00	
Intra-Service Time:	160.00			
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):	<u>0.00</u>	99291x 0.00	99292x 0.00	
Other Hospital time/visit(s):	<u>135.00</u>	99231x 2.00	99232x 1.00	99233x 1.00
Discharge Day Mgmt:	<u>55.00</u>	99238x 0.0	99239x 1.0	99217x 0.00
Office time/visit(s):	<u>63.00</u>	99211x 0.00	12x 0.00	13x 1.00 14x 1.00 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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
49187	090	28.65	RUC Time

CPT Descriptor Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5.1 to 10 cm

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
43281	090	26.60	RUC Time

CPT Descriptor Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
55866	090	22.46	RUC Time	18,044

CPT Descriptor 1 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
34705	090	29.58	RUC Time	9,669

CPT Descriptor 2 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)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO 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: 12 % of respondents: 33.3 %

Number of respondents who choose 2nd Key Reference Code: 8 % of respondents: 22.2 %

TIME ESTIMATES (Median)

	CPT Code: <u>39XX1</u>	Top Key Reference CPT Code: <u>49187</u>	2nd Key Reference CPT Code: <u>43281</u>
Median Pre-Service Time	58.00	58.00	70.00
Median Intra-Service Time	160.00	195.00	180.00
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	135.0	135.00	60.00
Median Discharge Day Management Time	55.0	38.00	38.00
Median Office Visit Time	63.0	86.00	46.00
Median Total Time	501.00	542.00	424.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	0%	83%	17%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
8%	17%	75%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	0%	25%	75%
Physical effort required	0%	33%	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%

0%

100%

**Survey Code Compared to
2nd Key Reference Code****Much
Less****Somewhat
Less****Identical****Somewhat
More****Much
More****Overall intensity/complexity**

0%

0%

0%

38%

63%

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%

0%

100%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

0%

13%

88%

Physical effort required

0%

13%

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%

0%

100%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

The median arcuate ligament syndrome (MALS) or celiac artery compression syndrome is an uncommon vascular disorder caused by an extrinsic compression of the celiac artery from the median arcuate ligament, prominent fibrous bands, and ganglionic periaortic tissue. Clinical symptoms are postprandial abdominal pain, nausea, vomiting, unintentional weight loss, and sometimes, abdominal pain during body exercise caused by an intermittent visceral ischemia.

A survey request was sent to a random selection of members from the ACS, SVS, and SAGES. For both 39XX1 and 39XX2, almost all of the respondents that indicated they did not perform the procedure in the past 12 months performed the procedure in the past 5 years.

The **intensity/complexity statistics** for 39XX1 support the fact that this procedure is significantly more intense and complex than the key reference codes. The median arcuate ligament lies directly over the aorta. Although injury to the aorta, phrenic vessels, or diaphragm is not common, the potential for such injury is very possible. Preparation for emergency maneuvers to rescue this situation is mandatory, significantly increasing the intensity of the procedure. This is unanimously supported by the survey results for intensity/complexity including psychological stress.

Based on prefacilitation discussion, we recommend a work RVU of 27.09 for code 39XX1. This value has been crosswalked from code 35601, *Bypass graft, with other than vein; common carotid-ipsilateral internal carotid* [intraservice time = 180 minutes; total time = 484 minutes]. Although the intraservice time is slightly higher for 35601, the postservice work is greater for 39XX1. Total work is similar for both codes. This recommendation is less than the survey 25th percentile and reflects an intraoperative intensity that is consistent with similar services.

Pre-time

Package 4 is selected with the following modifications:

Evaluation time: Standard package time of 40 minutes. The survey respondents indicated significantly more preservice evaluation time. This may be due to the additional preparation time for a possible emergent operation, including additional time to discuss such possibility with the anesthesiologist and the rest of the surgical team as MAL release is an uncommon procedure. Although the survey indicated significant additional time, we are recommending the standard package evaluation time of 40 minutes. The scrub, dress, wait time has been reduced to be consistent with the survey median time.

Positioning time: Standard package time of 3 minutes for supine positioning.

Scrub, dress, wait time: Subtract 5 minutes (total time = 15 minutes) to be consistent with survey median.

Immediate Post-time

Package 9b: Subtract 3 minutes (total time = 30 minutes) to be consistent with the survey median.

For **discharge day management**, code 99239 is recommended due to the extended time required for postoperative counseling. Patients undergoing open MAL procedures often need comprehensive guidance on managing dysregulated eating, nausea, and constipation—common complications that prolong recovery. This aligns with survey responses and reflects the complexity of care documented for such cases.

The **first postoperative visit (99214)** will require overall moderate medical decision making. Prior to surgery, these patients suffered from chronic abdominal pain for years and had undergone countless tests and procedures, many of which did not provide relief. They have tried multiple different medications to manage pain. They also typically have concurrent psychiatric diagnoses. Postoperatively, the problem addressed at the first postoperative visit will be moderate (one or more chronic illnesses with exacerbation, progression, or side effects of treatment); data reviewed and analyzed will be moderate (order/review labs to monitor for anemia, hydration, electrolytes); discussion of management with an external provider(s) (eg, psychiatrist, physical therapist, dietician); and the risk is moderate (prescription drug management; narcotic and nonnarcotic pain medication). The encounter will also include lengthy counseling regarding management of dysregulated eating, nausea, and constipation. More specifically, an interval history and physical exam is performed and documented. Review of other treating providers documentation is performed. Dressings are removed and the wound is evaluated. Staples are removed when appropriate. Dressings are reapplied as needed. Evaluation for postoperative problems (eg, seroma, dysregulated eating, nausea, constipation) is performed and addressed. A PDMP check is performed, pain medications are reviewed and adjustments made including counseling on side

effects and tapering instructions. Activity limitations and wound care are reviewed with the patient and family. Ongoing side effects of the surgical procedure and the release of the ligament are managed including needs for additional postoperative analgesia. Labs evaluating postoperative anemia, hydration, electrolytes are considered and ordered as required with review. Nutritional and electrolyte disturbances in patients with median arcuate ligament syndrome requires on-going management beyond routine postoperative surgical care. During the initial postoperative visit, patients are monitored for refeeding syndrome given their malnourished state. This requires consultation with another qualified health care professional, specifically dietitians, and the referring provider. Following these discussions, dietary instructions and need for nutritional supplements are discussed and planned. An update to primary care physician is performed. Leave of absence or short term disability forms are completed and updated as required. Medical record progress notes are dictated, reviewed, and signed.

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) 39599 Unlisted procedure, diaphragm (Medicare N=10); 49999 Unlisted procedure, abdomen, peritoneum and omentum (Medicare N=10)

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 general surgery How often? Sometimes

Specialty vascular surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 350

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Specialty estimate

Specialty general surgery	Frequency 175	Percentage 50.00 %

Specialty vascular surgery	Frequency 175	Percentage 50.00 %

Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 20 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Specialty estimate

Specialty general surgery	Frequency 10	Percentage 50.00 %

Specialty vascular surgery	Frequency 10	Percentage 50.00 %

Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

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. 35281

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 39XX2 Tracking Number C2

Original Specialty Recommended RVU: **28.00**Global Period: 090 Current Work RVU: **N/A**Presented Recommended RVU: **26.60**RUC Recommended RVU: **26.60**

CPT Descriptor: Laparoscopy, surgical, with division of median arcuate ligament and release of celiac trunk, with ganglionectomy, when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 40-year-old female with median arcuate ligament syndrome (MALS) presents with a history of postprandial/epigastric pain, abdominal bruit, weight loss, diarrhea, and nausea for more than one year. She has radiographic evidence of celiac artery compression.

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 3% , Overnight stay-less than 24 hours 22% , Overnight stay-more than 24 hours 76%

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 94%

Description of Pre-Service Work: Results of preadmission testing are reviewed. Prior imaging is reviewed, including arterial visceral angiography, CT angiography, and duplex ultrasound. Appropriate selection, timing, and administration of DVT prophylaxis are ensured. Appropriate selection, timing, and administration of antibiotics are ensured. The need for beta-blockers is assessed, and they are ordered as required. The patient is reexamined to confirm that physical findings have not changed, the patient's medication regimen has remained the same, the patient has no new allergies, and the patient has not undergone any recent procedures. Adequate preoperative fasting is confirmed to reduce the risk of postprandial symptoms during the perioperative period. The history and physical examination are then updated in the electronic health record. The planned procedure and postoperative management are reviewed with the patient and family. Informed consent is reviewed and obtained from the patient, including witness confirmation. The length and type of anesthesia, including adjuncts to postoperative analgesia management, are reviewed with the anesthesiologist. The choice of anesthesia, analgesia, monitoring, and attention to hemodynamic changes and possible complications are extremely important to prevent any anesthetic complications and to be able to adapt to intraoperative physiological changes and the potential risk of vessel compromise/bleeding. Verify that all required instruments and supplies are available, including reusable and disposable laparoscopic equipment and emergency laparotomy equipment and supplies. Assistance is provided in transfer of the patient from gurney to operating table. Monitor/assist patient positioning, initially supine while upper extremity intravenous and arterial access points are dressed, padded and secured. The arms are then padded and tucked at the patient's sides. The patient must be secured to the table, including a soft chest and thigh strap, as it may be necessary to roll the table during the procedure to use gravity to assist with shifting the abdominal contents. There is also consideration of positioning the patient relative to laparoscopy equipment, including lines and video equipment and anesthesia lines relative to the rest of the equipment. Assist anesthesia team with intubation. Preposition all laparoscopic equipment for appropriate height and location to prevent patient and surgeon injury. The areas of skin to be prepared and draped are indicated by the surgeon to ensure that all of the potential operative field is included in the preparation. The surgeon scrubs and gowns. A surgical time-out is performed with operating surgical team.

Description of Intra-Service Work: Under general anesthesia, obtain abdominal access and create a safe pneumoperitoneum with placement of a needle/trocar. Insert the camera and verify safe entry. Place additional ports as required high up in the abdomen to allow the best view of the celiac ganglion during dissection. Confirm that bowel and abdominal wall vessels

are not injured during trocar placement. A liver retractor is then placed to lift the left lobe of the liver. After placing all the ports, the patient is placed in a reverse Trendelenburg position with right or left tilt as required. The pars flaccida is divided followed by dissection of the bilateral crura. The common hepatic artery is identified along the superior edge of the pancreas. The artery is traced in a retrograde fashion toward the trifurcation of the celiac trunk. The celiac trunk is then exposed by dissection of the overlying adipose tissue. The trunk is followed retrograde toward the origin at the aorta and the compression generated by the median arcuate ligament. Additional dissection of the left gastric, common hepatic, and splenic arteries may be performed for better exposure. Compression obscures the origin of the celiac trunk as the vessel dives under the fibrous tissue. To provide better exposure, the abdominal aorta is exposed through disruption of the diaphragmatic fascia just caudad/posterior to the esophageal hiatus allowing separation of the right and left crural fibers. The aorta is traced downward until the fibrous tissue of the ligament becomes thicker and harder to divide. The fibers of the ligament are divided one by one from each direction, cephalad along the anterior aorta and caudad along the anterior edge of the celiac trunk. The process proceeds slowly avoiding injury to either the aorta or the delicate celiac artery until the ligament suddenly gives way releasing the underlying pulsatile structure. Dissection is continued until the splenic, common hepatic, and left gastric arteries are free of adipose tissue and celiac plexus fibers within 2 cm in either direction of the trifurcation of the celiac trunk. A complete camera survey of the abdomen and contents is performed to inspect for bleeding and visceral injury from retraction or thermal injury from capacitance coupling or damaged equipment. Irrigate as necessary. Remove ports and close fascial and skin incisions.

Description of Post-Service Work: Immediate postoperative care [operative day through discharge from recovery room]: Apply sterile dressings. Monitor patient during reversal of anesthesia. Assist in transfer of patient from operating table to gurney. Monitor transport of patient from operating room to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff, including need for patient-controlled analgesia. Discontinue prophylactic antibiotic therapy as appropriate. Review postoperative laboratory results. Discuss procedure and outcome with family in waiting area. Write brief operative note. Write postoperative note in the recovery room. Dictate operative report and copy referring physician(s). Call referring physician(s). Write orders for transferring to surgical floor and discuss ongoing care with nursing staff.

Later same day hospital inpatient care [operative day after discharge from recovery room]: Review interval nursing/other staff chart notes. Discuss ongoing care with nursing staff. Evaluate vital signs and intake/output. Auscultate heart, lungs, and abdomen. Monitor fluid and electrolyte status and renal function; monitor for problems, such as ileus or internal bleeding. Examine patient, check wounds, and change dressings. Continue prophylaxis for DVT. Assess need for beta-blockers and order as required. Assess pain scores and adequacy of analgesia. Write orders for laboratory tests, films, and medications. Chart patient progress notes. Answer patient and family questions. Answer nursing/other staff questions. Advance diet, as appropriate.

Daily hospital inpatient care: Review interval nursing/other provider chart notes. Write patient care orders and discuss floor care with nursing staff. Examine patient, including reviewing vital signs and confirming as necessary. Auscultate heart, lungs, and abdomen for bowel sounds. Manage dressings to wounds daily, monitoring status of incision, looking for signs of infection. Continue prophylaxis for DVT and monitor daily for adequacy. Assess need for beta-blockers, order as required. Assess need for antibiotics, order as required. Monitor and document patient progress: evaluate for sepsis, bowel function; cardiorespiratory function. Assess pain scores and adequacy of analgesia. Adjust parenteral controlled pain medication dosing appropriately. Write orders for labs, films, and medications. Write orders for advancing diet and patient activity. Chart patient progress notes. Answer patient and family questions. Answer nursing/other provider questions.

Discharge Management: The patient will be discharged when there is return of bowel function, adequate nutrition intake, and adequate pain control with oral analgesics. Prior to discharge, the patient is examined and wounds and status of incisions are assessed. The heart, lungs, and abdomen are auscultated. Hospital medications are reconciled and in consultation with other treating providers, confirmation is made that all orders are in place for medications needed post-discharge, including timing and need for resumption of presurgery medications. Continuation of prophylaxis for DVT is ordered. Home restrictions (ie, diet, activity, bathing) are discussed with the patient, family members, and discharging nurse, with an emphasis on managing possible dysregulated eating, nausea, and/or constipation. All appropriate medical records are completed, including day of discharge progress notes, discharge summary and discharge instructions, and insurance forms.

Post-service Office Work: An interval history and physical exam is performed and documented. Review of other treating providers documentation is performed. Dressings are removed and the wounds are evaluated. Sutures are removed when appropriate. Dressings are reapplied as needed. Evaluation for postoperative problems (eg, seroma, dysregulated eating, nausea, constipation) is performed and addressed. A PDMP check is performed at every visit, pain medications are reviewed and adjustments made including counseling on side effects and tapering instructions. Activity limitations and wound care are reviewed with the patient and family. Ongoing side effects of the surgical procedure and the release of the ligament are managed including needs for additional postoperative analgesia. Labs evaluating postoperative anemia, hydration, electrolytes are considered and ordered as required with review. Nutritional and electrolyte disturbances in

patients with median arcuate ligament syndrome requires on-going management beyond routine postoperative surgical care. During the initial postoperative visit, patients are monitored for refeeding syndrome given their malnourished state. This requires consultation with another qualified health care professional, specifically dietitians, and the referring provider. Following these discussions, dietary instructions and need for nutritional supplements are discussed and planned. An update to primary care physician is performed. Leave of absence or short term disability forms are completed and updated as required. Medical record progress notes are dictated, reviewed, and signed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2025				
Presenter(s):	Don Selzer, MD, FACS; Charles Mabry, MD, FACS; Matthew Sideman, MD, FACS; Jonathan Thompson, MD, FACS; Dmitry Nepomnayshy, MD, FACS				
Specialty Society(ies):	ACS, SVS, SAGES				
CPT Code:	39XX2				
Sample Size:	2327	Resp N:	37		
Description of Sample:	random society membership				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	3.00	7.00	72.00
Survey RVW:	24.00	28.00	32.00	35.00	49.00
Pre-Service Evaluation Time:			70.00		
Pre-Service Positioning Time:			15.00		
Pre-Service Scrub, Dress, Wait Time:			10.00		
Intra-Service Time:	90.00	125.00	180.00	240.00	360.00
Immediate Post Service-Time:	<u>30.00</u>				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>60.00</u>	99231x 1.00	99232x 1.00	99233x 0.00	
Discharge Day Mgmt:	<u>38.00</u>	99238x 1.00	99239x 0.00	99217x 0.00	
Office time/visit(s):	<u>63.00</u>	99211x 0.00	12x 0.00	13x 1.00	14x 1.00 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:	39XX2	Recommended Physician Work RVU: 26.60		
	Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time	
Pre-Service Evaluation Time:	40.00	40.00	0.00	
Pre-Service Positioning Time:	15.00	3.00	12.00	
Pre-Service Scrub, Dress, Wait Time:	10.00	20.00	-10.00	
Intra-Service Time:	180.00			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
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):	<u>0.00</u>	99291x 0.00	99292x 0.00	
Other Hospital time/visit(s):	<u>60.00</u>	99231x 1.00	99232x 1.00	99233x 0.00
Discharge Day Mgmt:	<u>38.00</u>	99238x 1.0	99239x 0.0	99217x 0.00
Office time/visit(s):	<u>63.00</u>	99211x 0.00	12x 0.00	13x 1.00 14x 1.00 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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
43281	090	26.60	RUC Time

CPT Descriptor Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
43282	090	30.10	RUC Time

CPT Descriptor Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
55866	090	22.46	RUC Time	18,044

CPT Descriptor 1 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
34705	090	29.58	RUC Time	9,669

CPT Descriptor 2 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)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO 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: 16 % of respondents: 43.2 %

TIME ESTIMATES (Median)

	CPT Code: <u>39XX2</u>	Top Key Reference CPT Code: <u>43281</u>	2nd Key Reference CPT Code: <u>43282</u>
Median Pre-Service Time	65.00	70.00	70.00
Median Intra-Service Time	180.00	180.00	210.00
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	60.0	60.00	60.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	63.0	46.00	46.00
Median Total Time	436.00	424.00	454.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	12%	65%	24%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
0%	18%	81%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	0%	18%	82%
Physical effort required	6%	35%	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%

0%

100%

**Survey Code Compared to
2nd Key Reference Code****Much
Less****Somewhat
Less****Identical****Somewhat
More****Much
More****Overall intensity/complexity**

0%

0%

0%

38%

63%

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%

6%

94%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

0%

13%

88%

Physical effort required

0%

37%

63%

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 IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

The median arcuate ligament syndrome (MALS) or celiac artery compression syndrome is an uncommon vascular disorder caused by an extrinsic compression of the celiac artery from the median arcuate ligament, prominent fibrous bands, and ganglionic periaortic tissue. Clinical symptoms are postprandial abdominal pain, nausea, vomiting, unintentional weight loss, and sometimes, abdominal pain during body exercise caused by an intermittent visceral ischemia.

A survey request was sent to a random selection of members from the ACS, SVS, and SAGES. For both 39XX1 and 39XX2, almost all of the respondents that indicated they did not perform the procedure in the past 12 months performed the procedure in the past 5 years.

The intensity/complexity statistics for 39XX2 support the fact that this procedure is significantly more intense and complex than the key reference codes. The median arcuate ligament lies directly over the aorta. Although injury to the aorta, phrenic vessels, or diaphragm is not common, the potential for such injury is very possible. Preparation for emergency maneuvers to rescue this situation is mandatory, significantly increasing the intensity of the procedure. This is unanimously supported by the survey results for intensity/complexity including psychological stress.

Based on prefacilitation discussion, we recommend a work RVU of 26.60 for code 39XX2. This value as been crosswalked from code 43281, *Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh* [intraservice time = 180 minutes; total time = 424 minutes]. Total work is similar for both codes. This recommendation is less than the survey 25th percentile and reflects an intraoperative intensity that is consistent with similar services.

Pre-time

Package 4 is selected with the following modifications:

Evaluation time: Standard package time of 40 minutes. The survey respondents indicated significantly more preservice evaluation time. This may be due to the additional preparation time for a possible emergent operation, including additional time to discuss such possibility with the anesthesiologist and the rest of the surgical team as MAL release is an uncommon procedure. Although the survey indicated significant additional time, we are recommending the standard package evaluation time of 40 minutes. The scrub, dress, wait time has been reduced to be consistent with the survey median time.

Positioning time: Additional 12 minutes (total time = 15 minutes) The patient will initially be positioned supine and upper extremity intravenous and arterial access points are dressed, padded and secured. The arms are padded and tucked at the patient's sides. The patient must be secured to the table, including a soft chest and thigh strap, as it may be necessary to roll the table during the procedure to use gravity to assist with shifting the abdominal contents. There is also consideration of positioning the patient relative to: laparoscopy equipment, including lines and video equipment and anesthesia lines relative to the rest of the equipment. The survey median positioning time reflects the time for this procedure for these activities.

Scrub, dress, wait time: Subtract 10 minutes (total time = 10 minutes) to be consistent with survey median.

The **first postoperative visit (99214)** will require overall moderate medical decision making. Prior to surgery, these patients suffered from chronic abdominal pain for years and had undergone countless tests and procedures, many of which did not provide relief. They have tried multiple different medications to manage pain. They also typically have concurrent psychiatric diagnoses. Postoperatively, the problem addressed at the first postoperative visit will be moderate (one or more chronic illnesses with exacerbation, progression, or side effects of treatment); data reviewed and analyzed will be moderate (order/review labs to monitor for anemia, hydration, electrolytes); discussion of management with an external provider(s) (eg, psychiatrist, physical therapist, dietician); and the risk is moderate (prescription drug management; narcotic and nonnarcotic pain medication). The encounter will also include lengthy counseling regarding management of dysregulated eating, nausea, and constipation. More specifically, an interval history and physical exam is performed and documented. Review of other treating providers documentation is performed. Dressings are removed and the wounds are evaluated. Sutures are removed when appropriate. Dressings are reapplied as needed. Evaluation for postoperative problems (eg, seroma, dysregulated eating, nausea, constipation) is performed and addressed. A PDMP check is performed, pain medications are reviewed and adjustments made including counseling on side effects and tapering instructions. Activity limitations and wound care are reviewed with the patient and family. Ongoing side effects of the surgical procedure and the release of the ligament are managed including needs for additional postoperative analgesia. Labs evaluating postoperative anemia, hydration, electrolytes are considered and ordered as required with review. Nutritional and electrolyte disturbances in

patients with median arcuate ligament syndrome requires on-going management beyond routine postoperative surgical care. During the initial postoperative visit, patients are monitored for refeeding syndrome given their malnourished state. This requires consultation with another qualified health care professional, specifically dietitians, and the referring provider. Following these discussions, dietary instructions and need for nutritional supplements are discussed and planned. An update to primary care physician is performed. Leave of absence or short term disability forms are completed and updated as required. Medical record progress notes are dictated, reviewed, and signed.

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) 39599 Unlisted procedure, diaphragm (Medicare N=15); 49329 Unlisted laparoscopy procedure, abdomen, peritoneum and omentum (Medicare N=15)

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 general surgery How often? Sometimes

Specialty vascular surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 500

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Specialty estimate

Specialty general surgery Frequency 250 Percentage 50.00 %

Specialty vascular surgery Frequency 250 Percentage 50.00 %

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. Specialty estimate

Specialty general surgery	Frequency 15	Percentage 50.00 %

Specialty vascular surgery	Frequency 15	Percentage 50.00 %

Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:

Major procedure

BETOS Sub-classification Level II:

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. 35281

ISSUE: Division of Median Arcuate Ligament
TAB: 6

				Review				RVW					Total	PRE			INTRA					POST					POST-OFFICE					12 Month Svy Experience					
SOURCE	CPT	DESC	global	Year	Resp	IWPUT	WPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	P-SD	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
REF1	49187	Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric,	90	2024	12	0.089	0.053			28.65			542	40	3	15		195				30	1	1	2	1.0		1	2								
REF2	43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes	90	2009	8	0.107	0.063			26.60			424	40	15	15		180				30		1	1	1.0		2									
CURRENT	n/a	NEW																																			
SVY	39XX1	Division of median arcuate ligament and release of celiac trunk, with	90		36	0.114	0.056	23.15	29.06	30.00	34.54	45.00	533	60	15	15	120	128	160	185	360	30	1	1	2	1.0		1	1		0	0	1	3	165		
REC	39XX1	Division of median arcuate ligament and release of celiac trunk, with ganglionectomy, when performed	90			0.100	0.054			27.09			501	40	3	15		160				30	1	1	2	1.0		1	1								
XWALK	35601	Bypass graft, with other than vein; common carotid-ipsilateral internal	90	2006		0.098	0.056			27.09			484	40	15	20		180				30	1	1	1	1.0		2									

REF1	43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes	90	2009	17	0.107	0.063		26.60		424	40	15	15		180		30	1	1	1.0	2										
REF2	43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes	90	2009	16	0.108	0.066		30.10		454	40	15	15		210		30	1	1	1.0	2										
CURRENT	n/a	NEW																														
SVY	39XX2	Laparoscopy, surgical, with division of median arcuate ligament and release of	90		37	0.130	0.069	24.00	28.00	32.00	35.00	49.00	466	70	15	10	90	125	180	240	360	30	1	1	1.0	1	1	0	1	3	7	72
REC	39XX2	Laparoscopy, surgical, with division of median arcuate ligament and release of celiac trunk, with ganglionectomy, when performed	90			0.104	0.061		26.60		436	40	15	10		180		30	1	1	1.0	1	1									
XWALK	43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes	90	2009		0.107	0.063		26.60		424	40	15	15		180		30	1	1	1.0	2										

FACILITY DIRECT PE INPUTS

CPT CODE(S): 39XX1, 39XX2

SPECIALTY SOCIETY(IES): ACS, SAGES, SVS

PRESENTER(S): Charles Mabry, MD, FACS; Matthew Sideman, MD, FACS;
Jonathan Thompson, MD, FACS; Dmitry Nepomnayshy, MD, FACS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 04/2025

CPT Code	Long Descriptor	Global Period
39XX1	Division of median arcuate ligament and release of celiac trunk, with ganglionectomy, when performed	090
39XX2	Laparoscopy, surgical, with division of median arcuate ligament and release of celiac trunk, with ganglionectomy, when performed	090

Vignette(s) (vignette required even if PE only code(s)):

CPT Code	Vignette
39XX1	A 40-year-old female with median arcuate ligament syndrome (MALS) presents with a history of postprandial/epigastric pain, abdominal bruit, weight loss, diarrhea, and nausea for more than one year. She has radiographic evidence of celiac artery compression.
39XX2	A 40-year-old female with median arcuate ligament syndrome (MALS) presents with a history of postprandial/epigastric pain, abdominal bruit, weight loss, diarrhea, and nausea for more than one year. She has radiographic evidence of celiac artery compression.

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 specialty societies from the surveying societies convened a consensus panel to develop the PE recommendations based on best practices and RUC guidelines.

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 49187 and 43281 were selected as the key reference codes for physician work estimation. They are also both facility-only services.

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 – Codes 39XX1 and 39XX2 are new codes that do not have current practice expense inputs.

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

FACILITY DIRECT PE INPUTS

CPT CODE(S): 39XX1, 39XX2

SPECIALTY SOCIETY(IES): ACS, SAGES, SVS

PRESENTER(S): Charles Mabry, MD, FACS; Matthew Sideman, MD, FACS;
Jonathan Thompson, MD, FACS; Dmitry Nepomnayshy, MD, FACS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

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.

N/A

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

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:

Activity	Clinical Staff Work
Complete pre-service diagnostic and referral forms	Staff reviews all forms with patient and family to ensure all relevant history and diagnostic information is included.
Coordinate pre-surgery services (including test results)	Staff coordinates collection and documentation of preservice imaging/lab results, patient specific information and other relevant patient information for a surgical procedure including presurgery assessment with anesthesiologist. Enter and record all clinical updates in EHR.
Schedule space and equipment in facility	Staff interacts with facility to schedule space, supplies, equipment, and review checklists.
Provide pre-service education/obtain consent	Staff reviews procedure, complication risk, process of recovery, and answers patient/family questions.
Complete pre-procedure phone calls and prescription	Staff reviews preoperative medication changes, preop diet restrictions, reviews patient medical status and answers final pre-admission questions.

b. Service period (includes pre, intra and post):

Prior to discharge, office clinical staff will assist with necessary post-discharge care coordination, such as: Responding to patient/family questions about home activity restrictions. Coordination with other physicians and QHPs involved in the care of the patient for transfer of records. Transitioning discharge information to the surgeon's office medical record, including medication list, correspondence and imaging or lab results pending at discharge

c. Post-service period:

The clinical staff work includes the standard activities involved in office E/M visits including ensuring

FACILITY DIRECT PE INPUTS

CPT CODE(S): 39XX1, 39XX2

SPECIALTY SOCIETY(IES): ACS, SAGES, SVS

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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

the appropriate supplies are available in the room, ensuring imaging and lab reports are available, rooming and gowning the patient, reviewing current medications/allergies in EHR, obtaining vital signs, assisting with positioning, wound care, coordination of care, cleaning of the room, and home instructions.

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?

The surveying specialty societies have included recommendations that include established PE supply packs (CMS defined) for each code:

- SA048 pack, minimum mutli-specialty visit
- SA052 pack, post-op incision care (staple)
- SA054 pack, post-op incision care (suture)

FACILITY DIRECT PE INPUTS

CPT CODE(S): 39XX1, 39XX2

SPECIALTY SOCIETY(IES): ACS, SAGES, SVS

PRESENTER(S): Charles Mabry, MD, FACS; Matthew Sideman, MD, FACS;
Jonathan Thompson, MD, FACS; Dmitry Nepomnayshy, MD, FACS

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).

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, minimum multi-specialty visit	SA048	pack		5.02
paper, exam table		foot	7	
gloves, non-sterile		pair	2	
gown, patient		item	1	
pillow case		item	1	
cover, thermometer probe		item	1	

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, post-op incision care (staple)	SA052	pack		4.80
kit, staple removal		kit	1	
povidone soln (Betadine)		ml	10	
gauze, sterile 4in x 4in		item	2	
gloves, sterile		pair	1	
steri-strip (6 strip uou)		item	2	
swab-pad, alcohol		item	2	
tape, surgical paper 1in (Micropore)		inch	12	
tincture of benzoin, swab		item	1	

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, post-op incision care (suture)	SA054	pack		4.62
kit, suture removal		kit	1	
povidone soln (Betadine)		ml	10	
gauze, sterile 4in x 4in		item	2	
gloves, sterile		pair	1	
steri-strip (6 strip uou)		item	2	
swab-pad, alcohol		item	2	
tape, surgical paper 1in (Micropore)		inch	12	
tincture of benzoin, swab		item	1	

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

FACILITY DIRECT PE INPUTS

CPT CODE(S): 39XX1, 39XX2

SPECIALTY SOCIETY(IES): ACS, SAGES, SVS

PRESENTER(S): Charles Mabry, MD, FACS; Matthew Sideman, MD, FACS;
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

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 Latitude D600), ED038?

- If yes, please explain how the computer is used for this service(s).
- 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?
- 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:

The surveying specialty societies are recommending time based on the ‘office visit’ equipment formula for EQ168, light, exam and EF031 table, power.

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): 39XX1, 39XX2

SPECIALTY SOCIETY(IES): ACS, SAGES, SVS

PRESENTER(S): Charles Mabry, MD, FACS; Matthew Sideman, MD, FACS;
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**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	K	L	M	N	O	P
1		RUC Practice Expense Spreadsheet				REFERENCE CODE		RECOMMENDED		REFERENCE CODE		RECOMMENDED	
2						49187		39XX1		43281		39XX2	
3		RUC Collaboration Website				Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum		Division of median arcuate ligament and release of celiac trunk, with ganglionectomy, when performed		Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh		Laparoscopy, surgical, with division of median arcuate ligament and release of celiac trunk, with ganglionectomy, when performed	
4	Clinical Activity Code	Meeting Date: April 2025 Revision Date (if applicable): Tab: 6 Division of Median Arcuate Ligament (39XX1, 39XX2) Specialty: ACS, SAGES, SVS	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute								
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD					090		090		090		090
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				\$ -	\$ 129.81	\$ -	\$ 105.23	\$ -	\$ 93.78	\$ -	\$ 103.43
8		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	0	197	0	164	0	144	0	161
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	0	60	0	60	0	60	0	60
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	0	12	0	15	0	12	0	12
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	0	125	0	89	0	72	0	89
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE				\$ -	\$ 106.38	\$ -	\$ 88.56	\$ -	\$ 77.76	\$ -	\$ 86.94
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	0.54		5		5		5		5
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54		20		20		20		20
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54		8		8		8		8
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54		20		20		20		20
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54		7		7		7		7
29		End: When patient enters office/facility for surgery/procedure											
30		SERVICE PERIOD											
31		Start: When patient enters office/facility for surgery/procedure:											
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	n/a	12	n/a	15	n/a	12	n/a	12
81		End: Patient leaves office/facility											
82		POST-SERVICE PERIOD											
83		Start: Patient leaves office/facility											
86		Office visits: List Number and Level of Office Visits	MINUTES			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
87		99211 16 minutes	16										
88		99212 27 minutes	27										
89		99213 36 minutes	36				2		1		2		1
90		99214 53 minutes	53				1		1				1
91		99215 63 minutes	63										
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	0	125	0	89	0	72	0	89
99		End: with last office visit before end of global period											
100	Supply	MEDICAL SUPPLIES	PRICE	UNIT									
101		TOTAL COST OF SUPPLY QUANTITY x PRICE				\$ -	\$ 21.06	\$ -	\$ 14.98	\$ -	\$ 14.66	\$ -	\$ 14.80
102	SA048	pack, minimum multi-specialty visit	5.02	pack			3		2		2		2
103	SA053	pack, post-op incision care (suture & staple)	5.47	pack			1						
104	SA052	pack, post-op incision care (staple)	4.8	pack					1				
105	SA054	pack, post-op incision care (suture)	4.62	pack							1		1
106	SM022	underpad 2ft x 3ft (Chux)	0.32	item			1						
107	SB044	sanitizing cloth-wipe (surface, instruments, equipment)	0.07	item			3		2				2
111	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute								
112		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				\$ -	\$ 2.37	\$ -	\$ 1.69	\$ -	\$ 1.36	\$ -	\$ 1.69
113	EQ168	light, exam	1232.887	Office Visits	0.003271745		125		89		72		89
114	EF031	table, power	5906.76	Office Visits	0.015674926		125		89		72		89

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2025

Transoral Oropharyngeal Procedures – Tab 7

In February 2025, the CPT Editorial Panel approved two new Category I codes that describe transoral endoscopic surgery under magnification for the removal of tumors in the oropharynx, including robotic assistance (when performed). Transoral Robotic Surgery (TORS) is a new technique for transoral resection that has become the standard of care for this sort of physician work. After creating the two new Category I codes that described transoral resection of oropharyngeal tumors under magnification, CPT code 42808 was revised to clarify that it is done without magnification. CPT code 42808 was included in the family of procedures to be surveyed for the April 2025 RUC meeting.

42808 Excision or destruction of lesion of pharynx, without magnification, any method

The RUC reviewed survey results from 37 head and neck surgeons and recommends the current work RVU of 2.35, which appropriately accounts for the physician work typically required to perform this service. The RUC recommends 25 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 10 minutes scrub/dress/wait time, 32 minutes intra-service time, 20 minutes immediate post-service time, 0.5-99238 discharge day visit, and 1-99212 office visit, which equals 125 minutes of total time.

The specialty society recommended pre-service time package *3-FAC Straightforward Patient/Difficult Procedure* and post-service time package *9A General Anes or Complex Reg Blk/Srghtrforw Proc*. The specialty society modified the selected time packages to align with the pre-service and post-service time as indicated by the survey respondents. The RUC noted that 42808 is typically provided in the outpatient setting and agreed that one 99212 office visit and a half-day discharge visit is appropriate.

To support the recommended work RVU of 2.35, the RUC compared the surveyed code to the top key reference code 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* (work RVU = 1.82, 22 minutes intra-service time, 52 minutes total time) and the second key reference code 12034 *Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm* (work RVU = 2.97, 45 minutes intra-service time, 85 minutes total time). The RUC recognizes that the top key reference service requires significantly less time than the surveyed code and appropriately has a lower work RVU. Moreover, the second key reference service has a greater work RVU because it requires more intra-service time, albeit less overall total time, and is more intense/complex for the physician to perform compared to the surveyed code.

For additional support, the RUC referenced MPC code 13121 *Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm* (work RVU = 4.00, 45 minutes intra-service time, 85 minutes total time). This MPC reference code requires more intra-service time and physician work at a greater intensity/complexity, thus it has a greater work RVU than the surveyed code. **The RUC recommends a work RVU of 2.35 for CPT code 42808.**

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

42XX1 Transoral removal of oropharyngeal and/or pharyngeal neoplasm under magnification (eg, microscope or telescope), includes robotic assistance, when performed, tongue base

The RUC reviewed survey results from 37 head and neck surgeons and recommends the survey median work RVU of 20.00, which appropriately accounts for the physician work typically required to perform this service. The RUC recommends 40 minutes pre-service evaluation time, 20 minutes pre-service positioning time, 15 minutes scrub/dress/wait time, 120 minutes intra-service time, 30 minutes immediate post-service time, 3-99232 hospital visits, 1-99239 discharge day visit, and 3-99213 office visits, which equals 469 minutes of total time.

The RUC agreed with survey respondents' inclusion of three hospital visits during the patient's multi-day hospital stay, a full discharge management visit, and three follow-up office visits to accurately account for the considerable post-operative work involved following this major surgical procedure. During the full discharge management visit, discussion of an aftercare treatment plan with the patient occurs, which includes coordinating tube feeding supplies for patients who need supplemental nutrition, home care instructions for management of the nasogastric (NG) tube and other daily living activities, as well as post-discharge follow-up professional services and testing as necessary. The first office visit involves removing the NG tube, coordinating post-operative radiation and medical oncology as indicated, and discussion of final pathology reports and post-operative adjuvant therapy needs, in addition to diet discussions with a nutritionist and standard post-operative monitoring and care coordination. The second and third office visits are necessary for ongoing monitoring of the adequacy of airway and swallowing due to radiation and chemotherapy, as well as routine surveillance for detection of tumor recurrence.

CPT code 42XX1 involves excision of tongue-based lesions. In their rationale, the specialty society discussed the history of this surgical procedure and noted that despite the use of a robot, the intensity/complexity of this service is greater under magnification than it was historically via traditional open surgery. When performed in an open fashion in the past, the lower jaw was cut with a saw, and the mandible was split; swinging open the mandible would allow for clearer access to tumors of the oropharynx. While this was very morbid for the patient, it was easier to perform from a technical perspective compared to the transoral robotic approach. The open approach allows for a wider field of work and view, as well as direct control of the vasculature. In the event there is bleeding, the field of view is wide enough to allow for easier visualization and control. In terms of tumor excision, the surgeon can have a wider field with which to work, thus making surgical movements easier due to the increased room. This also allows for tactile feedback when addressing the tumors.

CPT code 42XX1 is a more difficult procedure to perform compared to other existing open surgical pharyngectomy codes for a variety of reasons. The surgery is inverted for the physician, meaning the physician uses instruments posteriorly and inferiorly through the oral cavity to the base of the tongue, which can be challenging and disorienting. There are no anatomic landmarks throughout the tongue and no surgical planes. The physician must cut through the flesh until they reach the lingual airway and hypoglossal nerve, which is preserved. When making the inferior cut, the surgeon cuts through the vallecula, which is the top of the patient's airway. This is very intense/complex because if the surgeon performs too much manipulation here, it could lead to significant airway swelling. Additionally, when compared to the open procedure approach, there is no tactile feedback with this TORs procedure. The surgeon is completely reliant on robotic visualization, which is limited and typically has small amounts of blood obscuring the field. Notably, TORs reportedly have a 1.3% patient mortality 90 days post-surgery, which speaks to the overall intensity/complexity of this procedure.

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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

The specialty society selected pre-service time package *4-FAC Difficult Patient/Difficult Procedure* and post-service time package *9B General Anes or Complex Regional Blk/Cmplx Proc.* The specialty societies made modifications to the selected time packages to more accurately reflect pre-service and post-service time as indicated by the survey respondents. This includes 20 minutes of pre-service positioning time, which is 17 minutes above the selected pre-service time package but 5 minutes less than the survey median time. The specialty society indicated that the additional positioning time is justified because the procedure requires the use of mouth props and retractors to properly visualize the anatomy. Additional positioning time is needed to set up the robot used during this procedure. The RUC agreed with the changes to the time packages and that 3-99232 hospital visits, 1-99239 discharge day visit, and 3-99213 office visits were appropriate based on the presented rationale.

To support the recommended work RVU of 20.00, the RUC compared the surveyed code to the top key reference code 43332 *Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis* (work RVU = 19.62, 150 minutes intra-service time, 482 minutes total time) and second key reference code 15738 *Muscle, myocutaneous, or fasciocutaneous flap; lower extremity* (work RVU = 19.04, 150 minutes intra-service time, 516 minutes total time). The RUC recognizes that though the surveyed code has less intra-service and total time than both key reference services, survey respondents considered it significantly more intense/complex to perform. In their discussion, the RUC also compared the surveyed code to CPT codes 44125 *Enterectomy, resection of small intestine; with enterostomy* (work RVU = 20.03, 120 minutes intra-service time, 524 minutes total time) and 27415 *Osteochondral allograft, knee, open* (work RVU = 20.00, 120 minutes intra-service time, 424 minutes total time). Compared to CPT code 42XX1, both reference codes have nearly identical work RVUs, identical intra-service time, and support 42XX1 in terms of total time and relative intensity/complexity.

For additional support, the RUC also referenced MPC code 35301 *Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision* (work RVU = 21.16, 120 minutes intra-service time, 404 minutes total time), which involves identical intra-service time as CPT code 42XX1. This reference service requires less time than the surveyed code but requires a greater relative intensity to perform. The survey median work RVU for 42XX1 preserves relativity within the Medicare Fee Schedule. **The RUC recommends a work RVU of 20.00 for CPT code 42XX1.**

42XX2 Transoral removal of oropharyngeal and/or pharyngeal neoplasm under magnification (eg, microscope or telescope), includes robotic assistance, when performed; tongue base; lateral pharyngeal wall, including tonsil

The RUC reviewed survey results from 38 head and neck surgeons and recommends the survey median work RVU of 20.05, which appropriately accounts for the physician work typically required to perform this service. The RUC recommends 40 minutes pre-service evaluation time, 20 minutes pre-service positioning time, 15 minutes scrub/dress/wait time, 120 minutes intra-service time, 30 minutes immediate post-service time, 3-99232 hospital visits, 1-99239 discharge day visit, and 3-99213 office visits, which equals 469 minutes of total time.

The RUC agreed with survey respondents' inclusion of three hospital visits during the patient's multi-day hospital stay, a full discharge management visit, and three follow-up office visits to accurately account for the considerable post-operative work involved following this major surgical procedure. During the full discharge management visit, discussion of an aftercare treatment plan with the patient occurs, which includes coordinating tube feeding supplies for patients who need supplemental nutrition, home care instructions for management of the nasogastric (NG) tube and other daily living activities, as well as post-discharge follow-up professional services and testing as necessary. The first office visit

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involves removing the NG tube, coordinating post-operative radiation and medical oncology as indicated, and discussion of final pathology reports and post-operative adjuvant therapy needs, in addition to diet discussions with a nutritionist and standard post-operative monitoring and care coordination. The second and third office visits are necessary for ongoing monitoring of the adequacy of airway and swallowing due to radiation and chemotherapy, as well as routine surveillance for detection of tumor recurrence.

CPT code 42XX2 involves the removal of lateral pharyngeal wall lesions, including the tonsil. In their rationale, the specialty society discussed the history of this surgical procedure and noted that despite the use of a robot, the intensity/complexity of this service is greater under magnification than it was historically via traditional open surgery. When performed in an open fashion in the past, the lower jaw was cut with a saw, and the mandible was split; swinging open the mandible would allow for access to tumors of the oropharynx. While this was very morbid for the patient, it was easier to perform from a technical perspective compared to the transoral robotic approach. The open approach allows for a wider field of work and view, as well as direct control of the vasculature. In the event there is bleeding, the field of view is wide enough to allow for easier visualization and control. In terms of tumor excision, the surgeon can have a wider field with which to work, thus making surgical movements easier due to the increased room to make them. This also allows for tactile feedback when addressing the tumors.

CPT code 42XX2 is a more difficult procedure to perform compared to other existing open surgical pharyngectomy codes for a variety of reasons. The surgery is inverted for the physician, meaning the physician uses instruments posteriorly and inferiorly through the oral cavity to the base of the tongue, which can be challenging and disorienting. There are no anatomic landmarks throughout the tongue and no surgical planes. The physician must cut through the flesh until they reach the lingual airway and hypoglossal nerve, which is preserved, but there are no specifically identifiable anatomic landmarks. When making the inferior cut, the surgeon cuts through the vallecula, which is the top of the patient's airway. This is very intense/complex because if the surgeon does too much work and manipulation here, it could lead to significant airway swelling. Additionally, when compared to the open procedure approach, there is no tactile feedback with this TORs procedure. The surgeon is completely reliant on robotic visualization, which is limited and typically has small amounts of blood obscuring the field. Notably, TORs reportedly have a 1.3% patient mortality 90 days post-surgery, which speaks to the overall intensity/complexity of this procedure.

Compared to CPT code 42XX1, CPT code 42XX2 is nearly identical in terms of the physician work involved with this service, aside from the fact that it involves removal of lateral pharyngeal wall lesions, including the tonsil, while 42XX1 specifically involves excision of tongue-based lesions. The recommended survey median work RVU for 42XX2 is 20.05 compared to 20.00 for 42XX1. The specialty society attributed this slight increase to the increased risk of bleeding with surgery involving the tonsil. As the surgeon approaches the lateral pharyngeal wall, there is a great risk of going too deep near the carotid artery. Being that this is a tumor resection and not a child's tonsillectomy, the surgeon must try to get clear margins. This distinction explains why survey respondents likely considered recommending a slightly greater work RVU for 42XX2 compared to 42XX1.

The specialty society selected pre-service time package *4-FAC Difficult Patient/Difficult Procedure* and post-service time package *9B General Anes or Complex Regional Blk/Cmplx Proc*. The specialty societies modified the selected time packages to more accurately reflect pre-service and post-service time, as indicated by the survey respondents. This includes 20 minutes of pre-service positioning time, which is 17 minutes above the selected pre-service time package but 5 minutes less than the survey median time. The specialty society indicated that the additional positioning

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time is justified because the procedure requires the use of mouth props and retractors to properly visualize the anatomy. Additional positioning time is needed to set up the robot used during this procedure. The RUC agreed with the changes to the time packages and that 3-99232 hospital visits, 1-99239 discharge day visit, and 3-99213 office visits were appropriate based on the presented rationale.

To support the recommended work RVU of 20.05, the RUC compared the surveyed code to the top key reference code 15738 *Muscle, myocutaneous, or fasciocutaneous flap; lower extremity* (work RVU = 19.04, 150 minutes intra-service time, 516 minutes total time) and second key reference code 15733 *Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)* (work RVU = 15.68, 120 minutes intra-service time, 305 minutes total time). The RUC recognizes that the top key reference service requires more intra-service time and total time than the surveyed code, but is much less intense/complex to perform, and thus it is appropriate that it has a lower work RVU. Compared to the second key reference service, the surveyed code requires identical intra-service time but significantly less total time overall, which justifies why 42XX2 has a greater work RVU.

For additional support, the RUC referenced MPC 47605 *Cholecystectomy; with cholangiography* (work RVU = 18.48, 135 minutes intra-service time, 490 minutes total time). Due to the increased relative intensity/complexity of 42XX2, it is appropriate that it has a greater work RVU than CPT code 47605. The survey median for CPT code 42XX2 preserves relativity within the Medicare Fee Schedule. **The RUC recommends a work RVU of 20.05 for CPT code 42XX2.**

Practice Expense

The Practice Expense (PE) Subcommittee agreed there is compelling evidence to support an increase over the aggregate current cost for clinical staff time, supplies, and equipment. CPT code 42808 had previously never been reviewed by the RUC for work or practice expense. Changes in intra-service time, equipment formulas/standards, and post-operative monitoring time have increased the total time for CPT code 42808 when performed in the office, increasing the total time attributed to practice expense equipment inputs. **The PE Subcommittee approved compelling evidence based on flawed methodology.**

The PE Subcommittee reviewed the direct practice expense inputs and made several modifications. The Subcommittee considered CA022 *Monitor patient following procedure/service, multitasking 1:4* for CPT code 42808. The specialty society justified the 15 minutes of monitoring time as the surgeons are operating in the back of the airway, so there is potential for post-op swelling, requiring the patient to be monitored for an hour post-procedure in the non-facility. The specialty also confirmed that 15 minutes for CA026 *Clean surgical instrument package* is appropriate as it is the standard for cleaning instruments in the medium surgical instrument package. The PE Subcommittee removed the minutes from CA037 *Conduct patient communications* since two phone calls are typically provided with the 99212 post-operative visit. In addition, the equipment formula for EQ170 *light, fiberoptic headlight w-source* and EF008 *chair with headrest, exam, reclining* was revised to include the full amount of time for the procedure, including the post-operative office visit. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

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New Technology

CPT codes 42XX1 and 42XX2 will be placed on the New Technology list to be reviewed by the RUC in three years. Given that these procedures describe a new technique of transoral en bloc resection of oropharyngeal tumors under magnification with the use of a robot, this is not yet widely practiced and relatively unfamiliar to many head and neck surgeons at this time.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Digestive System Tongue and Floor of Mouth Excision				
41120		Glossectomy; less than one-half tongue (For transoral removal of oropharyngeal and/or pharyngeal neoplasm under magnification, see 42XX1, 42XX2)		
41130		hemiglossectomy		
41135		partial, with unilateral radical neck dissection		
41140		complete or total, with or without tracheostomy, without radical neck dissection		
41145		complete or total, with or without tracheostomy, with unilateral radical neck dissection		
41150		composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection		
41153		composite procedure with resection floor of mouth, with suprahyoid neck dissection		
41155		composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type) (For cryolysis therapy for reduction of adipocytes or lymphatic structures in the soft palate, base of tongue, and lingual tonsil, see XX97T, XX98T, XX99T)		
...				

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Pharynx, Adenoids, and Tonsils Excision, Destruction				
▲42808	D1	Excision or destruction of lesion of pharynx, <u>without magnification</u> , any method	010	2.35 (No Change) (2025 Work RVU = 2.35)
...				
42842		<i>Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure</i>		
42844		<i>closure with local flap (eg, tongue, buccal)</i>		
42845		<i>closure with other flap</i> <i>(For closure with other flap(s), use appropriate number for flap(s))</i> <i>(When combined with radical neck dissection, use also 38720)</i> <u>(For transoral removal of oropharyngeal and/or pharyngeal neoplasm under magnification, see 42XX1, 42XX2)</u>		
42870		<i>Excision or destruction lingual tonsil, any method (separate procedure)</i> <u>(For transoral removal of oropharyngeal and/or pharyngeal neoplasm under magnification, see 42XX1, 42XX2)</u> <i>(For resection of the nasopharynx [eg, juvenile angiofibroma] by bicoronal and/or transzygomatic approach, see 61586 and 61600)</i> <u>(For cryolysis therapy for reduction of adipocytes or lymphatic structures in the soft palate, base of tongue, and lingual tonsil, see XX97T, XX98T, XX99T)</u>		
42890		<i>Limited pharyngectomy</i> <u>(For transoral removal of oropharyngeal and/or pharyngeal neoplasm under magnification, see 42XX1, 42XX2)</u>		
42892		<i>Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls</i> <u>(For transoral removal of oropharyngeal and/or pharyngeal neoplasm under magnification, see 42XX1, 42XX2)</u> <i>(When combined with radical neck dissection, use also 38720)</i>		
...				

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Transoral Excision Under Magnification

Codes 42XX1, 42XX2 define en bloc resection of neoplasms performed transorally with the aid of magnification. These services should not be reported using combinations of open and transoral resection codes for tumors that may involve multiple sites. They may involve the use of a surgical robot. The use of surgical loupes alone does not constitute magnification for the purpose of these codes. Report only one code for each tumor based on its presumed origin or its main anatomic location of involvement. For those tumors that involve resection on both sides of the midline, bilateral reporting of these codes is not appropriate. For removal of tongue base tissue in search of an unknown primary head and neck tumor and/or for benign conditions such as obstructive sleep apnea, report with standard biopsy, tonsillectomy and/or lingual tonsillectomy codes (41105, 42800, 42820, 42821, 42825, 42826, 42870). Reconstruction of the resulting surgical defects from performance of the below procedures may be reported separately.

●42XX1	D2	Transoral removal of oropharyngeal and/or pharyngeal neoplasm under magnification (eg, microscope or telescope), includes robotic assistance, when performed; tongue base	090	20.00
●42XX2	D3	lateral pharyngeal wall, including tonsil (Do not report 42XX1, 42XX2 in conjunction with 41105, 41110, 41113, 41114, 42800, 42808, 42820, 42821, 42825, 42826, 42842, 42844, 42845, 42860, 42870, 42890, 42892, 42894)	090	20.05

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

CPT Code: 42808	Tracking Number D1	Original Specialty Recommended RVU: 2.35
		Presented Recommended RVU: 2.35
Global Period: 010	Current Work RVU: 2.35	RUC Recommended RVU: 2.35

CPT Descriptor: Excision or destruction of lesion of pharynx, without magnification, any method

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: a 58-year-old male presents with dysphagia. on physical exam, he is noted to have a pharyngeal lesion. excision of the lesion without magnification is performed.

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 54% , In the ASC 35%, In the office 11%

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 50% , Overnight stay-less than 24 hours 40% , Overnight stay-more than 24 hours 10%

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 90%

Description of Pre-Service Work: Write preadmission orders for preoperative medications. Review medical history, pathology and radiology reports, and preoperative imaging. Review results of preadmission testing (lab, EKG, chest x-ray, consultant notes and recommendations). Meet with patient and family to review planned procedure and post-operative management. Re-examine patient to ensure that physical findings have not changes and update H&P. Obtain informed consent. Review planned airway management and procedure with OR staff and anesthesiologist. Verify all required instruments and supplies are available. Change into scrub clothes. Monitor intubation by anesthesiology team. Assist with positioning with shoulder roll, arms padded and tucked at side, sequential compression devices, and lower/underbody warmer. Ensure eye protection with padded or rigid goggles. Untape endotracheal tube so it can be mobilized to view tumor. Place stitch in tongue to aid in mobilization of surrounding tissues. Insertion and placement of mouth prop for adequate exposure of the tumor and surrounding tissues. Placing mouth prop into suspension to maintain visualization. Re-secure the endotracheal tube by suturing it in place so it will not interfere with tumor visualization. Perform surgical time out with operating room team.

Description of Intra-Service Work: With the tumor in direct view, it is grasped with forceps to assess the extent of the tumor. The relationship to adjacent critical structures of the upper aerodigestive tract is also evaluated. The lesion is then either avulsed with forceps or ablated with any other method. The laser or electrosurgical handpiece is commonly used to remove or destroy the lesion, but cryotherapy and radiofrequency methods can be used as well. The lesion is sent for pathology and intra-operative frozen section evaluation if needed. Any areas of remaining tumor are treated until it has been completely removed or adequately reduced in size. The area is irrigated and hemostasis is ensured. The adjacent upper aerodigestive tract is evaluated for edema and trauma. The mouth prop is removed and the teeth, lips, and gums are checked for trauma. A small caliber feeding tube is inserted if needed. The suture holding the endotracheal tube is cut and the tube is re-secured with tape for transfer to the anesthesiologist.

Description of Post-Service Work: The endotracheal tube is removed with the operating surgeon present in case of airway compromise or bleeding. Monitor patient during reversal of anesthesia. Discuss post-operative care with anesthesia and nursing team. Ensure correct labeling of specimens with circulating nurse. Review post-operative care plan with Post-Anesthesia Care Unit. Write post-operative orders. Discuss surgery outcome and post-operative plans with family in waiting area. Write brief operative note. Dictate operative report and copy the referring physicians.

99231:

Review interval medical records generated since the last visit. Coordinate with other members of the health care team regarding the observation/admission service. Visit patient location and confirm patient's identity. Review the medical history with the patient as well as the prior clinical notes. Review vital signs obtained by clinical staff. Obtain a medically appropriate updated history of the events since last visit. Reconcile the patient's medications. Perform a medically appropriate examination. Synthesize all the information, including the relevant history and physical examination, to formulate a differential diagnosis and treatment plan. Discuss treatment plan with patient and/or family/caregiver. Provide patient education and respond to questions from the patient and/or family/caregiver. Document the encounters throughout the calendar day in the medical record. Address interval data obtained and reported changes in condition. Communicate results and additional care plans to other health care professionals and to the patient and/or family/caregivers throughout the calendar day. Answer follow-up questions from patient and/or family/caregiver that may occur within the calendar day and respond to treatment failures.

Check post-operative laboratory values including hemoglobin and electrolytes. Adjust IV fluids and replete electrolytes as indicated. Monitor overall status of patient, including airway, ambulation, signs of atelectasis and bleeding. Ensure adequate pain control. Carefully evaluate oral intake.

99238:

Review medical records and other available data. Obtain an interval history and perform a physical examination. Formulate and/or revise diagnosis and treatment plan(s), including making the decision for discharge. Review information regarding availability, safety, and adequacy of post-discharge support systems. Discuss aftercare treatment with patient, family, and/or caregivers and other health care professionals. Provide care coordination for transition that includes instructions to patient and/or family/caregivers for aftercare. Write orders for post-discharge follow-up professional services. Reconcile patient's medications with attention to pre-admission therapy, inpatient/observation therapy, and outpatient formulary. Write prescriptions as necessary. Complete discharge and aftercare forms. Inform referring physician of discharge plans. Complete medical record documentation.

99213:

Monitor progress of healing, PO intake, pain control. Refill pain prescriptions. Discuss final pathology reports and post-operative adjuvant therapy needs with patient. Monitor healing of pharynx. Monitor speech and swallowing functionality. Dictate/write progress notes for medical chart and ensure transmission to referring and consulting physicians.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2025				
Presenter(s):	R. Peter Manes, MD and Brian Boyce, MD				
Specialty Society(ies):	AAO-HNS				
CPT Code:	42808				
Sample Size:	1410	Resp N:	37		
Description of Sample:	Targeted random sample of head and neck surgeons				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	4.00	6.00	10.00	25.00
Survey RVW:	1.92	2.70	3.85	8.00	24.25
Pre-Service Evaluation Time:			25.00		
Pre-Service Positioning Time:			10.00		
Pre-Service Scrub, Dress, Wait Time:			10.00		
Intra-Service Time:	10.00	20.00	32.00	50.00	120.00
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):	20.00	99231x 1.00 99232x 0.00 99233x 0.00			
Discharge Day Mgmt:	38.00	99238x 1.00 99239x 0.00 99217x 0.00			
Office time/visit(s):	23.00	99211x 0.00 12x 0.00 13x 1.00 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)
3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	42808	Recommended Physician Work RVU: 2.35		
	Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time	
Pre-Service Evaluation Time:	25.00	33.00	-8.00	
Pre-Service Positioning Time:	3.00	3.00	0.00	
Pre-Service Scrub, Dress, Wait Time:	10.00	15.00	-5.00	
Intra-Service Time:	32.00			
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) 9A General Anes or Complex Reg Blk/Strghtforw Proc				
	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time	
Immediate Post Service-Time:	20.00	30.00	-10.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits

Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00	
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00
Discharge Day Mgmt:	<u>19.00</u>	99238x 0.5	99239x 0.0	99217x 0.00
Office time/visit(s):	<u>16.00</u>	99211x 0.00	12x 1.00	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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
17272	010	1.82	RUC Time

CPT Descriptor Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
12034	010	2.97	RUC Time

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

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
12052	010	2.87	RUC Time	98,459

CPT Descriptor 1 Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
13121	010	4.00	RUC Time	201,068

CPT Descriptor 2 Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
12052	010	2.87	RUC Time

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

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: 12 **% of respondents:** 32.4 %

Number of respondents who choose 2nd Key Reference Code: 9 % of respondents: 24.3 %

TIME ESTIMATES (Median)

	CPT Code: <u>42808</u>	Top Key Reference CPT Code: <u>17272</u>	2nd Key Reference CPT Code: <u>12034</u>
Median Pre-Service Time	38.00	14.00	9.00
Median Intra-Service Time	32.00	22.00	45.00
Median Immediate Post-service Time	20.00	5.00	10.00
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	19.0	0.00	0.00
Median Office Visit Time	16.0	23.00	23.00
Median Total Time	125.00	64.00	87.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	33%	58%	9%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
8%	25%	67%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	0%	25%	75%
Physical effort required	0%	42%	58%

Psychological Stress

- 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

<u>Less</u>	<u>Identical</u>	<u>More</u>
0%	58%	42%

**Survey Code Compared to
2nd Key Reference Code****Much
Less****Somewhat
Less****Identical****Somewhat
More****Much
More**

Overall intensity/complexity	0%	0%	22%	56%	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

0%	33%	67%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required	0%	22%	88%

Physical effort required	11%	11%	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%	44%	56%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

During the May 2024 CPT meeting, the CPT executive committee stated that "CPT Assistant Editorial Board (EB) meeting the EB discussed Transoral Robotic Surgery (TORS) and whether existing open codes may be reported for endoscopic and robotic procedures. Codes noted in the discussion included [41130], [42892], [42842], [42890] and [42950]. Members discussed the distinction in work and practice expense between open versus endoscopic procedures. Currently, there are no endoscopic transoral codes. Therefore, the unlisted code, [42999], Unlisted procedure, pharynx, adenoids, or tonsils, should be reported."

The EC specifically asked, "Should the EC recommend that the CPT Editorial Panel accept this request for a CCA for the establishment of a new subsection of codes to report endoscopic transoral procedures (Surgery, Digestive System, Pharynx, Adenoids, and Tonsils)." The EC voted to refer this issue to the CPT Editorial Panel with a recommendation for approval.

In response to that vote, the Academy submitted a code change application for the February 2025 CPT meeting to establish new codes for transoral endoscopic surgery for removal of tumors in the oropharynx, pharynx, and tongue base which was accepted by the CPT Editorial Panel and is now being RUC surveyed.

Transoral en bloc removal of tumors has become the standard of care for removal of surgically amenable oropharyngeal tumors versus an open neck approach. In particular, the use of a robot, FDA approved for transoral removal of tumors in 2009, has allowed head and neck surgeons to perform these resections in less morbid fashion. As this was a new method to remove these tumors, they were reported with existing combined transoral and open codes, without magnification. To allow for accuracy in the work performed with these procedures, this CCA proposes new codes for the new technique of transoral en bloc resection of oropharyngeal tumors under magnification. Code 42808 was revised to clarify that it is done without magnification. Given that this code has never been RUC surveyed, it is being included in the family of new TORs codes for review during the April 2025 meeting.

Survey Sample and Process:

A survey request was sent to a targeted, random selection of 1410 members from the AAO-HNS of those with sub-specialty designations of head and neck surgery.

Key Reference Codes

The first KRS selected was CPT 17272 Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm valued at 1.82 RVUs with a pre time of 9 / intra time of 22 / post time of 5, totaling 52 minutes. 12 respondents selected this as their primary KRS.

The second KRS selected was CPT 12034 Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm valued at 2.97 RVUs with a pre time of 14 / intra time of 45 / post time of 10, totaling 85 minutes. 9 respondents selected this as their second KRS.

Recommendation (Work and Intra Time):

We are recommending a work RVU **2.35 and 32 minutes of intra service time**. Our expert panel felt maintenance of existing value, despite it being lower than our survey's 25th percentile, maintains relativity with other 010 otolaryngology codes within the fee schedule. Further, we did not feel there was compelling evidence beyond the code never having been RUC reviewed, to justify an increased work RVU, although we do believe the existing value is too low for the work and intensity of this procedure. This is clearly reflected in respondents answers on intensity and complexity as compared to our KRS'.

Time package selection: We have selected pre-time package 3 and post-time package 9A due to this procedure currently being done predominantly in the hospital outpatient setting under general anesthesia.

Pre-time Package 3 Straightforward Patient/Difficult Procedure

Evaluation Time – We are recommending 25 minutes of evaluation time which less than the pre-service package time, based on our survey median.

Positioning Time – We are recommending 3 minutes of positioning time which is less than the survey median time, but consistent with the preservice package.

Scrub, Dress, Wait Time – We are recommending 10 minutes of scrub, dress and wait time which is less than the pre-service package time, based on our survey median.

This results in a total recommended pre time of 38 minutes, taking the lesser of surveyed time or the pre-service package time.

Post-time Package 9A General Anesthesia or Complex Regional Block/ Straightforward Procedure

Recommended time has been reduced to 20 minutes which is a decrease of 10 minutes from the post package time selected to match our survey time. ***This results in a total recommended post time of 20 minutes, taking the lesser of surveyed time or the pre-service package time.***

Supporting Reference Codes for the Recommended Value

CPT Code	Long Desc	Global	Work RVU	Pre Eval Time	Pre Posit	Pre SDW	Intra Time	Immed Post Time	Post-op Visit Time	Total Time	IWPUT	Most Recent RUC Review	2023 Medicare Utilization
12031	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less	010	2.00	7	1.0	5.0	20	7	16	56	0.0572	2010-10	62162
11601	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm	010	2.07	15			20	5	23	63	0.0326	2005-08	16990
11621	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	010	2.08	15			20	5	23	63	0.0331	2005-08	6146
30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal)	010	2.08	10			20	10	16	56	0.0576	2005-02	4268
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation	010	2.10	19	1.0	5.0	20	12	26	83	0.0261	2015-01	170
11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm	010	2.17	15			20	5	23	63	0.0376	2005-08	16310
12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	010	2.33	8	1.0	5.0	20	8	16	58	0.0714	2010-10	50441
40812	Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair	010	2.37	15			20	10	23	68	0.0575	2003-02	6470
68815	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent	010	2.70	19	1.0	5.0	20	12	51	108	0.0171	2015-01	6684
54164	Frenulotomy of penis	010	2.82	25			20	10	42	97	0.0213	2001-04	86
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	010	3.32	18	5.0	5.0	20	10	42	100	0.0465	2020-10	91383
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	010	3.32	18	5.0	5.0	20	10	42	100	0.0465	2020-10	366857

SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 42808

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 Otolaryngology How often? Rarely

Specialty Maxillofacial surgery How often? Rarely

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1551

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This is three times the Medicare volume as found in the RUC database.

Specialty Otolaryngology Frequency 1500 Percentage 96.71 %

Specialty Maxillofacial surgery Frequency 51 Percentage 3.28 %

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? 517

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the current code volume as found in the RUC database.

Specialty Otolaryngology Frequency 500 Percentage 96.71 %

Specialty Maxillofacial surgery Frequency 17 Percentage 3.28 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
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 42808

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. n/a

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 42XX1	Tracking Number D2	Original Specialty Recommended RVU: 20.00
		Presented Recommended RVU: 20.00
Global Period: 090	Current Work RVU: N/A	RUC Recommended RVU: 20.00

CPT Descriptor: Transoral removal of oropharyngeal and/or pharyngeal neoplasm under magnification (eg with microscope or telescope), includes robotic assistance, when performed; tongue base

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 62-year-old male presents with squamous cell carcinoma of the tongue base. Examination, diagnostic endoscopy, and imaging demonstrate that the tumor is resectable. The surgeon performs transoral en bloc resection of the tongue base tumor under magnification.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

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 0% , Overnight stay-less than 24 hours 5% , Overnight stay-more than 24 hours 95%

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: Write preadmission orders for preoperative medications. Review medical history, pathology and radiology reports, and preoperative imaging. Review results of preadmission testing (lab, EKG, chest x-ray, consultant notes and recommendations). Meet with patient and family to review planned procedure and post-operative management. Re-examine patient to ensure that physical findings have not changed and update H&P. Obtain informed consent. Review planned airway management and procedure with OR staff and anesthesiologist. Verify all required instruments and supplies are available. Change into scrub clothes. Monitor intubation by anesthesiology team. Assist with positioning with shoulder roll, arms padded and tucked at side, sequential compression devices, and lower/underbody warmer. Ensure eye protection with padded or rigid goggles. Untape endotracheal tube so it can be mobilized to view tumor. Place stitch in tongue to aid in mobilization of surrounding tissues. Insertion and placement of mouth prop for adequate exposure of the tumor and surrounding tissues. Placing mouth prop into suspension to maintain visualization. Re-secure the endotracheal tube by suturing it in place so it will not interfere with tumor visualization or robotic arm movement. Make sure anesthesia monitoring equipment will not interfere with draping, and that draping will comply with universal precautions for body substance isolation. Maneuver robotic patient cart to operating room table and dock. Insert and calibrate three dimensional camera to robotic patient cart. Insert and ensure appropriate calibration of robotic surgical instrument arms. Place camera and robotic instrument arms into oral cavity with attention to avoid trauma to teeth, lips, or gums. Sit at surgeon console and adjust settings for optimal visualization, instrument maneuvering, and ergonomics. Perform surgical time out with operating room team.

Description of Intra-Service Work: With tumor in direct view, incision along the anterior tonsillar pillar and retromolar trigone. Incision is carried superiorly into the soft palate and inferiorly to the posterior floor of mouth. Dissection is deepened through the pharyngeal constrictors until the medial pterygoid muscle and parapharyngeal fat are visualized. The parapharyngeal fat and internal carotid artery are dissected away from the constrictor muscles. Superior dissection through the soft palate adjacent to the uvula is completed down through the posterior pharyngeal wall and the tumor is elevated off the prevertebral fascia. The glossopharyngeal nerve is visualized and preserved if oncologically feasible. The styloglossus muscle is identified and dissected towards the styloid process where it is transected. The stylopharyngeus is identified and away from the main external carotid artery so it can be divided. Branches from the external carotid artery are controlled with surgical clips or powered electrical instruments. An incision is made across the base of tongue towards behind the

circumvallate papilla to the midline. The transverse base of tongue incision is continued vertically to the vallecula while ensuring the epiglottis is preserved. Dissection through the superficial and deep muscles of the base of tongue is completed. Vascular control of the lingual artery is achieved with surgical clips or powered instruments. The remaining mucosal incisions are made along the posterior pharyngeal wall and the inferior base of tongue. For large tumors The entire specimen is taken to pathology and oriented with pathologist for frozen section review. Review frozen section results with the pathologist and confirm location of any close or positive margins. Resect further tissue as needed until the surgical margins are clear. Irrigate defect and ensure hemostasis. The robotic camera and instrument arms are retracted and removed from patients mouth and pharynx. The robotic cart is moved away from the operating room table. A small caliber nasogastric feeding tube is placed and secured. Mouth prop is removed and the teeth, lips, and gums are checked for trauma.

Description of Post-Service Work: The endotracheal tube is removed with the operating surgeon present in case of airway compromise or bleeding. Monitor patient during reversal of anesthesia. Discuss post-operative care with anesthesia and nursing team. Ensure correct labeling of specimens with circulating nurse. Review post-operative care plan with Post-Anesthesia Care Unit and/or ICU staff. Write post-operative orders. Discuss surgery outcome and post-operative plans with family in waiting area. Write brief operative note. Dictate operative report and copy the referring physicians. Check x-ray to confirm placement of nasogastric tube.

99232 Visit 1:

Review interval medical records generated since the admission. Coordinate with other members of the health care team regarding the observation/admission service. Visit patient location and confirm patient's identity. Review the medical history with the patient as well as the prior clinical notes. Review vital signs obtained by clinical staff. Obtain a medically appropriate updated history of the events since last visit. Reconcile the patient's medications. Perform a medically appropriate examination. Synthesize all the information, including the relevant history and physical examination, to formulate a differential diagnosis and treatment plan. Discuss treatment plan with patient and/or family/caregiver. Provide patient education and respond to questions from the patient and/or family/caregiver. Review inpatient admission orders, including arranging for necessary diagnostic testing, consultations, and therapeutic interventions. Document the encounters throughout the calendar day in the medical record. Address interval data obtained and reported changes in condition. Communicate results and additional care plans to other health care professionals and to the patient and/or family/caregivers throughout the calendar day. Answer follow-up questions from patient and/or family/caregiver that may occur within the calendar day and respond to treatment failures.

Discuss case with speech and swallowing therapist. Discuss case with nutritionist to start tube feeds and advance as tolerated. Start oral liquid diet with NG tube supplementation.

Check post-operative laboratory values including hemoglobin and electrolytes. Adjust IV fluids and replete electrolytes as indicated. Monitor overall status of patient, including airway, ambulation, signs of atelectasis, bleeding, and oral intake. Ensure adequate pain control. Discuss results of the surgery and intraoperative pathology with the patient.

99232 Visit 2:

Review interval medical records generated since the last visit. Coordinate with other members of the health care team regarding the observation/admission service. Visit patient location and confirm patient's identity. Review the medical history with the patient as well as the prior clinical notes. Review vital signs obtained by clinical staff. Obtain a medically appropriate updated history of the events since last visit. Reconcile the patient's medications. Perform a medically appropriate examination. Synthesize all the information, including the relevant history and physical examination, to formulate a differential diagnosis and treatment plan. Discuss treatment plan with patient and/or family/caregiver. Provide patient education and respond to questions from the patient and/or family/caregiver. Review inpatient admission orders, including arranging for necessary diagnostic testing, consultations, and therapeutic interventions. Document the encounters throughout the calendar day in the medical record. Address interval data obtained and reported changes in condition. Communicate results and additional care plans to other health care professionals and to the patient and/or family/caregivers throughout the calendar day. Answer follow-up questions from patient and/or family/caregiver that may occur within the calendar day and respond to treatment failures.

Check post-operative laboratory values including hemoglobin and electrolytes. Adjust IV fluids and replete electrolytes as indicated. Monitor overall status of patient, including airway, ambulation, signs of atelectasis, bleeding, and oral intake. Ensure adequate pain control. Monitor patient progress with speech and swallowing therapist. Review results and imaging of Modified Barium Swallow with speech and swallowing therapist.

99232 Visit 3:

Review interval medical records generated since the last visit. Coordinate with other members of the health care team regarding the observation/admission service. Visit patient location and confirm patient's identity. Review the medical

history with the patient as well as the prior clinical notes. Review vital signs obtained by clinical staff. Obtain a medically appropriate updated history of the events since last visit. Reconcile the patient's medications. Perform a medically appropriate examination. Synthesize all the information, including the relevant history and physical examination, to formulate a differential diagnosis and treatment plan. Discuss treatment plan with patient and/or family/caregiver. Provide patient education and respond to questions from the patient and/or family/caregiver. Review inpatient admission orders, including arranging for necessary diagnostic testing, consultations, and therapeutic interventions. Document the encounters throughout the calendar day in the medical record. Address interval data obtained and reported changes in condition. Communicate results and additional care plans to other health care professionals and to the patient and/or family/caregivers throughout the calendar day. Answer follow-up questions from patient and/or family/caregiver that may occur within the calendar day and respond to treatment failures.

Check post-operative laboratory values including hemoglobin and electrolytes. Adjust IV fluids and replete electrolytes as indicated. Monitor overall status of patient, including airway, ambulation, signs of atelectasis and bleeding. Ensure adequate pain control. Carefully evaluate oral intake to determine home tube feeding needs.

99239:

Review medical records and other available data. Obtain an interval history and perform a physical examination. Formulate and/or revise diagnosis and treatment plan(s), including making the decision for discharge. Review information regarding availability, safety, and adequacy of post-discharge support systems. Discuss aftercare treatment with patient and/or family/caregiver and other health care professionals. Write orders for post-discharge follow-up professional services and testing as necessary. Reconcile patient's medications with attention to pre-admission therapy, inpatient/observation therapy, and outpatient formulary. Inform referring physician of discharge plans.

Coordinate tube feeding supplies for patients who need supplemental nutrition in addition to PO intake. Write prescriptions and supplies needed for post-discharge. Home instructions such as activity, diet, management of NG tube, and bathing are discussed with the patient and family members. All appropriate medical records are completed, including day of discharge progress notes, discharge summary, discharge instructions, and insurance forms.

99213 Visit 1:

Monitor progress of healing, PO intake, pain control. Remove NG tube once patients are taking sufficient nutrition orally. Discuss diet with nutritionist and continue to monitor caloric intake and weight of patient. Refill pain prescriptions. Provide instructions on therapy to prevent trismus with commercial or homemade products. Arrange for post-operative radiation oncology and medical oncology as indicated. Discuss final pathology reports and post-operative adjuvant therapy needs with patient. Discuss case with radiation oncologist and medical oncologist as needed and prepare documents for transmission to that office. Discuss dental consultation for patient. Monitor healing of pharynx. Order and review post-discharge labs. Order and review post-discharge imaging. Review lab results and imaging with patient and family. Dictate/write progress notes for medical chart and ensure transmission to referring and consulting physicians.

99213 Visit 2:

Monitor progress of healing, PO intake, pain control. Discuss diet with nutritionist and continue to monitor caloric intake and weight of patient. Monitor healing of pharynx. Monitor effects of radiation and chemotherapy with emphasis on adequacy of airway and swallowing. Begin routine surveillance for recurrent tumor to detect tumor recurrence. Dictate/write progress notes for medical chart and ensure transmission to referring and consulting physicians.

99213 Visit 3:

Monitor progress of healing, PO intake, pain control. Discuss diet with nutritionist and continue to monitor caloric intake and weight of patient. Monitor healing of pharynx. Monitor effects of radiation and chemotherapy with emphasis on adequacy of airway and swallowing. Begin routine surveillance for recurrent tumor to detect tumor recurrence. Dictate/write progress notes for medical chart and ensure transmission to referring and consulting physicians.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2025				
Presenter(s):	R. Peter Manes, MD and Brian Boyce, MD				
Specialty Society(ies):	AAO-HNS				
CPT Code:	42XX1				
Sample Size:	1410	Resp N:	37		
Description of Sample:	Random targeted sample of AAO-HNS members who subspecialize in head and neck surgery				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	4.00	10.00	15.00	40.00
Survey RVW:	16.00	18.00	20.00	25.00	34.94
Pre-Service Evaluation Time:			45.00		
Pre-Service Positioning Time:			25.00		
Pre-Service Scrub, Dress, Wait Time:			15.00		
Intra-Service Time:	30.00	100.00	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):	135.00	99231x 0.00 99232x 2.00 99233x 1.00			
Discharge Day Mgmt:	55.00	99238x 0.00 99239x 1.00 99217x 0.00			
Office time/visit(s):	69.00	99211x 0.00 12x 0.00 13x 3.00 14x 0.00 15x 0.00			

**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:	42XX1	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:		20.00	3.00	17.00
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):	<u>0.00</u>	99291x 0.00	99292x 0.00
Other Hospital time/visit(s):	<u>120.00</u>	99231x 0.00	99232x 3.00 99233x 0.00
Discharge Day Mgmt:	<u>55.00</u>	99238x 0.0 99239x 1.0	99217x 0.00
Office time/visit(s):	<u>69.00</u>	99211x 0.00 12x 0.00 13x 3.00 14x 0.00 15x 0.00	

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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
43332	090	19.62	RUC Time

CPT Descriptor Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
15738	090	19.04	RUC Time

CPT Descriptor Muscle, myocutaneous, or fasciocutaneous flap; lower extremity

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
27447	090	19.60	RUC Time	313,723

CPT Descriptor 1 Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
35301	090	21.16	RUC Time	22,058

CPT Descriptor 2 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
47605	090	18.48	RUC Time

CPT Descriptor Cholecystectomy; with cholangiography

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: 11 **% of respondents:** 29.7 %

Number of respondents who choose 2nd Key Reference Code: 7 % of respondents: 18.9 %

TIME ESTIMATES (Median)

	CPT Code: <u>42XX1</u>	Top Key Reference CPT Code: <u>43332</u>	2nd Key Reference CPT Code: <u>15738</u>
Median Pre-Service Time	75.00	63.00	70.00
Median Intra-Service Time	120.00	150.00	150.00
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	120.0	155.00	120.00
Median Discharge Day Management Time	55.0	38.00	38.00
Median Office Visit Time	69.0	46.00	108.00
Median Total Time	469.00	482.00	516.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	9%	9%	82%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
0%	9%	91%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	0%	9%	91%
Physical effort required	0%	18%	82%

Psychological Stress

- 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

<u>Less</u>	<u>Identical</u>	<u>More</u>
0%	9%	91%

**Survey Code Compared to
2nd Key Reference Code****Much
Less****Somewhat
Less****Identical****Somewhat
More****Much
More**

Overall intensity/complexity	0%	0%	14%	43%	43%

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%	43%	57%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required	0%	43%	57%

Physical effort required	0%	57%	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

0%	14%	86%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

During the May 2024 CPT meeting, the CPT executive committee stated that "CPT Assistant Editorial Board (EB) meeting the EB discussed Transoral Robotic Surgery (TORS) and whether existing open codes may be reported for endoscopic and robotic procedures. Codes noted in the discussion included [41130], [42892], [42842], [42890] and [42950]. Members discussed the distinction in work and practice expense between open versus endoscopic procedures. Currently, there are no endoscopic transoral codes. Therefore, the unlisted code, [42999], Unlisted procedure, pharynx, adenoids, or tonsils, should be reported."

The EC specifically asked, "Should the EC recommend that the CPT Editorial Panel accept this request for a CCA for the establishment of a new subsection of codes to report endoscopic transoral procedures (Surgery, Digestive System, Pharynx, Adenoids, and Tonsils)." The EC voted to refer this issue to the CPT Editorial Panel with a recommendation for approval.

In response to that vote, the Academy submitted a code change application for the February 2025 CPT meeting to establish new codes for transoral endoscopic surgery for removal of tumors in the oropharynx, pharynx, and tongue base which was accepted by the CPT Editorial Panel and is now being RUC surveyed.

Transoral en bloc removal of tumors has become the standard of care for removal of surgically amenable oropharyngeal tumors versus an open neck approach. In particular, the use of a robot, FDA approved for transoral removal of tumors in 2009, has allowed head and neck surgeons to perform these resections in less morbid fashion. As this was a new method to remove these tumors, they were reported with existing combined transoral and open codes, without magnification. To allow for accuracy in the work performed with these procedures, this CCA proposes new codes for the new technique of transoral en bloc resection of oropharyngeal tumors under magnification. Code 42808 was revised to clarify that it is done without magnification. Given that this code has never been RUC surveyed, it is being included in the family of new TORs codes for review during the April 2025 meeting.

Survey Sample and Process:

A survey request was sent to a targeted, random selection of 1410 members from the AAO-HNS of those with sub-specialty designations of head and neck surgery.

Key Reference Codes

The first KRS selected was CPT 43332 Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis valued at 19.62 RVUs with a pre time of 63 / intra time of 150 / post time of 30, with 4 hospital visits (1-99233, 2-99232, 1-99231), a full discharge management visit 99238, and two post operative office visits (2-99213), totaling 482 minutes. 11 respondents selected this as their primary KRS.

The second KRS selected was CPT 15738 Muscle, myocutaneous, or fasciocutaneous flap; lower extremity valued at 19.04 RVUs with a pre time of 70 / intra time of 150 / post time of 30, with 4 hospital visits (2-99232, 2-99231), a full discharge management visit 99238, and five post operative office visits (4-99213 and 1-99212), totaling 516 minutes. 7 respondents selected this as their second KRS.

Recommendation (Work and Intra Time):

We are recommending a work RVU **20.00 and 469 minutes of intra service time**. Our expert panel felt our survey's median maintains relativity with other 090 otolaryngology codes within the fee schedule, particularly considering respondent's feedback that this procedure is more intense and complex than either of the KRS'. This is a major surgical procedure where patients remain in the hospital for several days post operatively for monitoring.

Time package selection: We have selected pre-time package 4 and post-time package 9B due to this procedure currently being done predominantly in the hospital inpatient setting under general anesthesia.

Pre-time Package 4 Difficult Patient / Difficult Procedure

Evaluation Time – We are recommending 40 minutes of evaluation time which is the lesser of our survey time or the package.

Positioning Time – We are recommending 20 minutes of positioning time which is the less than our survey median time, but more than the package. We believe this additional positioning time is justified because the procedure requires the use of mouth props and retractors in order to properly visualize the anatomy. Additionally, you must set up the robot used for this procedure during the positioning time.

Scrub, Dress, Wait Time – We are recommending 15 minutes of scrub, dress and wait time which is less than the pre-service package time, based on our survey median.

This results in a total recommended pre time of 75 minutes, taking the lesser of surveyed time or the pre-service package time.

Post-time Package 9B General Anesthesia or Complex Regional Block/Complex Procedure

Recommended time has been reduced to 30 minutes which is a decrease of 3 minutes from the post package time selected to match our survey time. ***This results in a total recommended post time of 30 minutes, taking the lesser of surveyed time or the pre-service package time.***

Post-operative visits

Survey respondents accurately accounted for the considerable post-operative work that is involved following this major surgical procedure. Specifically, they reported that three hospital visits occur during the patient's multi-day hospital stay. This includes the activities described above in our description of work. While survey respondents indicated for the 42XX1 code that the hospital visits were a 99233 and 2 99232s, for the 42XX2 code they felt it they were all 99232 visits. Our expert panel felt that for consistency, it made sense to streamline both codes and include 3 99232 visits for both codes. Likewise, respondents indicated a full discharge management visits (99239) following this procedure and three office visits. For 42XX1, respondents indicated that all post op visits were 99213 visits, but for 42XX2 they indicated one 99214 and 2 99213 visits. Similarly, our expert panel felt that 3 99213 visits were appropriate and consistent for both codes following the procedure. ***This results in a total recommended post-operative visit time of 244 minutes.***

Supporting Reference Codes for the Recommended Value

CPT Code	Long Desc	Global	Work RVU	Pre Eval Time	Pre Posit Time	Pre SDW	Intra Time	Immed Post Time	Post-op Visit Time	Total Time	IWPUT	Time Source	Most Recent RUC Review	2023 Medicare Utilization
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	090	19.00	33	3.0	15.0	120	20	157	348	0.093	RUC	2015-04	9774
35256	Repair blood vessel with vein graft; lower extremity	090	19.06	60			120	30	137	347	0.1003	RUC	2000-08	213
67445	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression	090	19.12	15	15.0	15.0	120	30	157	352	0.1003	RUC	2005-08	108
42890	Limited pharyngectomy	090	19.13	45	15.0	20.0	120	30	280	510	0.0558	RUC	2005-08	721
62200	Ventriculocisternostomy, third ventricle;	090	19.29	81			120	43	144	388	0.0918	RUC	1995-08	38
38100	Splenectomy; total (separate procedure)	090	19.55	30	15.0	15.0	120	30	232	442	0.0779	RUC	2005-08	1036
38101	Splenectomy; partial (separate procedure)	090	19.55	30	15.0	15.0	120	30	232	442	0.0779	RUC	2005-08	30
43640	Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective	090	19.56	60			120	30	330	540	0.0462	RUC	2000-08	35
56633	Vulvectomy, radical, complete;	090	19.62	60			120	45	377	602	0.0282	RUC	1995-08	83
44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)	090	19.63	75			120	30	347	572	0.0396	RUC	2000-08	440

61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	090	19.85	18	1.0	6.0	120	15	65	225	0.1372	RUC	2008-04	3018
35355	Thromboendarterectomy, including patch graft, if performed; iliofemoral	090	19.86	90			120	30	217	457	0.0782	RUC	2000-08	2487
27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	090	20.00	40	18.0	15.0	120	30	160	383	0.1005	RUC	2014-09	3843
27415	Osteochondral allograft, knee, open	090	20.00	45	15.0	15.0	120	30	199	424	0.088	RUC	2004-04	41
44125	Enterectomy, resection of small intestine; with enterostomy	090	20.03	60			120	30	314	524	0.0541	RUC	2000-08	749
58290	Vaginal hysterectomy, for uterus greater than 250 g;	090	20.27	75			120	30	164	389	0.0993	RUC	2002-04	25
45800	Closure of rectovesical fistula;	090	20.31	90			120	30	330	570	0.0468	RUC	2000-08	44
35661	Bypass graft, with other than vein; femoral-femoral	090	20.35	90			120	30	200	440	0.0858	RUC	2000-08	1751
37217	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation	090	20.38	40	14.0	20.0	120	30	179	403	0.0977	RUC	2013-04	255
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	090	20.38	40	25.0	20.0	120	30	177	412	0.0976	RUC	2009-04	5056
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	090	20.79	45	25.0	10.0	120	30	147	377	0.1074	RUC	2005-04	17
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	090	20.79	45	25.0	10.0	120	30	147	377	0.1074	RUC	2005-04	7
22326	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; cervical	090	20.84	95			120	25	240	480	0.0734	RUC	1995-04	1665
44160	Colectomy, partial, with removal of terminal ileum with ileocolostomy	090	20.89	63			120	45	323	551	0.058	RUC	2000-08	9319
47610	Cholecystectomy with exploration of common duct;	090	20.92	75			120	30	287	512	0.0692	RUC	2000-08	223
35621	Bypass graft, with other than vein; axillary-femoral	090	21.03	85			120	30	177	412	0.1005	RUC	2000-08	353

CPT Code: 42XX1														
33883	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension	090	21.09	70	20.0	20.0	120	30	144	404	0.1073	RUC	2005-04	286
35231	Repair blood vessel with vein graft; neck	090	21.16	60			120	30	172	382	0.1085	RUC	2000-08	77
35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	090	21.16	40	15.0	20.0	120	30	179	404	0.104	RUC	2013-01	22058
47740	Cholecystoenterostomy; Roux-en-Y	090	21.23	75			120	45	350	590	0.0493	RUC	2000-08	4
43825	Gastrojejunostomy; with vagotomy, any type	090	21.76	60			120	30	330	540	0.0645	RUC	2000-08	10
38115	Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy	090	21.88	30	15.0	15.0	120	40	272	492	0.0839	RUC	2005-08	63
38765	Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	090	21.91	60			120	30	255	465	0.0888	RUC	2000-08	96
47721	Cholecystoenterostomy; with gastroenterostomy	090	21.99	75			120	45	370	610	0.0493	RUC	2000-08	1

SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

- Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 42999

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 Otolaryngology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 375

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimate that 60% of the existing unlisted code 42999's Medicare volume will be attributed to the new X1 code. That is 125 cases. We estimate that the national volume will be three times Medicare volume.

Specialty Otolaryngology Frequency 350 Percentage 93.33 %

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? 125

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is 60% of the current Medicare volume reflected in the RUC database for unlisted code 42999.

Specialty Otolaryngology Frequency 115 Percentage 92.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
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. 31365

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 42XX2 Tracking Number D3

Original Specialty Recommended RVU: **20.05**Global Period: 090 Current Work RVU: **N/A**Presented Recommended RVU: **20.05**RUC Recommended RVU: **20.05**

CPT Descriptor: Transoral removal of oropharyngeal and/or pharyngeal neoplasm under magnification (eg with microscope or telescope), includes robotic assistance, when performed; lateral pharyngeal wall, including tonsil

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: a 58-year-old male presents with squamous cell carcinoma of the left tonsil. examination, diagnostic endoscopy, and imaging reveal that the tumor is amenable to surgical resection. the surgeon performs transoral en bloc resection of the left tonsil with wide margins under magnification.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

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 0% , Overnight stay-less than 24 hours 11% , Overnight stay-more than 24 hours 89%

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: Write preadmission orders for preoperative medications. Review medical history, pathology and radiology reports, and preoperative imaging. Review results of preadmission testing (lab, EKG, chest x-ray, consultant notes and recommendations). Meet with patient and family to review planned procedure and post-operative management. Re-examine patient to ensure that physical findings have not changes and update H&P. Obtain informed consent. Review planned airway management and procedure with OR staff and anesthesiologist. Verify all required instruments and supplies are available. Change into scrub clothes. Monitor intubation by anesthesiology team. Assist with positioning with shoulder roll, arms padded and tucked at side, sequential compression devices, and lower/underbody warmer. Ensure eye protection with padded or rigid goggles. Untape endotracheal tube so it can be mobilized to view tumor. Place stitch in tongue to aid in mobilization of surrounding tissues. Insertion and placement of mouth prop for adequate exposure of the tumor and surrounding tissues. Placing mouth prop into suspension to maintain visualization. Re-secure the endotracheal tube by suturing it in place so it will not interfere with tumor visualization or robotic arm movement. Make sure anesthesia monitoring equipment will not interfere with draping, and that draping will comply with universal precautions for body substance isolation. Maneuver robotic patient cart to operating room table and dock. Insert and calibrate three dimensional camera to robotic patient cart. Insert and ensure appropriate calibration of robotic surgical instrument arms. Place camera and robotic instrument arms into oral cavity with attention to avoid trauma to teeth, lips, or gums. Sit at surgeon console and adjust settings for optimal visualization, instrument maneuvering, and ergonomics. Perform surgical time out with operating room team.

Description of Intra-Service Work: With tumor in direct view, incision along the anterior tonsillar pillar and retromolar trigone. Incision is carried superiorly into the soft palate and inferiorly to the posterior floor of mouth. Dissection is deepened through the pharyngeal constrictors until the medial pterygoid muscle and parapharyngeal fat are visualized. The parapharyngeal fat and internal carotid artery are dissected away from the constrictor muscles. Superior dissection through the soft palate adjacent to the uvula is completed down through the posterior pharyngeal wall and the tumor is elevated off the prevertebral fascia. The glossopharyngeal nerve is visualized and preserved if oncologically feasible. The styloglossus muscle is identified and dissected towards the styloid process where it is transected. The stylopharyngeus is identified and away from the main external carotid artery so it can be divided. Branches from the external carotid artery are controlled with surgical clips or powered electrical instruments. An incision is made across the base of tongue towards behind the

circumvallate papilla to the midline. The transverse base of tongue incision is continued vertically to the vallecula while ensuring the epiglottis is preserved. Dissection through the superficial and deep muscles of the base of tongue is completed. Vascular control of the lingual artery is achieved with surgical clips or powered instruments. The remaining mucosal incisions are made along the posterior pharyngeal wall and the inferior base of tongue. For large tumors The entire specimen is taken to pathology and oriented with pathologist for frozen section review. Review frozen section results with the pathologist and confirm location of any close or positive margins. Resect further tissue as needed until the surgical margins are clear. Irrigate defect and ensure hemostasis. The robotic camera and instrument arms are retracted and removed from patients mouth and pharynx. The robotic cart is moved away from the operating room table. A small caliber nasogastric feeding tube is placed and secured. Mouth prop is removed and the teeth, lips, and gums are checked for trauma.

Description of Post-Service Work: The endotracheal tube is removed with the operating surgeon present in case of airway compromise or bleeding. Monitor patient during reversal of anesthesia. Discuss post-operative care with anesthesia and nursing team. Ensure correct labeling of specimens with circulating nurse. Review post-operative care plan with Post-Anesthesia Care Unit and/or ICU staff. Write post-operative orders. Discuss surgery outcome and post-operative plans with family in waiting area. Write brief operative note. Dictate operative report and copy the referring physicians. Check x-ray to confirm placement of nasogastric tube.

99232 Visit 1:

Review interval medical records generated since the admission. Coordinate with other members of the health care team regarding the observation/admission service. Visit patient location and confirm patient's identity. Review the medical history with the patient as well as the prior clinical notes. Review vital signs obtained by clinical staff. Obtain a medically appropriate updated history of the events since last visit. Reconcile the patient's medications. Perform a medically appropriate examination. Synthesize all the information, including the relevant history and physical examination, to formulate a differential diagnosis and treatment plan. Discuss treatment plan with patient and/or family/caregiver. Provide patient education and respond to questions from the patient and/or family/caregiver. Review inpatient admission orders, including arranging for necessary diagnostic testing, consultations, and therapeutic interventions. Document the encounters throughout the calendar day in the medical record. Address interval data obtained and reported changes in condition. Communicate results and additional care plans to other health care professionals and to the patient and/or family/caregivers throughout the calendar day. Answer follow-up questions from patient and/or family/caregiver that may occur within the calendar day and respond to treatment failures.

Discuss case with speech and swallowing therapist. Discuss case with nutritionist to start tube feeds and advance as tolerated. Start oral liquid diet with NG tube supplementation.

Check post-operative laboratory values including hemoglobin and electrolytes. Adjust IV fluids and replete electrolytes as indicated. Monitor overall status of patient, including airway, ambulation, signs of atelectasis, bleeding, and oral intake. Ensure adequate pain control. Discuss results of the surgery and intraoperative pathology with the patient.

99232 Visit 2:

Review interval medical records generated since the last visit. Coordinate with other members of the health care team regarding the observation/admission service. Visit patient location and confirm patient's identity. Review the medical history with the patient as well as the prior clinical notes. Review vital signs obtained by clinical staff. Obtain a medically appropriate updated history of the events since last visit. Reconcile the patient's medications. Perform a medically appropriate examination. Synthesize all the information, including the relevant history and physical examination, to formulate a differential diagnosis and treatment plan. Discuss treatment plan with patient and/or family/caregiver. Provide patient education and respond to questions from the patient and/or family/caregiver. Review inpatient admission orders, including arranging for necessary diagnostic testing, consultations, and therapeutic interventions. Document the encounters throughout the calendar day in the medical record. Address interval data obtained and reported changes in condition. Communicate results and additional care plans to other health care professionals and to the patient and/or family/caregivers throughout the calendar day. Answer follow-up questions from patient and/or family/caregiver that may occur within the calendar day and respond to treatment failures.

Check post-operative laboratory values including hemoglobin and electrolytes. Adjust IV fluids and replete electrolytes as indicated. Monitor overall status of patient, including airway, ambulation, signs of atelectasis, bleeding, and oral intake. Ensure adequate pain control. Monitor patient progress with speech and swallowing therapist. Review results and imaging of Modified Barium Swallow with speech and swallowing therapist.

99232 Visit 3:

Review interval medical records generated since the last visit. Coordinate with other members of the health care team regarding the observation/admission service. Visit patient location and confirm patient's identity. Review the medical

history with the patient as well as the prior clinical notes. Review vital signs obtained by clinical staff. Obtain a medically appropriate updated history of the events since last visit. Reconcile the patient's medications. Perform a medically appropriate examination. Synthesize all the information, including the relevant history and physical examination, to formulate a differential diagnosis and treatment plan. Discuss treatment plan with patient and/or family/caregiver. Provide patient education and respond to questions from the patient and/or family/caregiver. Review inpatient admission orders, including arranging for necessary diagnostic testing, consultations, and therapeutic interventions. Document the encounters throughout the calendar day in the medical record. Address interval data obtained and reported changes in condition. Communicate results and additional care plans to other health care professionals and to the patient and/or family/caregivers throughout the calendar day. Answer follow-up questions from patient and/or family/caregiver that may occur within the calendar day and respond to treatment failures.

Check post-operative laboratory values including hemoglobin and electrolytes. Adjust IV fluids and replete electrolytes as indicated. Monitor overall status of patient, including airway, ambulation, signs of atelectasis and bleeding. Ensure adequate pain control. Carefully evaluate oral intake to determine home tube feeding needs.

99239:

Review medical records and other available data. Obtain an interval history and perform a physical examination. Formulate and/or revise diagnosis and treatment plan(s), including making the decision for discharge. Review information regarding availability, safety, and adequacy of post-discharge support systems. Discuss aftercare treatment with patient and/or family/caregiver and other health care professionals. Write orders for post-discharge follow-up professional services and testing as necessary. Reconcile patient's medications with attention to pre-admission therapy, inpatient/observation therapy, and outpatient formulary. Inform referring physician of discharge plans.

Coordinate tube feeding supplies for patients who need supplemental nutrition in addition to PO intake. Write prescriptions and supplies needed for post-discharge. Home instructions such as activity, diet, management of NG tube, and bathing are discussed with the patient and family members. All appropriate medical records are completed, including day of discharge progress notes, discharge summary, discharge instructions, and insurance forms.

99213 Visit 1:

Monitor progress of healing, PO intake, pain control. Remove NG tube once patients are taking sufficient nutrition orally. Discuss diet with nutritionist and continue to monitor caloric intake and weight of patient. Refill pain prescriptions. Provide instructions on therapy to prevent trismus with commercial or homemade products. Arrange for post-operative radiation oncology and medical oncology as indicated. Discuss final pathology reports and post-operative adjuvant therapy needs with patient. Discuss case with radiation oncologist and medical oncologist as needed and prepare documents for transmission to that office. Discuss dental consultation for patient. Monitor healing of pharynx. Order and review post-discharge labs. Order and review post-discharge imaging. Review lab results and imaging with patient and family. Dictate/write progress notes for medical chart and ensure transmission to referring and consulting physicians.

99213 Visit 2:

Monitor progress of healing, PO intake, pain control. Discuss diet with nutritionist and continue to monitor caloric intake and weight of patient. Monitor healing of pharynx. Monitor effects of radiation and chemotherapy with emphasis on adequacy of airway and swallowing. Begin routine surveillance for recurrent tumor to detect tumor recurrence. Dictate/write progress notes for medical chart and ensure transmission to referring and consulting physicians.

99213 Visit 3:

Monitor progress of healing, PO intake, pain control. Discuss diet with nutritionist and continue to monitor caloric intake and weight of patient. Monitor healing of pharynx. Monitor effects of radiation and chemotherapy with emphasis on adequacy of airway and swallowing. Begin routine surveillance for recurrent tumor to detect tumor recurrence. Dictate/write progress notes for medical chart and ensure transmission to referring and consulting physicians.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2025				
Presenter(s):	R. Peter Manes, MD and Brian Boyce, MD				
Specialty Society(ies):	AAO-HNS				
CPT Code:	42XX2				
Sample Size:	1410	Resp N:	38		
Description of Sample:	Targeted random sample of members who subspecialize in head and neck surgery.				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	6.00	10.00	20.00	50.00
Survey RVW:	13.50	18.26	20.05	23.88	34.94
Pre-Service Evaluation Time:			45.00		
Pre-Service Positioning Time:			20.00		
Pre-Service Scrub, Dress, Wait Time:			15.00		
Intra-Service Time:	20.00	92.00	120.00	173.00	300.00
Immediate Post Service-Time:	30.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00			
Other Hospital time/visit(s):	120.00	99231x 0.00 99232x 3.00 99233x 0.00			
Discharge Day Mgmt:	55.00	99238x 0.00 99239x 1.00 99217x 0.00			
Office time/visit(s):	86.00	99211x 0.00 12x 0.00 13x 2.00 14x 1.00 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:	42XX2	Recommended Physician Work RVU: 20.05		
	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:	20.00	3.00	17.00	
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):	<u>0.00</u>	99291x 0.00	99292x 0.00
Other Hospital time/visit(s):	<u>120.00</u>	99231x 0.00	99232x 3.00 99233x 0.00
Discharge Day Mgmt:	<u>55.00</u>	99238x 0.0 99239x 1.0	99217x 0.00
Office time/visit(s):	<u>69.00</u>	99211x 0.00 12x 0.00 13x 3.00 14x 0.00 15x 0.00	

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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
15738	090	19.04	RUC Time

CPT Descriptor Muscle, myocutaneous, or fasciocutaneous flap; lower extremity**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
15733	090	15.68	RUC Time

CPT Descriptor Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)**KEY MPC COMPARISON CODES:**

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
27447	090	19.60	RUC Time	313,723

CPT Descriptor 1 Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
35301	090	21.16	RUC Time	22,058

CPT Descriptor 2 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
47605	090	18.48	RUC Time

CPT Descriptor Cholecystectomy; with cholangiography**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: 34.2 %

Number of respondents who choose 2nd Key Reference Code: 7 % of respondents: 18.4 %

TIME ESTIMATES (Median)

	CPT Code: <u>42XX2</u>	Top Key Reference CPT Code: <u>15738</u>	2nd Key Reference CPT Code: <u>15733</u>
Median Pre-Service Time	75.00	70.00	58.00
Median Intra-Service Time	120.00	150.00	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	120.0	120.00	0.00
Median Discharge Day Management Time	55.0	38.00	19.00
Median Office Visit Time	69.0	108.00	78.00
Median Total Time	469.00	516.00	305.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	8%	23%	69%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
0%	15%	85%

Technical Skill/Physical Effort

<u>Less</u>	<u>Identical</u>	<u>More</u>
0%	15%	85%
0%	23%	77%

Psychological Stress

- 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

<u>Less</u>	<u>Identical</u>	<u>More</u>
0%	8%	92%

**Survey Code Compared to
2nd Key Reference Code****Much
Less****Somewhat
Less****Identical****Somewhat
More****Much
More**

Overall intensity/complexity	0%	14%	0%	57%	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

29%

14%

57%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required	0%	14%	57%

Physical effort required	0%	14%	57%

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%

14%

57%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

During the May 2024 CPT meeting, the CPT executive committee stated that "CPT Assistant Editorial Board (EB) meeting the EB discussed Transoral Robotic Surgery (TORS) and whether existing open codes may be reported for endoscopic and robotic procedures. Codes noted in the discussion included [41130], [42892], [42842], [42890] and [42950]. Members discussed the distinction in work and practice expense between open versus endoscopic procedures. Currently, there are no endoscopic transoral codes. Therefore, the unlisted code, [42999], Unlisted procedure, pharynx, adenoids, or tonsils, should be reported."

The EC specifically asked, "Should the EC recommend that the CPT Editorial Panel accept this request for a CCA for the establishment of a new subsection of codes to report endoscopic transoral procedures (Surgery, Digestive System, Pharynx, Adenoids, and Tonsils)." The EC voted to refer this issue to the CPT Editorial Panel with a recommendation for approval.

In response to that vote, the Academy submitted a code change application for the February 2025 CPT meeting to establish new codes for transoral endoscopic surgery for removal of tumors in the oropharynx, pharynx, and tongue base which was accepted by the CPT Editorial Panel and is now being RUC surveyed.

Transoral en bloc removal of tumors has become the standard of care for removal of surgically amenable oropharyngeal tumors versus an open neck approach. In particular, the use of a robot, FDA approved for transoral removal of tumors in 2009, has allowed head and neck surgeons to perform these resections in less morbid fashion. As this was a new method to remove these tumors, they were reported with existing combined transoral and open codes, without magnification. To allow for accuracy in the work performed with these procedures, this CCA proposes new codes for the new technique of transoral en bloc resection of oropharyngeal tumors under magnification. Code 42808 was revised to clarify that it is done without magnification. Given that this code has never been RUC surveyed, it is being included in the family of new TORs codes for review during the April 2025 meeting.

Survey Sample and Process:

A survey request was sent to a targeted, random selection of 1410 members from the AAO-HNS of those with sub-specialty designations of head and neck surgery.

Key Reference Codes

The first KRS selected was CPT 15738 Muscle, myocutaneous, or fasciocutaneous flap; lower extremity valued at 19.04 RVUs with a pre time of 70 / intra time of 150 / post time of 30, with 4 hospital visits (2-99232, 2-99231), a full discharge management visit 99238, and five post operative office visits (4-99213 and 1-99212), totaling 516 minutes. 13 respondents selected this as their primary KRS.

The second KRS selected was CPT 15733 Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae) valued at 15.68 RVUs with a pre time of 58 / intra time of 120 / post time of 30, with a .5 discharge management visit 99238, and four post operative office visits (2-99213 and 2-99212), totaling 305 minutes. 7 respondents selected this as their second KRS.

Recommendation (Work and Intra Time):

We are recommending a work RVU **20.05 and 469 minutes of intra service time**. Our expert panel felt our survey's median maintains relativity with other 090 otolaryngology codes within the fee schedule, particularly considering respondent's feedback that this procedure is more intense and complex than either of the KRS'. This is a major surgical procedure where patients remain in the hospital for several days post operatively for monitoring.

Time package selection: We have selected pre-time package 4 and post-time package 9B due to this procedure currently being done predominantly in the hospital inpatient setting under general anesthesia.

Pre-time Package 4 Difficult Patient / Difficult Procedure

Evaluation Time – We are recommending 40 minutes of evaluation time which is the lesser of our survey time or the package.

Positioning Time – We are recommending 20 minutes of positioning time which is the less than our survey median time, but more than the package. We believe this additional positioning time is justified because the procedure requires the use of mouth props and retractors in order to properly visualize the anatomy. Additionally, you must set up the robot used for this procedure during the positioning time.

Scrub, Dress, Wait Time – We are recommending 15 minutes of scrub, dress and wait time which is less than the pre-service package time, based on our survey median.

This results in a total recommended pre time of 75 minutes, taking the lesser of surveyed time or the pre-service package time.

Post-time Package 9B General Anesthesia or Complex Regional Block/Complex Procedure

Recommended time has been reduced to 30 minutes which is a decrease of 3 minutes from the post package time selected to match our survey time. ***This results in a total recommended post time of 30 minutes, taking the lesser of surveyed time or the pre-service package time.***

Post-operative visits

Survey respondents accurately accounted for the considerable post-operative work that is involved following this major surgical procedure. Specifically, they reported that three hospital visits occur during the patient's multi-day hospital stay. This includes the activities described above in our description of work. While survey respondents indicated for the 42XX1 code that the hospital visits were a 99233 and 2 99232s, for the 42XX2 code they felt it they were all 99232 visits. Our expert panel felt that for consistency, it made sense to streamline both codes and include 3 99232 visits for both codes. Likewise, respondents indicated a full discharge management visits (99239) following this procedure and three office visits. For 42XX1, respondents indicated that all post op visits were 99213 visits, but for 42XX2 they indicated one 99214 and 2 99213 visits. Similarly, our expert panel felt that 3 99213 visits were appropriate and consistent for both codes following the procedure. ***This results in a total recommended post-operative visit time of 244 minutes.***

Supporting Reference Codes for the Recommended Value

CPT Code	Long Desc	Global	Work RVU	Pre Eval Time	Pre Posit Time	Pre SDW	Intra Time	Immed Post Time	Post-op Visit Time	Total Time	IWPUT	Time Source	Most Recent RUC Review	2023 Medicare Utilization
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	090	19.00	33	3.0	15.0	120	20	157	348	0.093	RUC	2015-04	9774
35256	Repair blood vessel with vein graft; lower extremity	090	19.06	60			120	30	137	347	0.1003	RUC	2000-08	213
67445	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression	090	19.12	15	15.0	15.0	120	30	157	352	0.1003	RUC	2005-08	108
42890	Limited pharyngectomy	090	19.13	45	15.0	20.0	120	30	280	510	0.0558	RUC	2005-08	721
62200	Ventriculocisternostomy, third ventricle;	090	19.29	81			120	43	144	388	0.0918	RUC	1995-08	38
38100	Splenectomy; total (separate procedure)	090	19.55	30	15.0	15.0	120	30	232	442	0.0779	RUC	2005-08	1036
38101	Splenectomy; partial (separate procedure)	090	19.55	30	15.0	15.0	120	30	232	442	0.0779	RUC	2005-08	30
43640	Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective	090	19.56	60			120	30	330	540	0.0462	RUC	2000-08	35
56633	Vulvectomy, radical, complete;	090	19.62	60			120	45	377	602	0.0282	RUC	1995-08	83
44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)	090	19.63	75			120	30	347	572	0.0396	RUC	2000-08	440

61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	090	19.85	18	1.0	6.0	120	15	65	225	0.1372	RUC	2008-04	3018
35355	Thromboendarterectomy, including patch graft, if performed; iliofemoral	090	19.86	90			120	30	217	457	0.0782	RUC	2000-08	2487
27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	090	20.00	40	18.0	15.0	120	30	160	383	0.1005	RUC	2014-09	3843
27415	Osteochondral allograft, knee, open	090	20.00	45	15.0	15.0	120	30	199	424	0.088	RUC	2004-04	41
44125	Enterectomy, resection of small intestine; with enterostomy	090	20.03	60			120	30	314	524	0.0541	RUC	2000-08	749
58290	Vaginal hysterectomy, for uterus greater than 250 g;	090	20.27	75			120	30	164	389	0.0993	RUC	2002-04	25
45800	Closure of rectovesical fistula;	090	20.31	90			120	30	330	570	0.0468	RUC	2000-08	44
35661	Bypass graft, with other than vein; femoral-femoral	090	20.35	90			120	30	200	440	0.0858	RUC	2000-08	1751
37217	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation	090	20.38	40	14.0	20.0	120	30	179	403	0.0977	RUC	2013-04	255
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	090	20.38	40	25.0	20.0	120	30	177	412	0.0976	RUC	2009-04	5056
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	090	20.79	45	25.0	10.0	120	30	147	377	0.1074	RUC	2005-04	17
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	090	20.79	45	25.0	10.0	120	30	147	377	0.1074	RUC	2005-04	7
22326	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; cervical	090	20.84	95			120	25	240	480	0.0734	RUC	1995-04	1665
44160	Colectomy, partial, with removal of terminal ileum with ileocolostomy	090	20.89	63			120	45	323	551	0.058	RUC	2000-08	9319
47610	Cholecystectomy with exploration of common duct;	090	20.92	75			120	30	287	512	0.0692	RUC	2000-08	223
35621	Bypass graft, with other than vein; axillary-femoral	090	21.03	85			120	30	177	412	0.1005	RUC	2000-08	353

CPT Code: 42XX2														
33883	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension	090	21.09	70	20.0	20.0	120	30	144	404	0.1073	RUC	2005-04	286
35231	Repair blood vessel with vein graft; neck	090	21.16	60			120	30	172	382	0.1085	RUC	2000-08	77
35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	090	21.16	40	15.0	20.0	120	30	179	404	0.104	RUC	2013-01	22058
47740	Cholecystoenterostomy; Roux-en-Y	090	21.23	75			120	45	350	590	0.0493	RUC	2000-08	4
43825	Gastrojejunostomy; with vagotomy, any type	090	21.76	60			120	30	330	540	0.0645	RUC	2000-08	10
38115	Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy	090	21.88	30	15.0	15.0	120	40	272	492	0.0839	RUC	2005-08	63
38765	Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	090	21.91	60			120	30	255	465	0.0888	RUC	2000-08	96
47721	Cholecystoenterostomy; with gastroenterostomy	090	21.99	75			120	45	370	610	0.0493	RUC	2000-08	1

SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

- Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 42999

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 Otolaryngology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 249

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimate that 40% of Medicare volume for the unlisted code 42999 will be attributed to new code 42XX2. That represents 83 cases. We estimate the national volume will be three times Medicare volume, totaling 249.

Specialty Otolaryngology Frequency 230 Percentage 92.36 %

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? 83 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is 40% of the existing Medicare volume for 42899 which we believe will be captured by 42XX2

Specialty Otolaryngology Frequency 77 Percentage 92.77 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
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. 31365

SS Rec Summary

1	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN			
2	ISSUE: Transoral Oropharyngeal Procedures																																										
3	TAB: 7																																										
4																																											
5					RUC Review				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch					Office					SURVEY EXPERIENCE									
6	Source	CPT	DESC	Global	Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX			
7	1st REF	17272	Destruction, malignant lesion (eg, laser surgery, electrosurgery,	010	2010	12	0.048	0.035			1.82			52	7		2			22			5											1									
8	2nd REF	12034	Repair, intermediate, wounds of scalp, axillae, trunk and/or	010	2010	9	0.045	0.035			2.97			85	8	1	5			45			10											1									
9	CURRENT	42808	Excision or destruction of lesion of pharynx, without magnification, any	010	2010		0.038	0.027			2.35			87	13	0	15			31			12											1									
10	SVY	42808	Excision or destruction of lesion of pharynx, without magnification, any	010		37	-0.015	0.022	1.92	2.70	3.85	8.00	24.25	178	25	10	10	10	20	32	50	120	20	1					1.0	1					1	4	6	10	25				
11	REC	42808	Excision or destruction of lesion of pharynx, without magnification, any method	010			0.002	0.019	2.35					125	25	3	10			32			20						0.5	1													
12																																											
13					RUC Review				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch					Office					SURVEY EXPERIENCE									
14	Source	CPT	DESC	Global	Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX			
15	1st REF	43332	Repair, paraesophageal hiatal hernia (including fundoplication),	090	2010	11	0.060	0.041			19.62			482	40	3	20			150			30	1					2	1	1.0	2											
16	2nd REF	15738	Muscle, myocutaneous, or fasciocutaneous flap; lower	090	2016	7	0.047	0.037			19.04			516	40	15	15			150			30	2					2	1.0	4					1							
17	NEW	42XX1	Transoral removal of oropharyngeal and/or pharyngeal neoplasm under	090			-	-						0																													
18	SVY	42XX1	Transoral removal of oropharyngeal and/or pharyngeal neoplasm under magnification (eg microscope or telescope), includes robotic assistance, when performed; tongue base	090		37	0.067	0.040	16.00	18.00	20.00	25.00	34.94	494	45	25	15	30	100	120	150	240	30	1					2	1	3	1					4	10	15	40			
19	REC	42XX1	Transoral removal of oropharyngeal and/or pharyngeal neoplasm under magnification (eg microscope or telescope), includes robotic assistance, when performed; tongue base	090			0.074	0.043	20.00					469	40	20	15			120			30	3					1	3													
20																																											
21					RUC Review				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch					Office					SURVEY EXPERIENCE									
22	Source	CPT	DESC	Global	Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX			
23	1st REF	15738	Muscle, myocutaneous, or fasciocutaneous flap; lower	090	2016	13	0.047	0.037			19.04			516	40	15	15			150			30	2					2	1.0	4					1							
24	2nd REF	15733	Muscle, myocutaneous, or fasciocutaneous flap; head and	090	2017	7	0.087	0.051			15.68			305	40	3	15			120			30						0.5	2					2								
25	NEW	42XX2	Transoral removal of oropharyngeal and/or pharyngeal neoplasm under	090			-	-						0																													
26	SVY	42XX2	Transoral removal of oropharyngeal and/or pharyngeal neoplasm under magnification (eg microscope or telescope), includes robotic assistance, when performed; lateral pharyngeal wall, including tonsil	090		38	0.069	0.041	13.50	18.26	20.05	23.88	34.94	491	45	20	15	20	92	120	173	300	30	3					1	1					2	1	6	10	20	50			
27	REC	42XX2	Transoral removal of oropharyngeal and/or pharyngeal neoplasm under magnification (eg microscope or telescope), includes robotic assistance, when performed; lateral pharyngeal wall, including tonsil	090			0.074	0.043	20.05					469	40	20	15			120			30	3					1	3													

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 42808SPECIALTY SOCIETY(IES): AAO-HNSPRESENTER(S): R. Peter Manes, MD & Brian Boyce, MDAMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)Meeting Date: April 2025

CPT Code	Long Descriptor	Global Period
42808	Excision or destruction of lesion of pharynx, without magnification, any method	010

Vignette(s) (vignette required even if PE only code(s)):

CPT Code	Vignette
42808	A 58-year-old male presents with dysphagia. on physical exam, he is noted to have a pharyngeal lesion. excision of the lesion without magnification 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:

Our expert panel was comprised of our RUC advisors and guest expert Dr. Boyce who specializes in head and neck surgery.

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 utilized 42808 as the comparator for 42808, as well as the two new codes that were created.

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.

Otolaryngology

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:

Evidence that there has been a change in equipment or practice expense cost.

NON-FACILITY DIRECT PE INPUTSCPT CODE(S): 42808SPECIALTY SOCIETY(IES): AAO-HNSPRESENTER(S): **R. Peter Manes, MD & Brian Boyce, MD****AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

This code has never been RUC reviewed and therefore, the practice expense inputs had never been reviewed either. Changes in intra service time and equipment formulas / standards have increased the total time for 42808 when performed in the office, increasing the total time attributed to practice expense equipment inputs.

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.

42808 – 010 global

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

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:

3 which is a reduction from the existing five minutes. Typically, vital signs would be taken by staff prior to this procedure. This procedure involves injection of local anesthesia with epinephrine, and knowledge and documentation of vital signs is important before the start of this procedure.

10. Please provide a brief description of the clinical staff work for the following:

a. Pre-Service period:

CA001	Complete pre-service diagnostic and referral forms	
CA002	Coordinate pre-surgery services (including test results)	
CA004	Provide pre-service education/obtain consent	

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

CA005	Complete pre-procedure phone calls and prescription	

b. Service period (includes pre, intra and post):

CA009	Greet patient, provide gowning, ensure appropriate medical records are available	
CA010	Obtain vital signs	
CA013	Prepare room, equipment and supplies	
CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	
CA017	Sedate/apply anesthesia	
CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	
CA022	Monitor patient following procedure/service, multitasking 1:4	
CA024	Clean room/equipment by clinical staff	
CA026	Clean surgical instrument package	
CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	
CA029	Check dressings, catheters, wounds	
CA035	Review home care instructions, coordinate visits/prescriptions	

c. Post-service period:

1	99212 27 minutes	

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 procedure, staff are actively assisting the physician. While the physician is performing the excision, the staff is passing instruments to the physician, cleaning instruments of bio-debris to ensure their optimal use, providing suction to evacuate any smoke from the use of electrocautery to allow for adequate visualization, and handling of specimens removed to place in fluid/containers for pathology evaluation.

12. If you have used a percentage of the physician intra-service work time other than 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>.

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 42808
SPECIALTY SOCIETY(IES): AAO-HNS
PRESENTER(S): R. Peter Manes, MD & Brian Boyce, MD
**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

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?

DESCRIPTION	Code	Unit	Item Qty
pack, cleaning, surgical instruments	SA043	pack	1
gloves, non-sterile		pair	2
gown, staff, impervious		item	1
face shield, splash protection		item	1
autoclave bag		item	1
autoclave tape		yd	0.33
enzymatic detergent		oz	1
cleaning brush, instruments		item	1
DESCRIPTION	Code	Unit	Item Qty
pack, basic injection	SA041	pack	
applicator, sponge-tipped		item	3
bandage, strip 0.75in x 3in		item	1
cap, surgical		item	1
drape, sterile barrier 16in x 29in		item	1
drape, sterile, for Mayo stand		item	1
gauze, sterile 4in x 4in		item	2
gloves, sterile		pair	2
gown, staff, impervious		item	1
gown, surgical, sterile		item	1
lidocaine 1%-2% inj (Xylocaine)		ml	5
mask, surgical		item	1

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 42808
SPECIALTY SOCIETY(IES): AAO-HNS
PRESENTER(S): R. Peter Manes, MD & Brian Boyce, MD
**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

needle, 18-27g	item	2
povidone soln (Betadine)	ml	10
syringe 3ml	item	1
underpad 2ftx3ft (Chux)	item	1

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

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).

See above.

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 Latitude D600), ED038?
- If yes, please explain how the computer is used for this service(s).
 - 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?
 - 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:

EQ234	suction and pressure cabinet, ENT (SMR)	
EQ170	light, fiberoptic headlight w-source	
EQ138	instrument pack, medium (\$1500 and up)	

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

EQ110	electrocautery-hyfreacator, up to 45 watts
EF015	mayo stand
EF008	chair with headrest, exam, reclining

All equipment utilized the default equipment formula except EQ138 which used the instrument pack 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:

Pre time – no change

Intra time –

Obtain vitals went from 5 minutes down to 3 minutes.

Service period increased one minute per the median of our survey, to 32 minutes.

We added 15 minutes for post procedure monitoring of a 1:4 ratio for an hour, per the PE standard.

This is needed because you are Operating in the back of the airway, so have potential for post op swelling that you want to make sure someone is monitoring the patient for an hour post-procedure. This concern doesn't go away when it's done in the office, so monitoring time is required for the procedure when done in the non-facility.

Time for cleaning the room was reduced down to the standard 3 minutes.

Cleaning scope time was removed as no scope is used for this procedure.

The PE subcommittee's standard 15 minutes for cleaning a medium instrument pack was added, the value of the instruments used is over \$1500, justifying the medium instrument pack.

2 minutes to complete post procedure diagnostic paperwork was added per PE standard,

2 minutes for reading xray, path, and lab reports was removed,

1 minute for checking dressing was added per PE standard,

Review home care instructions was reduced to 2 minutes per PE standards.

Post Time -

The post operative visit was maintained as a 99212.

Supplies –

We removed the sponge tipped applicator and added a tongue depressor for the post op visit.

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)****Equipment –**

We removed the intra oral biopsy pack

Minutes for all equipment went down based on the default formula except the instrument pack which increased by one minute using the instrument pack standard formula.

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.

Post Time -

The minutes in CA037 were removed as an office visit typically has 2 phone calls and there was no justification for a 3rd call.

Equipment

Default formula was switched to Office Visit for the light (EQ170) and the chair (EF008) in 42808.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

FACILITY DIRECT PE INPUTS**CPT CODE(S): 42808,****42XX1, 42XX2****SPECIALTY SOCIETY(IES): AAO-HNS****PRESENTER(S): R. Peter****Manes, MD & Brian Boyce, MD****AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)****Meeting Date: April 2025**

CPT Code	Long Descriptor	Global Period
42808	Excision or destruction of lesion of pharynx, without magnification, any method	010
42XX1	Transoral removal of oropharyngeal and/or pharyngeal neoplasm under magnification (eg, microscope or telescope), includes robotic assistance, when performed; tongue base	090
42XX2	Transoral removal of oropharyngeal and/or pharyngeal neoplasm under magnification (eg, microscope or telescope), includes robotic assistance, when performed; lateral pharyngeal wall, including tonsil	090

Vignette(s) (*vignette required even if PE only code(s)*):

CPT Code	Vignette
42808	A 58-year-old male presents with dysphagia. on physical exam, he is noted to have a pharyngeal lesion. excision of the lesion without magnification is performed.
42XX1	A 62-year-old male presents with squamous cell carcinoma of the tongue base. examination, diagnostic endoscopy, and imaging demonstrate that the tumor is resectable. the surgeon performs transoral en bloc resection of the tongue base tumor under magnification.
42XX2	A 58-year-old male presents with squamous cell carcinoma of the left tonsil. examination, diagnostic endoscopy, and imaging reveal that the tumor is amenable to surgical resection. the surgeon performs transoral en bloc resection of the left tonsil with wide margins under magnification.

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:

Our expert panel was comprised of our RUC advisors and guest expert Dr. Boyce who specializes in head and neck surgery.

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 utilized 42808 as the comparator for 42808, as well as the two new codes that were created.

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

FACILITY DIRECT PE INPUTS

CPT CODE(S): 42808,
42XX1, 42XX2
SPECIALTY SOCIETY(IES): AAO-HNS
PRESENTER(S): R. Peter
Manes, MD & Brian Boyce, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

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:

Staff time:

For 42808, we are only looking for an increase in the post operative office visits based on our survey median. Thus we are asking for an increase from a 99212 post op visit to a 99213 visit.

42808. Physician time for the post-operative visit has increased, as physicians are now dealing with more complex lesions. One of the common lesions addressed by this code are papillomas. This brings up discussions of HPV as well as vaccinations. The increased clinical work is reflected in our survey responses increasing the post-operative visit from a 99212 to a 99213, leading to our requested increase in staff time.

For X1 and X2, these are new codes for which we are only requesting facility PE inputs for the post operative office visits our survey respondents indicated. Upon review, our expert panel felt making the three post operative office visits that occur following these major procedures in the facility should be consistent and recommend 3 99213 visits for both X1 and X2.

Supplies:

For 42808, we are only requesting one change and that is to add a multispecialty visit pack in to support the 1 post operative office visit respondents indicated occurred.

For X1 and X2, we are requesting 3 multispecialty packs for the 3 office visits that occur postoperatively and 3 tongue depressors for each codes, as one of each is needed at all post op visits to evaluate healing.

Equipment:

For 42808, we are requesting the default equipment formula be applied for the 1 post operative visit that takes place, resulting in 36 minutes for the exam chair and fiberoptic headlight to be added.

For X1 and X2, these same two equipment items are required for all 3 post operative visits, respectively.

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.

FACILITY DIRECT PE INPUTS

CPT CODE(S): 42808,
42XX1, 42XX2
SPECIALTY SOCIETY(IES): AAO-HNS
PRESENTER(S): R. Peter
Manes, MD & Brian Boyce, MD

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

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, 42808 is 010 and X1 and X2 are 090 globals.

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

We are mirroring the extensive use of clinical staff pre time standards for 42808, consistent with prior PE inputs for the code.

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-surgery services (including test results)	
Schedule space and equipment in facility	
Provide pre-service education/obtain consent	
Complete pre-procedure phone calls and prescription	

b. Service period (includes pre, intra and post):

Greet patient, provide gowning, ensure appropriate medical records are available	
Obtain vital signs	
Prepare room, equipment and supplies	
Prepare, set-up and start IV, initial positioning and monitoring of patient	
Sedate/apply anesthesia	
Intra-service (of service period)	
Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	
Post-Service (of service period)	
Monitor patient following procedure/service, multitasking 1:4	
Clean room/equipment by clinical staff	
Clean surgical instrument package	
Complete post-procedure diagnostic forms, lab and x-ray requisitions	
Check dressings, catheters, wounds	
Review home care instructions, coordinate visits/prescriptions	

c. Post-service period:

Conduct patient communications
42808 - 1 99213 post visit
42XX1 - 3 99213 post op visits

FACILITY DIRECT PE INPUTS**CPT CODE(S): 42808,****42XX1, 42XX2****SPECIALTY SOCIETY(IES): AAO-HNS****PRESENTER(S): R. Peter****Manes, MD & Brian Boyce, MD****AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

42XX2 - 3 99213 post op visits

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?

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

FACILITY DIRECT PE INPUTS**CPT CODE(S): 42808,****42XX1, 42XX2****SPECIALTY SOCIETY(IES): AAO-HNS****PRESENTER(S): R. Peter****Manes, MD & Brian Boyce, MD****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).

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

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 Latitude D600), ED038?

- If yes, please explain how the computer is used for this service(s).
- 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?
- 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:

All equipment utilized the post operative visit formula for the facility PE		
EQ170	light, fiberoptic headlight w-source	
EF008	chair with headrest, exam, reclining	

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

FACILITY DIRECT PE INPUTS

CPT CODE(S):_ 42808,

42XX1, 42XX2

SPECIALTY SOCIETY(IES):_ AAO-HNS

PRESENTER(S):_ R. Peter

Manes, MD & Brian Boyce, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)

PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

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): 42808,
42XX1, 42XX2
SPECIALTY SOCIETY(IES): AAO-HNS
PRESENTER(S): R. Peter
Manes, MD & Brian Boyce, 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.

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	M	N	O	P
1	RUC Practice	Expense Spreadsheet				CURRENT		RECOMMENDED		REFERENCE CODE		RECOMMENDED		RECOMMENDED	
2						42808		42808		69716		42XX1		42XX2	
3		RUC Collaboration Website				Excision or destruction of lesion of pharynx, any method		Excision or destruction of lesion of pharynx, without magnification, any method		Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or		Transoral removal of oropharyngeal and/or pharyngeal neoplasm under magnification (eg, microscope or telescope), includes robotic assistance, when performed; tonque base		Transoral removal of oropharyngeal and/or pharyngeal neoplasm under magnification (eg, microscope or telescope), includes robotic assistance, when performed; lateral pharyngeal	
4	Clinical Activity Code	Meeting Date: April 2025 Revision Date (if applicable): Tab: 7 - Transoral Oropharyngeal Procedures Specialty: AAO-HNS	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute										
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				010	010	010	010	090	090	090	090	090	090
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				\$ 102.42	\$ 40.12	\$ 114.45	\$ 39.85	\$ -	\$ 130.81	\$ -	\$ 115.47	\$ -	\$ 115.47
8		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	103.0	63.0	127.0	63.0	0.0	149.0	0.0	180.0	0.0	180.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	18.0	30.0	18.0	30.0	0.0	60.0	0.0	60.0	0.0	60.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	58.0	6.0	82.0	6.0	0.0	26.0	0.0	12.0	0.0	12.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	27.0	27.0	27.0	27.0	0.0	63.0	0.0	108.0	0.0	108.0
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE				\$ 55.62	\$ 34.02	\$ 68.58	\$ 34.02	\$ -	\$ 80.46	\$ -	\$ 97.20	\$ -	\$ 97.20
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	0.54	5	5	5	5		5		5		5
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54	3	10	3	10		20		20		20
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54		5		5		8		8		8
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54	7	7	7	7		20		20		20
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54	3	3	3	3		7		7		7
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.54										
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.54										
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.54										
23			L037D	RN/LPN/MTA	0.54										
24			L037D	RN/LPN/MTA	0.54										
25			L037D	RN/LPN/MTA	0.54										
26		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54										
27		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54										
28		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54										
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	0.54	3		3							
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.54	5		3							
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.54										
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.54										
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.54	2		2							
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.54										
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.54										
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.54	2		2							
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.54	2		2							
42			L037D	RN/LPN/MTA	0.54										
43			L037D	RN/LPN/MTA	0.54										
44			L037D	RN/LPN/MTA	0.54										
45		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54										
46		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54										
47		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54										
48		Intra-service (of service period)													
49	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54	31		32							
50	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54										
51	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54										
52	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.54										
53			L037D	RN/LPN/MTA	0.54										
54			L037D	RN/LPN/MTA	0.54										
55			L037D	RN/LPN/MTA	0.54										
56		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54										
57		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54										
58		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54										
59		Post-Service (of service period)													
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.54			15							
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.54	5									
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.54	3		3							
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.54										
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.54			15			20				

A		B	D	E	F	G		H	I	J	K	L	M	N	O	P
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2						42808			42808		69716		42XX1		42XX2	
3		RUC Collaboration Website				Excision or destruction of lesion of pharynx, any method			Excision or destruction of lesion of pharynx, without magnification, any method		Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or		Transoral removal of oropharyngeal and/or pharyngeal neoplasm under magnification (eg, microscope or telescope), includes robotic assistance, when performed; tongue base		Transoral removal of oropharyngeal and/or pharyngeal neoplasm under magnification (eg, microscope or telescope), includes robotic assistance, when performed; lateral pharyngeal	
4	Clinical Activity Code	Meeting Date: April 2025 Revision Date (if applicable): Tab: 7 - Transoral Oropharyngeal Procedures Specialty: AAO-HNS	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute											
5		LOCATION				Non Fac	Facility		Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				010	010		010	010	090	090	090	090	090	090
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				\$ 102.42	\$ 40.12		\$ 114.45	\$ 39.85	\$ -	\$ 130.81	\$ -	\$ 115.47	\$ -	\$ 115.47
8		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	103.0	63.0		127.0	63.0	0.0	149.0	0.0	180.0	0.0	180.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	18.0	30.0		18.0	30.0	0.0	60.0	0.0	60.0	0.0	60.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	58.0	6.0		82.0	6.0	0.0	26.0	0.0	12.0	0.0	12.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	27.0	27.0		27.0	27.0	0.0	63.0	0.0	108.0	0.0	108.0
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.54				2							
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.54	2										
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.54				1							
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.54											
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.54											
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.54											
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.54											
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.54											
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.54	3			2							
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	n/a	6		n/a	6	n/a	6	n/a	12	n/a	12
75			L037D	RN/LPN/MTA	0.54											
76			L037D	RN/LPN/MTA	0.54											
77			L037D	RN/LPN/MTA	0.54											
78		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54											
79		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54											
80		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54											
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	0.54				0							
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.54											
86		Office visits: List Number and Level of Office Visits	MINUTES			# visits	# visits		# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
87		99211 16 minutes	16													
88		99212 27 minutes	27			1	1		1	1						
89		99213 36 minutes	36											3		3
90		99214 53 minutes	53													
91		99215 63 minutes	63													
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	27.0	27.0		27.0	27.0	0.0	63.0	0.0	108.0	0.0	108.0
93			L037D	RN/LPN/MTA	0.54											
94			L037D	RN/LPN/MTA	0.54											
95			L037D	RN/LPN/MTA	0.54											
96		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54											
97		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54											
98		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54											
99		End: with last office visit before end of global period														

A	B	D	E	F	G	H	I	J	K	L	M	N	O	P		
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4																
5		LOCATION														Non Fac
6		GLOBAL PERIOD				010	010	010	010	090	090	090	090	090		
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				\$ 102.42	\$ 40.12	\$ 114.45	\$ 39.85	\$ -	\$ 130.81	\$ -	\$ 115.47	\$ -	\$ 115.47	
8		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	103.0	63.0	127.0	63.0	0.0	149.0	0.0	180.0	0.0	180.0	
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	18.0	30.0	18.0	30.0	0.0	60.0	0.0	60.0	0.0	60.0	
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	58.0	6.0	82.0	6.0	0.0	26.0	0.0	12.0	0.0	12.0	
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	27.0	27.0	27.0	27.0	0.0	63.0	0.0	108.0	0.0	108.0	
100	Supply Code	MEDICAL SUPPLIES	PRICE	UNIT												
101		TOTAL COST OF SUPPLY QUANTITY x PRICE				\$ 42.79	\$ 5.02	\$ 42.59	\$ 5.05	\$ -	\$ 46.02	\$ -	\$ 15.15	\$ -	\$ 15.15	
102	SA041	pack, basic injection	10.45	pack		1		1								
103	SA048	pack, minimum multi-specialty visit	5.02	pack		2	1	2	1		2		3	3		
104	SD009	canister, suction	4.31	item		1		1			1					
105	SD122	suction tip, Yankauer	0.41	item		1		1								
106	SD132	tubing, suction, non-latex (6ft uou)	0.63	item		2		2			2					
107	SF018	cautery, monopolar, electrode, needle	3.04	item		1		1								
108	SF020	cautery, monopolar, pencil-handpiece	5.67	item		1		1								
109	SF021	cautery, patient ground pad w-cord	7.02	item		1		1								
110	SG009	applicator, sponge-tipped	0.15	item		1										
111	SH050	lidocaine 4% soln, topical (Xylocaine)	0.18	ml		2		2								
112	SJ053	swab-pad, alcohol	0.04	item		2										
113	SJ061	tongue depressor	0.03	item				1	1				3	3		
114	SA043	pack, cleaning, surgical instruments	12.61	pack							2					
115	SA054	pack, post-op incision care (suture)	4.62	pack							1					
116	SG055	gauze, sterile 4in x 4in	0.19	item							2					
117	SG081	applicator, cotton-tipped, sterile, 6in	0.0562	item							1					
118	SJ007	bacitracin oint (0.9gm uou)	0.13	item							1					
119																
120																
121	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute											
122		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				\$ 4.01	\$ 1.08	\$ 3.28	\$ 0.78	\$ -	\$ 4.33	\$ -	\$ 3.12	\$ -	\$ 3.12	
123	EQ234	suction and pressure cabinet, ENT (SMR)	4212.233	Default	0.011178114	85	27	48			63					
124	EQ170	light, fiberoptic headlight w-source	4036.943	Office Visits	0.01599516	85	27	75.0	27.0		63		108.0	108.0		
125	EQ138	instrument pack, medium (\$1500 and up)	1500	Instrument Packs	0.00697135	58		59								
126	EQ110	electrocautery-hyfre	837.5	Default	0.002222496	58		48								
127	EF015	mayo stand	522.804	Default	0.001162922	58		48								
128	EF008	chair with headrest, exam, reclining	5808.692	Office Visits	0.012920819	85	27	75.0	27.0		63		108.0	108.0		
129	EQ183	microscope, operating	7047.5	Default	0.027923578						63					
130	EQ137	instrument pack, basic (\$500-\$1499)	500	Default	0.002323783						20					
131																
132		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														

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Screen: High Volume Growth (95800)

April 2025

Unattended Sleep Testing – Tab 08

In April 2024, CPT code 95800 was identified via the high-volume growth screen, with Medicare utilization of 10,000 or more that has increased by at least 100% from 2017 through 2022. The Relativity Assessment Workgroup (RAW) requested that the specialty societies submit an action plan for codes for September 2024. In September 2024, the RUC recommended to refer the code family to CPT for revision. The specialty societies submitted a CPT code change application for the September 2024 CPT meeting to delete the current code family and replace it with a set of codes that more accurately reflect current medical practice and technologies. However, the tab was withdrawn at CPT due to coding structure issues identified by the Panel reviewers. At the February 2025 CPT Editorial Panel meeting, six codes were added to report unattended sleep study with set-up, data acquisition, and technical analysis, and with interpretation and report by a physician or other qualified health care professional. The three existing codes were deleted (95806, 95800, 95801). The new codes were surveyed for the April 2025 RUC meeting.

Compelling Evidence

The specialty societies presented compelling evidence to support a change in physician work due to changes in technique, knowledge, and technology. Deleted CPT codes 95800, 95801, and 95806 were originally established to report unattended sleep testing. However, these codes were originally established to test solely for obstructive sleep apnea and were specific to devices that captured the parameters included in the code descriptors. The new CPT codes 95X18, 95X19, 95X20, 95X21, 95X22, and 95X23 have been developed to capture new devices and new technologies that include varying numbers of leads, channels and parameter categories, and allow for different data capture. Further, the number of leads, channels and parameter categories changes the amount of time that technologists and physicians or QHPs spend. As with more channels and or parameters to review, additional time is required. **The RUC accepted compelling evidence based on a change in physician work due to changes in technique, knowledge, and technology.**

Code Family

CPT codes 95X18, 95X19, 95X20 may only be reported when the raw data is reviewed and includes the set-up, data acquisition, device-generated analysis, and technical analysis. Technical analysis refers to the review and scoring of the data produced by the unattended sleep testing device by a technologist or QHP. These codes represent the technical component of this code family and are practice expense only. Under the prior code structure (95806, 95800 and 95801), technical component only work would be reported by appending the -TC modifier to the former CPT codes.

CPT codes 95X21, 95X22, 95X23 may only be reported when the raw data is reviewed, and the interpretation is completed and documented by a physician or other QHP. Code selection is determined by counting the number of channels and the number of parameter categories reviewed by the physician or other QHP. These codes represent the professional component of this code family and encompass the physician work to provide the services. Under the prior code structure (95806, 95800 and 95801), professional component only work would be reported by appending the -26 modifier to the former CPT codes.

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 f=Family Code e=Editorial D=Deleted

Further, the low complexity codes are for devices with the minimal number of channels and parameters required to diagnose the presence of sleep disordered breathing. Moderate complexity codes cover devices that provide greater characterization of the disorders and information that influences treatment decisions. High complexity studies look for multiple disorders that home devices previously were incapable of rendering a diagnosis. For context, channel refers to a specific type of data collection pathway used to monitor and display physiological signals during sleep. Channels may include measurements of airflow, respiratory effort, blood oxygen levels, heart rate, heart rhythm, and brain activity, among others. A channel must capture data that provides physiologic information clinically relevant to the disorder(s) being evaluated and the data is viewed over the course of the study. Further, parameters are grouped into categories according to the disorders or physiologic processes they describe. For example, all obstructive respiratory parameters (eg, apnea-hypopnea index [AHI]) respiratory disturbance index [RDI], peripheral arterial tone apnea-hypopnea index [pAHI]) are grouped into a single category because they describe obstructive breathing events or patterns.

95X21 Unattended sleep study, interpretation and report by a physician or other qualified health care professional; low complexity of 3-4 channels that generate at least 3-5 parameter categories

The RUC reviewed the survey results from 93 physicians and recommends a work RVU of 0.83, which is lower than the survey 25th percentile work RVU of 0.90, based on a direct crosswalk to CPT code 72265 *Myelography, lumbosacral, radiological supervision and interpretation* (work RVU = 0.83, 15 minutes intra-service time, and 25 minutes total time). The RUC recommends 5 minutes of pre-service time, 15 minutes intra-service time, 6 minutes post-service time, and 26 minutes total time.

Within the family, this service is the lowest complexity study with at least 3-4 channels to review. These 3-4 channels are typically within several hours of data split into 30 second segments and include actigraphy, respiratory tracings, pulse oximetry, and EKG. Therefore, the physician is reviewing multiple points of data and analyzing at least 3-5 parameters that are generated from the data, such as apnea-hypopnea index, arousal index, and periodic limb movement index, while accounting for the clinical history and context.

To support the recommended work RVU, the RUC referenced MPC codes 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 RVU = 0.70, 11 minutes intra-service time, and 16 minutes total time) and 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* (work RVU = 0.90, 15 minutes intra-service time, and 22 minutes total time). When compared to the reference codes, the surveyed code is similar in intra-service time and has more total time, although it is less intense/complex to perform, supporting the recommended work RVU.

For additional support, the RUC referenced codes 93888 *Transcranial Doppler study of the intracranial arteries; limited study* (work RVU = 0.73, 15 minutes intra-service time, and 25 minutes total time) and 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*

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or other qualified health care professional (work RVU = 0.91, 15 minutes intra-service time, and 28 minutes total time). The surveyed code has identical intra-service time to the reference codes, and the work RVU and total time are appropriately bracketed, supporting the relativity of the recommended work RVU. **The RUC recommends a work RVU of 0.83 for CPT code 95X21.**

95X22 Unattended sleep study, interpretation and report by a physician or other qualified health care professional; moderate complexity of 5-10 channels that generate at least 6-8 parameter categories

The RUC reviewed the survey results from 66 physicians and recommends a work RVU of 1.08, which is lower than the survey 25th percentile work RVU of 1.30, based on a direct crosswalk to CPT code 95822 *Electroencephalogram (EEG); recording in coma or sleep only* (work RVU = 1.08, 18 minutes intra-service time, and 33 minutes total time). The RUC recommends 5 minutes of pre-service time, 18 minutes intra-service time, 8 minutes post-service time, and 31 minutes total time.

Within the family, this service is a moderately complex study with at least 5-10 channels to review. These 5-10 channels are typically within several hours of data split into 30 second segments and include multiple EEG tracings, EMG tracings, respiratory tracings, pulse oximetry, and EKG. Therefore, the physician is reviewing hundreds of points of data and analyzing at least 6-8 parameters that are generated from the data, such as, but not limited to, cardiac indices, apnea-hypopnea index, arousal index, and periodic limb movement index, while accounting for the clinical history and context.

To support the RUC recommended work RVU, the RUC referenced MPC codes 95819 *Electroencephalogram (EEG); including recording awake and asleep* (work RVU = 1.08, 15 minutes intra-service time, and 26 minutes total time) and 99308 *Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.* (work RVU = 1.30, 18 minutes intra-service time, and 27 minutes total time). The reference codes support the recommended work RVU, given the similar intra-service times and more total time required by the surveyed code.

For additional support, the RUC referenced codes 78266 *Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days* (work RVU = 1.08, 20 minutes intra-service time, and 36 minutes total time) and 93975 *Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study* (work RVU = 1.16, 20 minutes intra-service time, and 30 minutes total time). The reference codes support the recommended work RVU given the similar intra-service times and total times to the surveyed code. **The RUC recommends a work RVU of 1.08 for CPT code 95X22.**

95X23 Unattended sleep study, interpretation and report by a physician or other qualified health care professional; high complexity of 11 or more channels that generate at least 9 parameter categories

The RUC reviewed the survey results from 45 physicians and recommends a work RVU of 1.60, which is lower than the survey 25th percentile work RVU of 1.90, based on a direct crosswalk to MPC code 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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.* (work RVU = 1.60, 25 minutes intra-service time, and 35

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minutes total time). The RUC recommends 9 minutes of pre-service time, 20 minutes intra-service time, 10 minutes post-service time, and 39 minutes total time.

Within the family, this service is the highest complexity study with at least 11 channels to review and interpret. These 11 channels are typically within 7 hours of sleep recorded data split into 30 second segments, and include multiple EEG tracings, EMG tracings, respiratory tracings, pulse oximetry, and EKG. Therefore, the physician is reviewing over 800 points of data and analyzing at least 9 parameters that are generated from the data, such as, but not limited to, cardiac indices, Obstructive Sleep Apnea (OSA) respiratory indices, apnea-hypopnea index, arousal index, and periodic limb movement index, while accounting for the clinical history and context. The patients that receive this service are typically more complex with several comorbidities that could be contributing to the final diagnoses, increasing the cognitive intensity of the data analysis.

To support the recommended work RVU, the RUC referenced MPC codes 74176 *Computed tomography, abdomen and pelvis; without contrast material* (work RVU = 1.74, 22 minutes intra-service time, and 32 minutes total time) and 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* (work RVU = 1.75, 20 minutes intra-service time, and 40 minutes total time). The surveyed code has similar intra-service time and total time, although it is slightly less intense/complex to perform and is therefore appropriately valued lower.

For additional support, the RUC referenced code 95813 *Electroencephalogram (EEG) extended monitoring; 61-119 minutes* (work RVU = 1.63, 25 minutes intra-service time, and 35 minutes total time) and MPC code 99221 *Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.* (work RVU = 1.63, 40 minutes intra-service time, and 40 minutes total time). The surveyed code is supported by the reference codes similar total times and bracketed by the intensity/complexity of the relative services supporting a similar recommended work RVU. **The RUC recommends a work RVU of 1.60 for CPT code 95X23.**

Practice Expense

The Practice Expense (PE) Subcommittee considered and approved compelling evidence based on a change in equipment or practice expense cost and evidence that technology has changed clinical staff time. The new codes were created to capture new devices and new technologies that include varying numbers of leads, channels and parameter categories, and allow for different data capture. This changes the amount of time that technologists spend preparing equipment and educating the patient. As with more channels and/or parameters to review, additional time is required for technical analysis by the clinical staff for some of the new codes. In addition, the PE Subcommittee acknowledged that these services are now used for more than diagnosing obstructive sleep apnea and agreed that there is compelling evidence based on a change in patient population. Accordingly, several changes to the PE equipment and supply inputs are recommended to support the services used to diagnose multiple sleep disorders. **The PE Subcommittee approved compelling evidence based on a change in equipment or practice expense cost and a change in technology impacting clinical staff time, as well as a change in patient population.**

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The PE Subcommittee reviewed the direct practice expense inputs for the code family, specifically the three technical component PE-only codes 95X18, 95X19, and 95X20, and made minor modifications. The PE Subcommittee discussed clinical activity CA042 *Perform procedure/service in post-service period---NOT directly related to physician work time* and the specialties provided a breakdown for each of the three codes to describe the first pass (qc review), second pass, technical analysis summary, and cleaning of equipment and wires and repackaging for next use. The Subcommittee also ensured there was no overlap between CA042 and CA024 *Clean room/equipment by clinical staff*.

The PE Subcommittee recommends one new supply item, *Nox AI Sensor Kit Adult*, for CPT code 95X20. For the equipment inputs, the specialty societies selected only one device for each code. Recognizing that there are 20+ devices available, choosing one was not a majority “typical,” rather a “plurality”. Each device has its own and very different inputs; some have kits that include items such as tape, others do not have the tape. It is the same concept for batteries, where some are rechargeable, and others are not. The devices below are the basis for the inputs:

- The *Apnea Link Air* device for the low complexity code, 95X18.
- The *Apnea Trak Legacy* device for the moderate complexity code, 95X19.
- The *Nox AIs System with SpO2* for the high complexity code, 95X20.

As noted above, each new recommended equipment item correlates with a specific code and the number of channels derived from the equipment, informing the parameter categories. **The RUC recommends the direct practice expense inputs as modified by the PE Subcommittee.**

G-Codes

The RUC requests that CMS delete G0398-G0400 for CPT 2027 as they are duplicative with the new CPT codes 95X18, 95X19, 95X20, 95X21, 95X22, and 95X23.

New Technology/New Services

CPT codes 95X18, 95X19, 95X20, 95X21, 95X22, and 95X23 will be placed on the New Technology/New Services list and will be re-reviewed by the RUC in three years.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Medicine Neurology and Neuromuscular Procedures Sleep Medicine Testing Sleep medicine services include procedures that evaluate adult and pediatric patients for a variety of sleep disorders. Sleep medicine testing services are diagnostic <u>and therapeutic</u> procedures using in-laboratory and portable technology to assess physiologic data and <u>response to</u> therapy.				

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Unattended sleep study services (95X18, 95X19, 95X20, 95X21, 95X22, 95X23) are used to report set-up, data acquisition, and technical analysis alone or with the addition of an interpretation and report by a physician or other qualified health care professional (QHP). Report modifier 52 with 95X18, 95X19, 95X21, 95X22 for less than four hours of recording. Report modifier 52 with 95X20, 95X23 for less than six hours of recording. Technical analysis requires review of the raw data from the device with scoring of events as clinically indicated. Interpretation requires review of the raw data and correction of the scoring, if indicated. Attended sleep study services (95807, 95808, 95810, 95811) include set-up, data acquisition and technical analysis, and an interpretation with report by a physician or other QHP. Report modifier 52 if less than six hours of recording for 95807, 95808, 95810, 95811; if less than seven hours of recording for 95782, 95783, or if less than four nap opportunities are recorded for 95805.

Code selection for unattended sleep study services is determined by the number of channels used and the type of physiologic parameters measured. The addition of extra channels or parameters that do not provide additional, clinically relevant information may not justify the use of a higher complexity code. Complexity is determined by the clinical relevance of the information derived from the channels and parameters.

The number of channels and the quantity and complexity of the parameter categories determines the amount of physician work and, thus, the appropriate unattended sleep study code (95X18, 95X19, 95X20, 95X21, 95X22, 95X23). Codes 95X18, 95X19, 95X20 include the set-up, data acquisition, device-generated analysis, and technical analysis must be performed. Technical analysis refers to the review and scoring of the data produced by the unattended sleep testing device by a technologist or QHP. Codes 95X21, 95X22, 95X23 may only be reported when the raw data is reviewed, and the interpretation is completed and documented by a physician or other QHP. Code selection is determined by counting the number of channels and the number of parameter categories reviewed by the physician or other QHP. The code is determined by the lowest number of the two groups (channel and parameter categories) (see Table 1).

All sleep services (95800-95811) include recording, interpretation, and report. (Report with modifier 52 if less than 6 hours of recording for 95800, 95801 and 95806, 95807, 95810, 95811; if less than 7 hours of recording for 95782, 95783, or if less than four nap opportunities are recorded for 95805).

Definitions

For purposes of...

Actigraphy: the use...

Attended: a technologist...

Channel: in the context of sleep studies, a channel refers to a specific type of data collection pathway used to monitor and display physiological signals during sleep. Channels may include measurements of airflow, respiratory effort, blood oxygen levels, heart rate, heart rhythm, and brain activity, among others. A channel must capture data that provides physiologic information clinically relevant to the disorder(s) being evaluated and the data is viewed over the course of the study. For examples of channels, see Table 2.

Derived measures of heart rhythm: Heart rhythms extrapolated from alternate signals to electrocardiogram (ECG).

Direct measures of heart rhythm: Heart rhythms determined using ECG channels.

Direct measures of sleep: sleep stages determined using electroencephalogram (EEG), electrooculogram (EOG), and electromyogram (EMG) channels.

Derived measures of sleep: sleep stages extrapolated from alternate signals to EEG, EOG, and EMG.

Electrooculogram (EOG): a...

Interpretation: a physician or other QHP reviews the recorded channels epoch-by-epoch and reviews and assesses study adequacy including recording time, technical quality, and signal quality. They also modify the sleep record scoring, when necessary, and determine the type, pattern, severity, and features of respiratory events and movement disorders and assess the sleep pattern. The QHP also correlates findings with the patient's clinical history, comparing to previous sleep studies, and reviews patient's post-study feedback. The QHP considers all elements in medical decision making and all of this information is included in the sleep study interpretation.

Maintenance of wakefulness...

Multiple sleep latency...

Parameter categories: parameters are grouped into categories according to the disorders or physiologic processes they describe. For example, all obstructive respiratory parameters (eg, apnea-hypopnea index [AHI], respiratory disturbance index [RDI], peripheral arterial tone apnea-hypopnea index [pAHI]) are grouped into a single category because they describe obstructive breathing events or patterns. For a listing of the Parameter Categories, see Table 3.

Peripheral arterial tonometry...

Physiological measurements of...

Polysomnography: a sleep...

Positive airway pressure...

...

Sleep testing (or sleep study): the continuous, simultaneous monitoring of physiological parameters during sleep (eg, polysomnography, unattended sleep test, EEG).

Technical analysis: refers to the review, quality assessment, and scoring of the data that is produced by the sleep testing device by a technologist or QHP.

Table 1. Code Determination Table

<u>Study Complexity</u>	<u>Code</u>	<u>Channels</u>	<u>Parameter Categories</u>
<u>Unattended sleep study, set-up, data acquisition, and technical analysis</u>			

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<u>Low</u>	<u>95X18</u>	<u>3-4</u>	<u>3-5</u>
<u>Moderate</u>	<u>95X19</u>	<u>5-10</u>	<u>6-8</u>
<u>High</u>	<u>95X20</u>	<u>11 or more</u>	<u>9 or more</u>
<u>Unattended sleep study, interpretation and report by a physician or other QHP</u>			
<u>Low</u>	<u>95X21</u>	<u>3-4</u>	<u>3-5</u>
<u>Moderate</u>	<u>95X22</u>	<u>5-10</u>	<u>6-8</u>
<u>High</u>	<u>95X23</u>	<u>11 or more</u>	<u>9 or more</u>

Code selection is based on study complexity determined by the lowest number of the two groups (channels and parameter categories).

Table 2. Channel Examples

<u>Channel Examples</u>
<u>Airflow</u>
<u>Oxygen saturation/SpO₂</u>
<u>Pulse rate</u>
<u>Position</u>
<u>Movement tracking (eg, actigraphy, accelerometry)</u>
<u>Mandibular movement</u>
<u>EEG</u>

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<u>EOG</u>
<u>EMG</u>
<u>Snore</u>
<u>Photoplethysmography</u>
<u>Heart rate variability</u>
<u>Respiratory effort</u>
<u>ECG</u>
<u>Respiratory inductance plethysmography (RIP) flow</u>
<u>Peripheral arterial tonometry</u>

Table 3. Parameter Category Examples

<u>Parameter Category Examples</u>	<u>Examples of Individual Parameters by Category</u>
<u>Sleep summary</u>	<u>Recording time, sleep time, sleep latency, arousal indices, sleep/wake time from actigraphy</u>
<u>Sleep stages</u>	<u>4 Sleep stages by EEG, EOG, EMG, derived sleep/wake pattern (sleep staging), REM latency</u>
<u>Oxygen summary</u>	<u>Oxygen desaturation index (ODI), low saturation, percentage by saturation levels, hypoxic burden</u>

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<u>Obstructive Sleep Apnea (OSA) respiratory indices</u>	<u>AHI, RDI, respiratory event index (REI), snoring, pAHI, Software-generated apnea hypopnea index (sAHI)</u>
<u>Non OSA respiratory indices</u>	<u>Central apnea index (CAI), central apnea hypopnea index (CAHI), Cheyne-Stokes respiration (CSR)</u>
<u>Cardiac indices</u>	<u>Heart rate, heart rate variability, tachycardia, bradycardia</u>
<u>Movement indices</u>	<u>Periodic limb movement index (PLMI), periodic limb movement arousal index (PLMAI), REM atonia, bruxism</u>
<u>Seizure indices</u>	<u>Spikes, spike & wave complexes, rhythmic abnormalities</u>
<u>Positional indices</u>	<u>Body position, head position, supine AHI</u>
<u>Arrhythmia indices</u>	<u>Advanced arrhythmia detection by ECG, including atrial fibrillation, bundle branch block, premature ventricular contractions (PVCs), premature atrial contractions (PACs)</u>
<u>CO₂ indices</u>	<u>End tidal CO₂, transcutaneous CO₂</u>

Total sleep time...

Unattended: a technologist...

(Report with modifier 52 if less than 4 6 hours of recording or in other cases of reduced services as appropriate for 95X18, 95X19, 95X21, 95X22)

(Report with modifier 52 if less than 6 hours of recording or in other cases of reduced services as appropriate for 95X20, 95X23)

(Do not report 95X18, 95X19, 95X20, 95X21, 95X22, 95X23, for unattended sleep devices that do not require a physician or other QHP interpretation)

(For unattended sleep study, ~~use~~ see 95806 95X18, 95X19, 95X20, 95X21, 95X22, 95X23)

95803 <i>Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)</i> <i>(Do not report 95803 more than once in any 14 day period)</i> (Do not report 95803 in conjunction with ~~95806~~95807, 95808, 95810, -95811)				
D95806	-	~~Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)~~ ~~(Do not report 95806 in conjunction with 93041-93227, 93228, 93229, 93268-93272, 95800, 95801)~~ ~~(For unattended sleep study that measures heart rate, oxygen saturation, respiratory analysis, and sleep time, use 95800)~~ ~~(For unattended sleep study that measures a minimum heart rate, oxygen saturation, and respiratory analysis, use 95801)~~ <u>(95806 has been deleted. To report unattended sleep testing, see 95X18, 95X19, 95X20, 95X21, 95X22, 95X23)</u>	XXX	(2025 Work RVU = 0.93)
D95800	-	~~Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time~~ ~~(Do not report 95800 in conjunction with 93041-93227, 93228, 93229, 93268-93272, 95801, 95803, 95806)~~ ~~(For unattended sleep study that measures a minimum of heart rate, oxygen saturation, and respiratory analysis, use 95801)~~	XXX	(2025 Work RVU = 0.85)
D95801	-	~~minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)~~ ~~(Do not report 95801 in conjunction with 93041-93227, 93228, 93229, 93268-93272, 95800, 95806)~~ ~~(For unattended sleep study that measures heart rate, oxygen saturation, respiratory analysis and sleep time, use 95800)~~	XXX	(2025 Work RVU = 0.85)

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		<u>(95800, 95801 have been deleted. To report unattended sleep testing, see 95X18, 95X19, 95X20, 95X21, 95X22, 95X23)</u>		
●95X18	E1	Unattended sleep study, set-up, data acquisition and technical analysis; low complexity of 3-4 channels that generate at least 3-5 parameter categories	XXX	PE Only
●95X19	E2	moderate complexity of 5-10 channels that generate at least 6-8 parameter categories	XXX	PE Only
●95X20	E3	high complexity of 11 or more channels that generate at least 9 parameter categories (Do not report 95X18, 95X19, 95X20 in conjunction with 93041-93279, 93628-93272, 94762, 95803, 95819)	XXX	PE Only
●95X21	E4	Unattended sleep study, interpretation and report by a physician or other qualified health care professional; low complexity of 3-4 channels that generate at least 3-5 parameter categories	XXX	0.83
●95X22	E5	moderate complexity of 5-10 channels that generate at least 6-8 parameter categories	XXX	1.08
●95X23	E6	high complexity of 11 or more channels that generate at least 9 parameter categories (Do not report 95X21, 95X22, 95X23 in conjunction with 93041-93229, 93628-93272, 94762, 95803, 95819)	XXX	1.60
DG0398	-	Home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate, airflow, respiratory effort and oxygen saturation	XXX	Requests CMS Delete (2025 Work RVU = 0.00)
DG0399	-	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	XXX	Requests CMS Delete (2025 Work RVU = 0.00)

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DG0400	-	Home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels	XXX	Requests CMS Delete (2025 Work RVU = 0.00)

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

CPT Code: 95X21	Tracking Number E4	Original Specialty Recommended RVU: 0.85
		Presented Recommended RVU: 0.83
Global Period: XXX	Current Work RVU: N/A	RUC Recommended RVU: 0.83

CPT Descriptor: Unattended sleep study, interpretation and report by a physician or other qualified health care professional; low complexity of 3-4 channels that generate at least 3-5 parameter categories

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old male with morbid obesity and snoring reports excessive daytime sleepiness. An unattended sleep study is ordered.

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 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: Evaluates the clinical scenario which includes reviewing the health records, referring QHP documentation, past medical history, medications, and previous sleep testing. Review the sleep study order to ensure that the appropriate test is performed, contacts the ordering provider when necessary.

Description of Intra-Service Work:

Reviews all technologist notes regarding set-up and processing of the unattended sleep study. Opens the sleep recording and reviews the recording. Reviews recorded channels and assesses study adequacy, including recording time, technical quality, and signal quality. Modifies the sleep record scoring when necessary. Correlates findings with patient's clinical history and comparison to previous sleep studies (if applicable).

Reviews patient's post-study feedback. Completes interpretation of data and creates a formal interpretative report.

Description of Post-Service Work: Enters the formal interpretive report into the patient's health record. Communicates test results to the referring QHP.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2025				
Presenter(s):	Charles Bae, MD MHCI, Omar Hussain, MD, Katina Nicolacakis, MD, Marianna V. Spanaki, MD, PhD				
Specialty Society(ies):	American Academy of Neurology, American Academy of Sleep Medicine, American College of Chest Physicians, and American Thoracic Society				
CPT Code:	95X21				
Sample Size:	4494	Resp N:	93		
Description of Sample:	The four societies each selected random samples of their respective memberships.				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	100.00	334.00	1840.00
Survey RVW:	0.17	0.90	1.30	1.50	15.00
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	10.00	15.00	20.00	40.00
Immediate Post Service-Time:	6.00				
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:	95X21	Recommended Physician Work RVU: 0.83		
	Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time	
Pre-Service Evaluation Time:	5.00	0.00	5.00	
Pre-Service Positioning Time:	0.00	0.00	0.00	
Pre-Service Scrub, Dress, Wait Time:	0.00	0.00	0.00	
Intra-Service Time:	15.00			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time	
Immediate Post Service-Time:	6.00	0.00	6.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits

Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00	
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00 14x 0.00 15x 0.00

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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
94621	XXX	1.42	RUC Time

CPT Descriptor Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
95819	XXX	1.08	RUC Time

CPT Descriptor Electroencephalogram (EEG); including recording awake and asleep

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99212	XXX	0.70	RUC Time	7,439,551

CPT Descriptor 1 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.

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
74246	XXX	0.90	RUC Time	43,307

CPT Descriptor 2 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

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 18 % of respondents: 19.3 %

Number of respondents who choose 2nd Key Reference Code: 14 % of respondents: 15.0 %

TIME ESTIMATES (Median)

	CPT Code: <u>95X21</u>	Top Key Reference CPT Code: <u>94621</u>	2nd Key Reference CPT Code: <u>95819</u>
Median Pre-Service Time	5.00	10.00	5.00
Median Intra-Service Time	15.00	30.00	15.00
Median Immediate Post-service Time	6.00	10.00	6.00
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	26.00	50.00	26.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	7%	53%	20%	20%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
13%	47%	40%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	0%	27%	73%
Physical effort required	33%	54%	13%

Psychological Stress

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with

<u>Less</u>	<u>Identical</u>	<u>More</u>
13%	54%	33%

Survey Code Compared to 2nd Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	30%	60%	10%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

Less **Identical** **More**

0%	40%	60%

Technical Skill/Physical Effort

Less **Identical** **More**

Technical skill required	0%	40%	60%

Physical effort required	40%	20%	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%	50%	50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

At the September 2024 RAW meeting, CPT 95800 code was identified with Medicare utilization of 10,000 or more, that have increased by at least 100% from 2017 through 2022.

The joint societies representing the American Academy of Neurology, (AAN), American Academy of Sleep Medicine (AASM), the American College of CHEST Physicians (CHEST) and the American Thoracic Society (ATS), herein referred to as the (joint AAN,AASM, CHEST, ATS) had been working through the AMA CPT process, first submitting an application in June 2024 for the September CPT meeting, with a follow up submission for the February 2025 CPT panel meeting. At the September 2024 RAW meeting, the committee agreed with the referral to CPT for this family.

As a result of the February 2025 AMA CPT meeting, the CPT panel approved the addition of six codes to report unattended sleep study with set-up, data acquisition, and technical analysis; unattended sleep study with interpretation and report by a physician or other qualified health care professional; and additional introductory guidelines. Deletion of three existing sleep study codes, specifically the 95800 CPT code an outcome of the RAW High Volume Growth screen. Additionally, the joint *AAN*, *AASM*, *CHEST*, *ATS* medical specialties agree and would support CMS deleting the redundant HCPCS Level II codes G0398, G0399 and G0400.

Since the establishment of the unattended sleep test code family in 2011, several new technologies have been developed and are now FDA approved for diagnostic testing for sleep disorders. The current code family (95800, 95801, and 95806) only includes devices that are used to diagnose obstructive sleep apnea. However, unattended sleep studies may be used to diagnose several sleep disorders. The current code family also does not accurately capture all existing sleep testing technologies that are being used outside of the sleep center to diagnose sleep disorders. Newer sleep testing devices have varying levels of complexity and now measure sleep parameters using both direct and derived measures of sleep.

The proposed revised code descriptors for unattended sleep studies are categorized by the complexity of the monitoring and analysis involved. These range from basic respiratory analysis for sleep-disordered breathing using less than 5 channels, to comprehensive monitoring, which includes 11 or more channels and generates more than a dozen physiologic parameters. The codes are designed to capture various diagnostic needs, from diagnosing sleep apnea to detailed sleep pattern and respiratory analysis for managing conditions like insomnia, identifying obstructive vs. central sleep apnea, and evaluating sleep-related movement disorders and parasomnias. Each code specifies the number of channels used and physiologic parameters generated, indicating the breadth of data collected during the test and increasing qualified health professional (QHP) work.

Specifically, the low complexity codes are for devices with the minimal number of channels and parameters required to diagnose the presence of sleep disordered breathing. Moderate complexity codes cover devices that provide greater characterization of the disorders and information that influences treatment decisions. High complexity studies look for multiple disorders that home devices previously were incapable of diagnosing and provide equivalent data to in laboratory polysomnography. At the request of the AMA CPT panel, the codes were split into two sets of services, 95X18, 95X19 and 95X20 for the set up, data acquisition and technical analysis by the clinical staff, and 95X21, 95X22 and 95X23 for the interpretation and report by the physician or QHP. One of the primary goals of this code set revision is to create a framework that supports reporting across multiple devices.

Method and Data

The joint *AAN*, *AASM*, *CHEST*, *ATS* conducted a random survey using the AMA Qualtrics survey tool. The group met over email and several conference calls to review the data and develop the below consensus recommendations.

Compelling Evidence:

We believe the following PE and Work compelling arguments have been met and the current PE inputs and work are not sufficient as evidenced by the changes in the CPT codes and descriptions. These services are now used for more than diagnosing obstructive sleep apnea as discussed in the background. Literature was provided with the AMA CPT code change application and is part of the RUC materials.

- Evidence that there has been a change in equipment or practice expense cost
- Evidence that technology has changed clinical staff time
- Evidence that there have been changes in physician work due to technique, knowledge/technology and physician time.

Codes 95800, 95801, and 95806 were originally established to report unattended sleep testing. However, these codes were originally established to test solely for obstructive sleep apnea and were specific to devices that captured the parameters included in the code descriptors. The new CPT codes 95X18, 95X19, 95X20, 95X21, 95X22 and 95X23 have been developed to capture new devices and new technologies that include vary numbers of leads, channels and parameter categories, and allow for different data capture. The

number of leads, channels and parameter categories changes the amount of time that technologists and physicians or QHPs spend. As with more channels and or parameters to review, additional time is required.

95X21 *Unattended sleep study, interpretation and report by a physician or other qualified health care professional; low complexity of 3-4 channels that generate at least 3-5 parameter categories*

A joint AAN, AASM, CHEST, ATS RVS panel (expert panel) reviewed and discussed the survey results. Ninety six percent of the survey respondents stated that the vignette was typical. The expert panel noted the volume of 93 survey responses for this code surpassing the required 50 necessary for a valid survey. The survey performance rate median of 100 studies per year among the 93 respondents is a reasonable rate. We are therefore confident that those completing the survey for this code did have experience performing the service.

Time Discussion

The expert panel reviewed the survey physician median times of 5 minutes pre-service, 15 minutes intra time and 6 minutes post-service. The expert panel also reviewed the billed together files in the RUC database and found that this service is not typically billed with an E/M or other services. Therefore, we did not believe it necessary for any time or work adjustments. We compared the current total time in the RUC database of 95800 and 95801, 31 minutes, compared to the survey total time of 26 minutes. The panel reviewed other similar services, and they recommend accepting the median survey times 5 pre-service time, 15 minutes intra time and 6 minutes post time. As this code is closest to the prior CPT codes 95800 and 95801, we did note that this service in the code family are common and that these services may take slightly less time to perform than the prior CPT codes as providers are more familiar and the technology has improved. The expert panel did believe that the survey times was lower than their experience, however for this code they were inclined to accept the survey results.

RVW Discussion

The expert panel reviewed the RVWs for the survey results of 95X21 additionally comparing to the 2 Key reference codes selected and reviewing the rank order in general. The expert panel discussed compelling evidence arguments to support the survey median or the 25th percentile results and dismissed the option for recommending the median, or the 25th percentile as they did not believe the times supported. They observed that the 25th percentile of 0.90 was closer to the current value 0.85 and that using a combination of the some comparator codes and the 25th percentile supports maintaining the current RVW. We believe these procedures have not fundamentally changed over the years. The expert panel did struggle with a reduction of 5 minutes to the total time and after much discussion, decided that they reduction was in the margin of error and in combination with reviewing some comparator codes, time and RVWs are recommending maintaining the current RVW of 0.85.

The two key reference services for 95X21 were 94621 (11 responses) and 95819 (14 responses). Additionally, we compared 95X21 to a MPC codes CPT 74246 and CPT 95819 all detailed in the table below. The expert panel would agree that 95X21 is ranked appropriately for the current value and supported by the 25th percentile of the survey.

Below is a table of other codes supportive to our recommendation:

CPT-global	Description Short	RVW	Pre	Intra	Post	Total	MPC	RUC review date

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.	0.70	2	11	3	16	yes	April 2019
75984 XXX	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation	0.83	5	15	5	25	No	2019-04
93281 XXX	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	0.85	7	15	10	32	No	2016-10
95X21 XXX SVY REC	Unattd Sleep, Interpret/report, low comp, 3-4 channels, 3-5 parameters	0.83	5	15	6	26		
72265 X-walk	Myelography, lumbosacral, radiological supervision and interpretation	0.83	5	15	5	25		Apr14
78227 XXX	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed	0.90	6	15	5	26	No	2011-02
74246 XXX	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	0.90	4	15	3	22	Yes	2019-01
95819	Key Ref 2 Electroencephalogram (EEG); including recording awake and asleep	1.08	5	15	6	26	Yes	Oct12

In summary, we recommend a crosswalk to CPT 72265 RVW of 0.83 for 95X21 with a pre-service time 5 minutes' intra-service time 15 minutes and post-service time 6 minutes, total time 26 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: 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) 95800

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 Pulmonary How often? Sometimes

Specialty Sleep Medicine How often? Sometimes

Specialty Neurology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 360000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2023 Medicare data times 3

Specialty IDTF Frequency 146520 Percentage 40.70 %

Specialty Pulmonary Frequency 77040 Percentage 21.40 %

Specialty Sleep Medicine Frequency 39960 Percentage 11.10 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?

121,746 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2023 Medicare claims from ruc data base

Specialty IDTF Frequency 84759 Percentage 69.61 %

Specialty Pulmonary Frequency 24657 Percentage 20.25 %

Specialty Sleep Medicine Frequency 9246 Percentage 7.59 %

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 95800

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: 95X22	Tracking Number E5	Original Specialty Recommended RVU: 1.20
		Presented Recommended RVU: 1.08
Global Period: XXX	Current Work RVU: N/A	RUC Recommended RVU: 1.08

CPT Descriptor: Unattended sleep study, interpretation and report by a physician or other qualified health care professional; moderate complexity of 5-10 channels that generate at least 6-8 parameter categories

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 55-year-old male with obesity and hypertension who reports non-refreshing sleep has an unattended sleep study to evaluate the presence, severity, and positional nature of obstructive sleep apnea, central sleep apnea, Cheyne Stokes respiration, actual sleep time, and degree of associated oxyhemoglobin desaturation.

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: Evaluates the clinical scenario which includes reviewing the health records, referring QHP documentation, past medical history, medications, and previous sleep testing. Review the sleep study order to ensure that the appropriate test is performed, contacts the ordering provider when necessary.

Description of Intra-Service Work:

Reviews all technologist notes regarding set-up and processing of the unattended sleep study. Opens the sleep recording and reviews the recording. Reviews recorded channels and assesses study adequacy, including recording time, technical quality, and signal quality. Modifies the sleep record scoring when necessary. Determine type, pattern, severity and features of respiratory events, assess sleep pattern, and assess positioning. Correlates findings with patient's clinical history and comparison to previous sleep studies (if applicable).

Reviews patient's post-study feedback. Completes interpretation of data and creates a formal interpretative report.

Description of Post-Service Work: Enters the formal interpretive report into the patient's health record. Communicates test results to the referring QHP.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2025				
Presenter(s):	Charles Bae, MD MHCI, Omar Hussain, MD, Katina Nicolacakis, MD, Marianna V. Spanaki, MD, PhD				
Specialty Society(ies):	American Academy of Neurology, American Academy of Sleep Medicine, American College of Chest Physicians, and American Thoracic Society				
CPT Code:	95X22				
Sample Size:	4494	Resp N:	66		
Description of Sample:	The four societies each selected random samples of their respective memberships.				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	20.00	100.00	220.00	1200.00
Survey RVW:	0.40	1.30	1.55	2.15	5.20
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	12.00	18.00	25.00	80.00
Immediate Post Service-Time:	8.00				
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:	95X22	Recommended Physician Work RVU: 1.08		
	Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time	
Pre-Service Evaluation Time:	5.00	0.00	5.00	
Pre-Service Positioning Time:	0.00	0.00	0.00	
Pre-Service Scrub, Dress, Wait Time:	0.00	0.00	0.00	
Intra-Service Time:	18.00			
Please, pick the <u>post</u>-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:	8.00	0.00	8.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits

Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00	
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00 14x 0.00 15x 0.00

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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99214	XXX	1.92	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 moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
94621	XXX	1.42	RUC Time

CPT Descriptor Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
95819	XXX	1.08	RUC Time	66,843

CPT Descriptor 1 Electroencephalogram (EEG), including recording awake and asleep

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
99308	XXX	1.30	RUC Time	10,930,777

CPT Descriptor 2 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO 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: 12 % of respondents: 18.1 %

Number of respondents who choose 2nd Key Reference Code: 11 % of respondents: 16.6 %

TIME ESTIMATES (Median)

	CPT Code: <u>95X22</u>	Top Key Reference CPT Code: <u>99214</u>	2nd Key Reference CPT Code: <u>94621</u>
Median Pre-Service Time	5.00	5.00	10.00
Median Intra-Service Time	18.00	25.00	30.00
Median Immediate Post-service Time	8.00	5.00	10.00
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	31.00	35.00	50.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	25%	67%	8%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

Less Identical More

8%	42%	36%

Technical Skill/Physical Effort

Less Identical More

Technical skill required	0%	50%	50%
Physical effort required	25%	50%	25%

Psychological Stress

Less Identical More

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician

0%	75%	25%

- Estimated risk of malpractice suit with poor outcome

Survey Code Compared to 2nd Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	18%	46%	27%	9%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
18%	46%	37%

Technical Skill/Physical Effort

Technical skill required

<u>Less</u>	<u>Identical</u>	<u>More</u>
27%	37%	36%

Physical effort required

<u>Less</u>	<u>Identical</u>	<u>More</u>
36%	64%	0%

Psychological Stress

- 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

<u>Less</u>	<u>Identical</u>	<u>More</u>
9%	55%	36%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

At the September 2024 RAW meeting, CPT 95800 code was identified with Medicare utilization of 10,000 or more, that have increased by at least 100% from 2017 through 2022.

The joint societies representing the American Academy of Neurology, (AAN), American Academy of Sleep Medicine (AASM), the American College of CHEST Physicians (CHEST) and the American Thoracic Society (ATS), herein referred to as the (joint AAN,AASM, CHEST, ATS) had been working through the AMA CPT process, first submitting an application in June 2024 for the September CPT meeting, with a follow up submission for the February 2025 CPT panel meeting. At the September 2024 RAW meeting, the committee agreed with the referral to CPT for this family.

As a result of the February 2025 AMA CPT meeting, the CPT panel approved the addition of six codes to report unattended sleep study with set-up, data acquisition, and technical analysis; unattended sleep study with interpretation and report by a physician or other qualified health care professional; and additional introductory guidelines. Deletion of three existing sleep study codes, specifically the 95800 CPT code an outcome of the RAW High Volume Growth screen. Additionally, the joint *AAN*, *AASM*, *CHEST*, *ATS* medical specialties agree and would support CMS deleting the redundant HCPCS Level II codes G0398, G0399 and G0400.

Since the establishment of the unattended sleep test code family in 2011, several new technologies have been developed and are now FDA approved for diagnostic testing for sleep disorders. The current code family (95800, 95801, and 95806) only includes devices that are used to diagnose obstructive sleep apnea. However, unattended sleep studies may be used to diagnose several sleep disorders. The current code family also does not accurately capture all existing sleep testing technologies that are being used outside of the sleep center to diagnose sleep disorders. Newer sleep testing devices have varying levels of complexity and now measure sleep parameters using both direct and derived measures of sleep.

The proposed revised code descriptors for unattended sleep studies are categorized by the complexity of the monitoring and analysis involved. These range from basic respiratory analysis for sleep-disordered breathing using less than 5 channels, to comprehensive monitoring, which includes 11 or more channels and generates more than a dozen physiologic parameters. The codes are designed to capture various diagnostic needs, from diagnosing sleep apnea to detailed sleep pattern and respiratory analysis for managing conditions like insomnia, identifying obstructive vs. central sleep apnea, and evaluating sleep-related movement disorders and parasomnias. Each code specifies the number of channels used and physiologic parameters generated, indicating the breadth of data collected during the test and increasing qualified health professional (QHP) work.

Specifically, the low complexity codes are for devices with the minimal number of channels and parameters required to diagnose the presence of sleep disordered breathing. Moderate complexity codes cover devices that provide greater characterization of the disorders and information that influences treatment decisions. High complexity studies look for multiple disorders that home devices previously were incapable of diagnosing and provide equivalent data to in laboratory polysomnography. At the request of the AMA CPT panel, the codes were split into two sets of services, 95X18, 95X19 and 95X20 for the set up, data acquisition and technical analysis by the clinical staff, and 95X21, 95X22 and 95X23 for the interpretation and report by the physician or QHP. One of the primary goals of this code set revision is to create a framework that supports reporting across multiple devices.

Method and Data

The joint *AAN*, *AASM*, *CHEST*, *ATS* conducted a random survey using the AMA Qualtrics survey tool. The group met over email and several conference calls to review the data and develop the below consensus recommendations.

Compelling Evidence:

We believe the following PE and Work compelling arguments have been met and the current PE inputs and work are not sufficient as evidenced by the changes in the CPT codes and descriptions. These services are now used for more than diagnosing obstructive sleep apnea as discussed in the background. Literature was provided with the AMA CPT code change application and is part of the RUC materials.

- Evidence that there has been a change in equipment or practice expense cost
- Evidence that technology has changed clinical staff time
- Evidence that there have been changes in physician work due to technique, knowledge/technology and physician time.

Codes 95800, 95801, and 95806 were originally established to report unattended sleep testing. However, these codes were originally established to test solely for obstructive sleep apnea and were specific to devices that captured the parameters included in the code descriptors. The new CPT codes 95X18, 95X19, 95X20, 95X21, 95X22 and 95X23 have been developed to capture new devices and new technologies that include vary numbers of leads, channels and parameter categories, and allow for different data capture. The

number of leads, channels and parameter categories changes the amount of time that technologists and physicians or QHPs spend. As with more channels and or parameters to review, additional time is required.

95X22 *Unattended sleep study, interpretation and report by a physician or other qualified health care professional; moderate complexity of 5-10 channels that generate at least 6-8 parameter categories*

A joint AAN, AASM, CHEST, ATS RVS panel (expert panel) reviewed and discussed the survey results. Eighty six percent of the survey respondents stated that the vignette was typical. The expert panel noted the volume of 66 survey responses for this code surpassing the required necessary for a valid survey. The survey performance rate median of 18 studies per year among the 86 respondents is a reasonable rate. We are therefore confident that those completing the survey for this code did have experience performing the service.

Time Discussion

The expert panel reviewed the survey physician median times of 5 minutes pre-service, 18 minutes intra time and 8 minutes post-service. The expert panel also reviewed the billed together files in the RUC database and found that this service is not typically billed with an E/M or other services. Therefore, we did not believe it necessary for any time or work adjustments. We compared the current total time in the RUC database of 95806, 31 minutes, compared to the survey total time of 31 minutes. The panel reviewed other similar services, and they recommend accepting the median survey times 5 pre-service time, 18 minutes intra time and 8 minutes post time. As this code is closest to the prior CPT codes 95806, but not exact and likely more work based on the number of channels and parameters required to review, the expert panel believed the time estimates by the survey takers was lower than their experience. We did note that this service in the code family are not quite as common as the prior code discussed and is the beginning of the different technology and work of these services. The expert panel did believe that the survey times was lower than their experience, however we are required to accept our survey median times if there is no other published data that we can point too.

RVW Discussion

The expert panel reviewed the RVWs for the survey results of 95X22 additionally comparing to the 2 Key reference codes selected and reviewing the rank order in general. The expert panel discussed arguments to support the survey median or the 25th percentile results and dismissed the option for recommending the median, or the 25th percentile as they did not believe the times supported. They observed that the 25th percentile of 1.30 was too high and that using a combination of the some comparator codes and a x-walk code would be required for this service recommendation. We believe these procedures **have** fundamentally changed over the years. The expert panel did comment that the total time did come in the same, 31 minutes, as the less than perfect comparator code. The expert panel had anticipated this new code would yield higher times than the survey results.

The two key reference services for 95X22 were 99214 (12 responses) and 94621 (11 responses). Additionally, we compared 95X22 to a MPC codes CPT 95819 and CPT 99308 all detailed in the table below. The expert panel would agree that 95X22 is ranked appropriately with a x-walk to code **95822** and relative to the IWPUT for 95X21.

Below is a table of other codes supportive to our recommendation:

CPT-global	Description Short	RVW	Pre	Intra	Post	Total	MPC	RUC review date
99212	Office or other outpatient visit for the evaluation and management	0.70	2	11	3	16	yes	April 2019

	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.							
95822	Electroencephalogram (EEG); recording in coma or sleep only	1.08	5	18	10	33	No	2012-10
95819	Electroencephalogram (EEG); including recording awake and asleep	1.08	5	15	6	26	Yes	Oct12
95X22 XXX SVY REC	Unattd Sleep, Interpret/report, Mod comp, 5-10 channels, 6-8 parameters	1.08	5	18	8	31		
95822 x-walk	Electroencephalogram (EEG); recording in coma or sleep only	1.08	5	18	10	33		Oct12
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	1.25	9	18	10	37	No	2016-10
99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	1.30	5	18	4	27	yes	2021-04
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	1.40	5	18	5	28	yes	Apr12

In summary, we recommend a RVW of 1.08 x-walked to CPT 95822 for 95X22 with a pre-service time 5 minutes' intra-service time 18 minutes and post-service time 8 minutes, total time 31 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.

- ☐ Multiple codes are used to maintain consistency with similar codes.
☐ Historical precedents.
☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 95806

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 Pulmonary How often? Sometimes

Specialty Sleep Medicine How often? Sometimes

Specialty Neurology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 81000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2023 Medicare data times 3

Specialty Pulmonary	Frequency 38300	Percentage 47.28 %
Specialty Sleep Medicine	Frequency 13280	Percentage 16.39 %
Specialty Neurology	Frequency 9800	Percentage 12.09 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 27,396 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2023 Medicare claims from ruc data base

Specialty Pulmonary	Frequency 12657	Percentage 46.20 %
Specialty Sleep Medicine	Frequency 3342	Percentage 12.19 %
Specialty Neurology	Frequency 3534	Percentage 12.89 %

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:

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 95806

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: 95X23	Tracking Number E6	Original Specialty Recommended RVU: 1.75
		Presented Recommended RVU: 1.60
Global Period: XXX	Current Work RVU: N/A	RUC Recommended RVU: 1.60

CPT Descriptor: Unattended sleep study, interpretation and report by a physician or other qualified health care professional; high complexity of 11 or more channels that generate at least 9 parameter categories

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male with Parkinson's disease and heart disease reports snoring, gasping, excessive movement during sleep, wakefulness during the sleep period, and daytime sleepiness. His bed partner reports repetitive leg jerks throughout the night. An unattended sleep study is ordered to evaluate the patient's symptoms, measure actual sleep time, evaluate for the presence, severity, and positional nature of obstructive sleep apnea and central sleep apnea, assess sleep quality, muscle tone, and heart rate variability, and assess for sleep fragmentation disorders such as periodic limb movements of sleep.

Percentage of Survey Respondents who found Vignette to be Typical: 66%

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: Evaluates the clinical scenario which includes reviewing the health records, referring QHP documentation, past medical history, medications, and previous sleep testing. Review the sleep study order to ensure that the appropriate test is performed, contacts the ordering provider when necessary.

Description of Intra-Service Work:

Reviews all technologist notes regarding set-up and processing of the unattended sleep study. Opens the sleep recording and reviews the recording. Reviews recorded channels and assesses study adequacy, including recording time, technical quality, and signal quality. Modifies the sleep record scoring when necessary. Analyzes sleep stages based on direct measures of sleep including EEG, EMG, and EOG. Determines if there are respiratory events (obstructive and central), movement events, arrhythmias, and EEG abnormalities. Correlates findings with patient's clinical history and comparison to previous sleep studies (if applicable).

Reviews patient's post-study feedback. Completes interpretation of data and creates a formal interpretative report.

Description of Post-Service Work: Enters the formal interpretive report into the patient's health record. Communicates test results to the referring QHP.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2025				
Presenter(s):	Charles Bae, MD MHCI, Omar Hussain, MD, Katina Nicolacakis, MD, Marianna V. Spanaki, MD, PhD				
Specialty Society(ies):	American Academy of Neurology, American Academy of Sleep Medicine, American College of Chest Physicians, and American Thoracic Society				
CPT Code:	95X23				
Sample Size:	4494	Resp N:	45		
Description of Sample:	The four societies each selected random samples of their respective memberships.				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	20.00	110.00	600.00
Survey RVW:	0.70	1.90	2.40	2.70	5.00
Pre-Service Evaluation Time:			9.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	1.00	15.00	20.00	31.00	100.00
Immediate Post Service-Time:	10.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00			
Other Hospital time/visit(s):	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
Discharge Day Mgmt:	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
Office time/visit(s):	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			

**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:	95X23	Recommended Physician Work RVU: 1.60		
	Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time	
Pre-Service Evaluation Time:	9.00	0.00	9.00	
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)				
XXX Global Code				
	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time	
Immediate Post Service-Time:	10.00	0.00	10.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits

Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00	
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00 14x 0.00 15x 0.00

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:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99204	XXX	2.60	RUC Time

CPT Descriptor 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 total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99214	XXX	1.92	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 moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
99203	XXX	1.60	RUC Time	9,235,983

CPT Descriptor 1 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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Medicare Utilization</u>
99214	XXX	1.92	RUC Time	100,613,734

CPT Descriptor 2 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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO 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: 15 % of respondents: 33.3 %

Number of respondents who choose 2nd Key Reference Code: 10 % of respondents: 22.2 %

TIME ESTIMATES (Median)

	CPT Code: 95X23	Top Key Reference CPT Code: 99204	2nd Key Reference CPT Code: 99214
Median Pre-Service Time	9.00	10.00	7.00
Median Intra-Service Time	20.00	40.00	30.00
Median Immediate Post-service Time	10.00	10.00	10.00
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	39.00	60.00	47.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	7%	53%	20%	20%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

Less Identical More

13% 47% 40%

Technical Skill/Physical Effort

Less Identical More

Technical skill required	0%	27%	73%
Physical effort required	33%	53%	14%

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%

53%

33%

**Survey Code Compared to
2nd Key Reference Code****Much
Less****Somewhat
Less****Identical****Somewhat
More****Much
More****Overall intensity/complexity**

0%

0%

30%

60%

10%

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%

40%

60%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

0%

40%

60%

Physical effort required

40%

20%

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%

50%

50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

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Since the establishment of the unattended sleep test code family in 2011, several new technologies have been developed and are now FDA approved for diagnostic testing for sleep disorders. The current code family (95800, 95801, and 95806) only includes devices that are used to diagnose obstructive sleep apnea. However, unattended sleep studies may be used to diagnose several sleep disorders. The current code family also does not accurately capture all existing sleep testing technologies that are being used outside of the sleep center to diagnose sleep disorders. Newer sleep testing devices have varying levels of complexity and now measure sleep parameters using both direct and derived measures of sleep.

The proposed revised code descriptors for unattended sleep studies are categorized by the complexity of the monitoring and analysis involved. These range from basic respiratory analysis for sleep-disordered breathing using less than 5 channels, to comprehensive monitoring, which includes 11 or more channels and generates more than a dozen physiologic parameters. The codes are designed to capture various diagnostic needs, from diagnosing sleep apnea to detailed sleep pattern and respiratory analysis for managing conditions like insomnia, identifying obstructive vs. central sleep apnea, and evaluating sleep-related movement disorders and parasomnias. Each code specifies the number of channels used and physiologic parameters generated, indicating the breadth of data collected during the test and increasing qualified health professional (QHP) work.

Specifically, the low complexity codes are for devices with the minimal number of channels and parameters required to diagnose the presence of sleep disordered breathing. Moderate complexity codes cover devices that provide greater characterization of the disorders and information that influences treatment decisions. High complexity studies look for multiple disorders that home devices previously were incapable of diagnosing and provide equivalent data to in laboratory polysomnography. At the request of the AMA CPT panel, the codes were split into two sets of services, 95X18, 95X19 and 95X20 for the set up, data acquisition and technical analysis by the clinical staff, and 95X21, 95X22 and 95X23 for the interpretation and report by the physician or QHP. One of the primary goals of this code set revision is to create a framework that supports reporting across multiple devices.

Method and Data

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We believe the following PE and Work compelling arguments have been met and the current PE inputs and work are not sufficient as evidenced by the changes in the CPT codes and descriptions. These services are now used for more than diagnosing obstructive sleep apnea as discussed in the background. Literature was provided with the AMA CPT code change application and is part of the RUC materials.

- Evidence that there has been a change in equipment or practice expense cost
- Evidence that technology has changed clinical staff time
- Evidence that there have been changes in physician work due to technique, knowledge/technology and physician time.

Codes 95800, 95801, and 95806 were originally established to report unattended sleep testing. However, these codes were originally established to test solely for obstructive sleep apnea and were specific to devices that captured the parameters included in the code descriptors. The new CPT codes 95X18, 95X19, 95X20, 95X21, 95X22 and 95X23 have been developed to capture new devices and new technologies that include vary numbers of leads, channels and parameter categories, and allow for different data capture. The number of leads, channels and parameter categories changes the amount of time that technologists and physicians or QHPs spend. As with more channels and or parameters to review, additional time is required.

95X23 *Unattended sleep study, interpretation and report by a physician or other qualified health care professional; high complexity of 11 or more channels that generate at least 9 parameter categories.*

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Time Discussion

The expert panel reviewed the survey physician median times of 9 minutes pre-service, 20 minutes intra time and 10 minutes post-service. The panel reviewed other similar services, and they recommend accepting the median survey times 9 pre-service time, 20 minutes intra time and 10 minutes post time. We did note that this service in the code family are not quite as common as the prior codes discussed and is the most different technology and work of these services. Our experts would compare this service as an outpatient version of the CPT code 95810 *Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist*. The expert panel did believe that the survey times was lower than their experience, however we are required to accept our survey median times if there is no other published data that we can point too.

RVW Discussion

The expert panel reviewed the RVWs for the survey results of 95X23 additionally comparing to the 2 Key reference codes selected and reviewing the rank order and IWP/UTs. The expert panel discussed arguments to support the survey median or the 25th percentile results and dismissed the option for recommending the median, or the 25th percentile as they did not believe the times supported. They observed that the 25th percentile of 1.90 was too high and that using a combination of the some comparator codes and a x-walk code would be required for this service recommendation. We believe these procedures **have** fundamentally changed over the years. The expert panel had anticipated this new code would yield higher times than the survey results.

The two key reference services for 95X23 were 99204 (15 responses) and 99214 (10 responses). Additionally, we compared 95X23 to a MPC codes CPT 99203 and CPT 99214 all detailed in the table below.

Below is a table of other codes supportive to our recommendation:

CPT-global	Description Short	RVW	Pre	Intra	Post	Total	MPC	RUC review date
74170	Computed tomography, abdomen; without contrast	1.40	5	18	5	28	yes	Apr12

	material, followed by contrast material(s) and further sections							
95813	Electroencephalogram (EEG) extended monitoring; 61-119 minutes	1.63	5	25	5	30		2016-01
99221	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	1.63		40		40	yes	2022-01
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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	1.60	5	25	5	35	yes	April 2019
95X23 XXX SVY REC	Unattd Sleep, Interpret/report, High comp, 11+ channels, 9+ parameters	1.60	9	20	10	39		
99203 x-walk	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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	1.60	5	25	5	35	yes	April 2019
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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	1.92	7	30	10	47	yes	April 2019
95810 comp	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	2.5	15	36.5	15	66.5	yes	Apr10

In summary, we recommend a x-walk to 99203 with a RVW of 1.60 for 95X23 with a pre-service time 9 minutes' intra-service time 20 minutes and post-service time 10 minutes, total time 39 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: 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) G0398

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 Pulmonary How often? Sometimes

Specialty Sleep Medicine How often? Sometimes

Specialty Neurology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 68608

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. 2023 Medicare data times 3

Specialty Pulmonary	Frequency 31285	Percentage 45.59 %
Specialty Sleep Medicine	Frequency 14174	Percentage 20.65 %
Specialty Internal Medicine	Frequency 7266	Percentage 10.59 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 22,869 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2023 Medicare claims from ruc data base

Specialty Pulmonary	Frequency 9147	Percentage 39.99 %
Specialty Sleep Medicine	Frequency 2973	Percentage 13.00 %
Specialty Internal Medicine	Frequency 2286	Percentage 9.99 %

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 95806

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Unattended Sleep Testing

TAB: 8

Source	CPT	Global	DESC	RUC Review Year	Resp	IWPUT	WPUT	RVW					Total Time		INTRA-TIME/TOTAL TIME					POST	SURVEY EXPERIENCE				
								MIN	25th	MED	75th	MAX			PRE	MIN	25th	MED	75th		MAX	MIN	25th	MED	75th
1st REF	94621	XXX	Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2	Oct16	18	0.032	0.028			1.42			50	10			30			10					
2nd REF	95819	XXX	Electroencephalogram (EEG); including recording awake and asleep	Oct12	14	0.056	0.042			1.08			26	5			15			6					
CURRENT	95800	XXX	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial	Apr17	179	0.033	0.027			0.85			31	6			15			10					
CURRENT	95801	XXX	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or	Apr17	141	0.033	0.027			0.85			31	6			15			10					
CURRENT Contractor Pricing	G0400	XXX	Home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels																						
SVY	95X21	XXX	Unattended sleep study, interpretation and report by a physician or other qualified health care professional; low	Apr 25	93	0.070	0.050	0.17	0.90	1.30	1.50	15.00	26	5	1	10	15	20	40	6	0	10	100	334	1840
REC	95X21	xxx	Unattd Sleep, Interpret/report, low comp, 3-4 channels, 3-5 parameters	Apr 25	93	0.039	0.032	0.83					26	5			15			6					
XWALK	72265	xxx	Myelography, lumbosacral, radiological supervision and interpretation	14-Apr		0.040	0.033	0.83					25	5			15			5					
1st REF	99214	XXX	Office or other outpatient visit for the evaluation and management of an established patient, which	2019	10	0.051	0.041			1.92			47	7			30			10					
2nd REF	94621	XXX	Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2	Oct16	11	0.032	0.028			1.42			50	10			30			10					
CURRENT	95806	XXX	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort	Apr17	324	0.038	0.030			0.93			31	6			15			10					
CURRENT Contractor Pricing	G0399	XXX	Home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart																						
SVY	95X22	XXX	Unattended sleep study, interpretation and report by a physician or other qualified health care professional; moderate		66	0.070	0.050	0.40	1.30	1.55	2.15	5.20	31	5	1	12	18	25	80	8	0	20	100	220	1200
REC	95X22	xxx	Unattd Sleep, Interpret/report, Mod comp, 5-10 channels, 6-8 parameters		66	0.044	0.035	1.08					31	5			18			8					
XWALK	95822	xxx	Electroencephalogram (EEG); recording in coma or sleep only	Oct12		0.041	0.033	1.08					33	5			18			10					
1st REF	99204	XXX	Office or other outpatient visit for the evaluation and management of a new patient, which requires a	2019	15	0.054	0.043			2.60			60	10			40			10					
2nd REF	99214	XXX	Office or other outpatient visit for the evaluation and management of an established patient, which	2019	10	0.051	0.041			1.92			47	7			30			10					
CURRENT Contractor Pricing	G0398	XXX	Home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate, airflow,			-	-						0												
SVY	95X23	XXX	Unattd Sleep, Interpret/report, High comp, 11+ channels, 9+ parameters		45	0.099	0.062	0.70	1.90	2.40	2.70	5.00	39	9	1	15	20	31	100	10	0	0	20	110	600
REC	95X23	xxx	Unattd Sleep, Interpret/report, High comp, 11+ channels, 9+ parameters		45	0.059	0.041	1.60					39	9			20			10					
XWALK	99203	xxx	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically			0.055	0.046	1.60					35	5			25			5					

NON-FACILITY DIRECT PE INPUTS

CPT

CODE(S):95X18,95819,95X20

SPECIALTY SOCIETY(IES):_AAN, AASM, ATS, CHEST

PRESENTER(S):Amy Ahasic,

MD (CHEST), Omar Hussain, MD (ATS), Marianna V. Spanaki, MD, PhD (AAN), Jeremy Weingarten, MD, MBA, MS (AASM)

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: April 2025

CPT Code	Long Descriptor	Global Period
95X18	Unattended sleep study, set-up, data acquisition and technical analysis; low complexity of 3-4 channels that generate at least 3-5 parameter categories	XXX
95X19	Unattended sleep study, set-up, data acquisition and technical analysis; moderate complexity of 5-10 channels that generate at least 6-8 parameter categories	XXX
95X20	Unattended sleep study, set-up, data acquisition and technical analysis; high complexity of 11 or more channels that generate at least 9 parameter categories	XXX
95X21	Unattended sleep study, interpretation and report by a physician or other qualified health care professional; low complexity of 3-4 channels that generate at least 3-5 parameter categories	XXX
95X22	Unattended sleep study, interpretation and report by a physician or other qualified health care professional; moderate complexity of 5-10 channels that generate at least 6-8 parameter categories	XXX
95X23	Unattended sleep study, interpretation and report by a physician or other qualified health care professional; high complexity of 11 or more channels that generate at least 9 parameter categories	XXX

Vignette(s) (vignette required even if PE only code(s)):

CPT Code	Vignette
95X18	A 45-year-old male with morbid obesity and snoring reports excessive daytime sleepiness. An unattended sleep study is ordered to assess for sleep apnea.
95X19	A 55-year-old male with obesity and hypertension reports non-refreshing sleep. An unattended sleep study is ordered to evaluate the presence, severity, and positional nature of obstructive sleep apnea, central sleep apnea, Cheyne Stokes respiration, actual sleep time, and degree of associated oxyhemoglobin desaturation.
95X20	A 65-year-old male with Parkinson's disease and heart disease reports snoring, gasping, excessive movement during sleep, wakefulness during the sleep period, and daytime sleepiness. His bed partner reports repetitive leg jerks throughout the night. An unattended sleep study is ordered to evaluate the patient's symptoms, measure actual sleep time, evaluate for the presence, severity, and positional nature of obstructive sleep apnea and central sleep apnea, assess sleep quality, muscle tone, and heart rate variability, and assess for sleep fragmentation disorders such as periodic limb movements of sleep.
95X21	A 45-year-old male with morbid obesity and snoring reports excessive daytime sleepiness. An unattended sleep study is ordered.
95X22	A 55-year-old male with obesity and hypertension who reports non-refreshing sleep has an unattended sleep study to evaluate the presence, severity, and positional nature of obstructive sleep apnea, central sleep apnea, Cheyne Stokes respiration, actual sleep time, and degree of associated oxyhemoglobin desaturation.
95X23	A 65-year-old male with Parkinson's disease and heart disease reports snoring, gasping, excessive movement during sleep, wakefulness during the sleep period, and daytime sleepiness. His bed partner reports repetitive leg jerks throughout the night. An unattended sleep study is ordered to evaluate the patient's symptoms, measure actual sleep time, evaluate for the presence, severity, and positional nature of obstructive sleep apnea and central sleep apnea, assess sleep quality, muscle tone, and heart rate variability, and assess for sleep fragmentation disorders such as periodic limb movements of sleep.

NON-FACILITY DIRECT PE INPUTS

CPT

CODE(S):95X18,95819,95X20

SPECIALTY SOCIETY(IES):_AAN, AASM, ATS, CHEST

PRESENTER(S):Amy Ahasic,

MD (CHEST), Omar Hussain, MD (ATS), Marianna V. Spanaki, MD, PhD (AAN), Jeremy Weingarten, MD, MBA, MS (AASM)

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

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 all the participating specialty societies acted as an expert panel and met several times, by conference call, to arrive at the recommendations for direct practice expense inputs. The Advisor group consists of neurologists, sleep medicine physicians, pulmonologists, and critical care medicine physicians.

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 used the original unattended sleep testing codes (95800, 95801, and 95806) as well as the attended polysomnography code (95810) and corresponding CMS values, for comparison with the new codes.

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.

Pulmonary disease is the dominant specialty for codes 95801, 95806, and 95810. The dominant specialty for 95800 is listed as Independent Diagnostic Testing Facility with Pulmonary disease as the next largest specialty.

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:

We believe the following PE compelling arguments have been met and the current PE inputs are not sufficient as evidenced by the changes in the CPT codes and descriptions. Literature was provided with the code change application and is part of the RUC materials.

Evidence that there has been a change in equipment or practice expense cost

NON-FACILITY DIRECT PE INPUTS**CPT****CODE(S):95X18,95819,95X20****SPECIALTY SOCIETY(IES):_AAN, AASM, ATS, CHEST****PRESENTER(S):Amy Ahasic,****MD (CHEST), Omar Hussain, MD (ATS), Marianna V. Spanaki, MD, PhD (AAN), Jeremy Weingarten, MD, MBA, MS (AASM)****AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

- Evidence that technology has changed clinical staff time

Codes 95800, 95801, and 95806 were originally established to report unattended sleep testing. However, these codes were originally established to test solely for obstructive sleep apnea and were specific to devices that captured the parameters included in the code descriptors. The new CPT codes 95X18-95X23 have been developed to capture new devices and new technologies that include varying numbers of leads, channels and parameter categories, and allow for different data capture. The number of leads, channels and parameter categories changes the amount of time that technologists spend on preparing equipment and educating the patient. As with more channels and or parameters to review, additional time is required for technical analysis by the clinical staff for some of the new codes. Several of the PE equipment and supply inputs for the deleted codes are no longer appropriate or sufficient and are recommended for changes to support the services used to diagnose multiple sleep disorders.

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:

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

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

NON-FACILITY DIRECT PE INPUTS**CPT****CODE(S):95X18,95819,95X20****SPECIALTY SOCIETY(IES):_AAN, AASM, ATS, CHEST****PRESENTER(S):Amy Ahasic,****MD (CHEST), Omar Hussain, MD (ATS), Marianna V. Spanaki, MD, PhD (AAN), Jeremy Weingarten, MD, MBA, MS (AASM)****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:

The front office staff will prepare consent forms, equipment responsibility forms, and the pre-study intake questionnaire and post-study feedback questionnaire, for the patient. Clinical staff will also call the patient to confirm the appointment and provide directions, including parking information. Preparatory information will also be shared including recommended attire that is most appropriate for the sleep study, and staff will also respond to patient questions. Staff will explain what will take place during their appointment, as the patient will pick up the equipment and review all procedures related to equipment set up. Lastly, they will explain to the patient that during the visit the system will be customized and the patient will be asked to perform the set up and explain how they will start the system, to demonstrate understanding.

b. Service period (includes pre, intra and post):

Pre-service Line 32:

Clinical staff will greet the patient, escort them to the exam room and ask the patient to complete the pre-study intake questionnaire. The clinical staff will explain the consent and equipment responsibility forms and present them for signature.

Intra-service Lines 37, 48:

The tech will then obtain the equipment, including all attachments, and ensure that it has been properly cleaned before attaching and testing the equipment and entering appropriate time parameters for the test. The patient will be educated on the device and each attachment and how to properly connect and apply each piece, while the tech simultaneously customizes the fit of each piece. All patient questions will be answered as the patient attaches the device and attachments independently and any additional instruction will be provided.

Post-service Line 58:

Once the dry run is complete, the room where the patient and clinical staff were reviewing and testing the equipment is cleaned as and the patient takes the equipment home for the procedure.

c. Post-service period:

Line 87: The patient returns the sleep testing device, the device information is verified and it is inspected for damage. The tech uploads the sleep study data and the post-study questionnaire. The tech downloads, reviews and edits the recording, marks artifacts, scores sleep stages and performs an evaluation of physiological changes. The tech generates a preliminary technical analysis and adds it to the patient medical record. Any disposable items are discarded and reusable equipment is thoroughly sanitized and repackaged. [See bottom for a Detail breakdown of CA042 line 87].

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*:

Line 48: Perform procedure/service---NOT directly related to physician work time

- Position patient properly typically in a sitting upright or standing position
- Show the device and provide education regarding the purpose of the different components.

NON-FACILITY DIRECT PE INPUTS**CPT****CODE(S):95X18,95819,95X20****SPECIALTY SOCIETY(IES):_AAN, AASM, ATS, CHEST****PRESENTER(S):Amy Ahasic,****MD (CHEST), Omar Hussain, MD (ATS), Marianna V. Spanaki, MD, PhD (AAN), Jeremy Weingarten, MD, MBA, MS (AASM)****AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

- Inspect the patient for optimal location of device and components, which finger to place the oxygen saturation probe.
- Alcohol pads are used to clean the finger and other areas on the face and body in which adhesives may be applied to secure the equipment.
- Apply the device to the patient and customize fit. This includes fitting the nasal cannula in combination with the thermistor in the proper location and tighten to prevent loosening, taping the cords to the face or cords to the wrist for peripheral arterial tone device, demonstrating the attachment of patient body position and snore sensors, demonstrating the attachment of oxygen saturation probe with adhesive.
 - May also require instruction on proper application of 2 respiratory effort belts. This involves estimating proper size belts required, then fitting the patient with the belts and adjusting the belt tightness to customize the fit for the patient and ensuring that the belts are in the correct order and at the proper location.
- The device(s) is/are then removed and the patient is asked to demonstrate the proper self-application of the device. Corrections or additional instructions are a typical part of this process.

12. If you have used a percentage of the physician intra-service work time other than 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:

We identified a device Nox A1s with several disposable items that are supplied in kits/ package.

NON-FACILITY DIRECT PE INPUTS

CPT

CODE(S):95X18,95819,95X20

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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The table below has supplies for 40 patient studies. The invoice has been supplied.		
Ref No	Unit pr Pack – 40 pts	Description
55 84 10		The Nox A1 Starter Kit includes sensors consumables to cover 40 recordings. Price from invoice \$898.20/40= 22.455 per patient pkg
55 84 10		Nox A1 Starter Sensor Kit, Adult includes: <i>(divide by 40 to get an each price)</i>
55 20 10		Nox Cannula with Filter, Adult - 1 pack / 40 pcs
55 10 30		Nox RIP Belts Disposable, Medium - 1 pack / 20 sets
55 10 40		Nox RIP Belts Disposable, Large - 1 pack / 20 sets
55 42 09		Blue Sensor N Electrode (Small) - 8 packs / 200 pcs
55 42 10		Blue Sensor M Electrode - 2 packs / 100 pcs
55 41 11		Lead with Attached Electrode, 50cm - 10 packs / 120 pcs
55 50 10		Nuprep ECG & EEG Abrasive Skin Prepping Gel - 3 tubes
55 50 20		Ten20 Conductive EEG Paste - 3 jars
55 50 31		Tensive Adhesive Gel - 12 tubes

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 (1 pkg) Nox A1 patient pkg for 95X20 (price in invoice for equipment)

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).

Ref No	Unit pr Pack – 40 pts	Description
55 84 10		The Nox A1 Starter Kit includes sensors consumables to cover 40 recordings. Price from invoice \$898.20/40= 22.455 per patient pkg
55 84 10		Nox A1 Starter Sensor Kit, Adult includes: <i>(divide by 40 to get an each price)</i>
55 20 10		Nox Cannula with Filter, Adult - 1 pack / 40 pcs
55 10 30		Nox RIP Belts Disposable, Medium - 1 pack / 20 sets
55 10 40		Nox RIP Belts Disposable, Large - 1 pack / 20 sets
55 42 09		Blue Sensor N Electrode (Small) - 8 packs / 200 pcs
55 42 10		Blue Sensor M Electrode - 2 packs / 100 pcs
55 41 11		Lead with Attached Electrode, 50cm - 10 packs / 120 pcs
55 50 10		Nuprep ECG & EEG Abrasive Skin Prepping Gel - 3 tubes
55 50 20		Ten20 Conductive EEG Paste - 3 jars
55 50 31		Tensive Adhesive Gel - 12 tubes

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:

NON-FACILITY DIRECT PE INPUTS

CPT

CODE(S):95X18,95819,95X20

SPECIALTY SOCIETY(IES):_AAN, AASM, ATS, CHEST

PRESENTER(S):Amy Ahasic,

MD (CHEST), Omar Hussain, MD (ATS), Marianna V. Spanaki, MD, PhD (AAN), Jeremy Weingarten, MD, MBA, MS (AASM)

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Since we are required to select only ONE device for each of the three/six codes, we used our experts to identify the more commonly used devices for each of the codes. There are 20+ devices available, choosing one is not a majority “typical” rather a “plurality”.

Each device has its own and very different inputs; some have kits that include items such as tape, others do not have the tape, same concept for batteries where some are rechargeable, and others are not. The devices below are the basis for the inputs:

The Apnea Link Air device for the low complexity code, 95X18. An invoice is provided.

The Apnea Trak Legacy device for the moderate complexity code, 95X19. An invoice is provided.

The Nox A1s System for the high complexity code, 95X20. An invoice is provided.

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

The useful life of the Apnea Link Air is 5 years.

The useful life of the Apnea Trak Legacy is 5 years.

The useful life of the Nox A1s System is 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 Latitude 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:

EQ336	Oximetry and Airflow Device
NEW	Apnea Link Air
NEW	Apnea Trak Legacy
NEW	Nox A1s System with SpO2, US

New equipment was identified to represent what is typical for the revised codes, based on the number of channels and parameter categories.

We chose “other” formula for equipment as the patient arrives typically later in the day e.g. 4 PM for appointment to perform as test run with the equipment. The patient then takes the equipment home and returns it in the morning typically 9 AM. Therefore, we are simply using the 16-hour period that currently exists in the RUC database and is generally consistent with clinical practice.

NON-FACILITY DIRECT PE INPUTS

CPT

CODE(S):95X18,95819,95X20

SPECIALTY SOCIETY(IES):_AAN, AASM, ATS, CHEST

PRESENTER(S):Amy Ahasic,

MD (CHEST), Omar Hussain, MD (ATS), Marianna V. Spanaki, MD, PhD (AAN), Jeremy Weingarten, MD, MBA, MS (AASM)

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

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?

From Budget Neutrality Utilization for Medicare		
	Medicare	Medicare *3
95X18	73,374	220,122
95X19	132,470	397,410
95X20	4,091	12,273
95X21	159,300	477,900
95X22	154,108	462,324
95X23	5,591	16,773

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

The societies recommend the crosswalks below, as they are predominantly provided in the non-facility setting and have a similar specialty mix to existing CPT codes 95805 and 95810.			
Code	Crosswalk	Descriptor	PLI RVU
95X18	95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	0.17
95X19	95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	0.17
95X20	95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	0.24
95X21	95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	0.05
95X22	95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	0.05
95X23	G0398	Home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate, airflow, respiratory effort and oxygen saturation	0.00

NON-FACILITY DIRECT PE INPUTS

CPT

CODE(S):95X18,95819,95X20

SPECIALTY SOCIETY(IES):_AAN, AASM, ATS, CHEST

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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

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:

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.

Line 48: CA021 Best practice and in society guidelines require patients to come into the office to pick up the kit (personally) and get a demo, as the demo significantly decreases failure rates. Each device has more equipment; therefore, it takes more time for each code to demonstrate by the clinical staff and have the patient self-apply during the test run. While we are aware of some devices being mailed, we do not believe this is best practice, nor is it the most common method.

Line 87: CA042 This includes the equipment download, sanitize and repackaging (10-15 min) as well as the technical score and review with notes. Automation has not simplified technical scoring and review at present.

Detail breakdown line 87			
	95X18	95X19	95X20
Download with first pass qc review (qc is primary component of time)	17	20	30
Second pass review	9	12	18
Technical analysis summary	4	6	8
Cleaning all equip and wires and repackaging for next use.	10	12	14
Total	40	50	70

Paper is for the detailed step by step procedure instructions to put the device on and any other instructions specific for that site such as phone numbers to call if there are technical questions.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z						
1	RUC Practice Expense Spreadsheet						REFERENCE CODE		REFERENCE CODE		RECOMMENDED		RECOMMENDED		REFERENCE CODE		RECOMMENDED		RECOMMENDED		REFERENCE CODE		RECOMMENDED		RECOMMENDED							
2							95800 DELETED		95801 DELETED		95X18		95X21		95806 DELETED		95X19		95X22		95B10		95X20		95X23							
3	RUC Collaboration Website																															
4	Clinical Activity Code	Meeting Date: April 2025 Revision Date (if applicable): 4/23/25 Tab: #8, Unattended Sleep Testing Specialty: AAN, AASM, ATS, CHEST	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute		Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time		Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time		Unattended sleep study, setup, data acquisition and technical analysis; low complexity of 3-4 channels that generate at least 3-5 parameter categories		Unattended sleep study, interpretation and report by a physician or other qualified health care professional; low complexity of 3 - 4 channels that generate at least 3 -		Sleep study, unattended, simultaneous recording of heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg,		Unattended sleep study, setup, data acquisition and technical analysis; moderate complexity of 5-10 channels that generate at least 6-8 parameter categories		Unattended sleep study, interpretation and report by a physician or other qualified health care professional; moderate complexity of 5 - 10 channels that generate at least		Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist		Unattended sleep study, setup, data acquisition and technical analysis; high complexity of 11 or more channels that generate at least 9 parameter categories		Unattended sleep study, interpretation and report by a physician or other qualified health care professional; high complexity of 1.1 or more channels that generate at least 9							
5		LOCATION					Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility		
6		GLOBAL PERIOD					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME					\$ 122.79	\$ -	\$ 52.64	\$ -	\$ 59.59	\$ -	\$ -	\$ -	\$ 52.06	\$ -	\$ 80.81	\$ -	\$ -	\$ -	\$ 536.45	\$ -	\$ 160.27	\$ -	\$ -	\$ -	\$ -	\$ -				
8		TOTAL CLINICAL STAFF TIME					L047B	REETG	0.76	49.0	0.0	49.0	0.0	63.0	0.0	0.0	0.0	54.0	0.0	73.0	0.0	0.0	0.0	411.0	0.0	103.0	0.0	0.0	0.0			
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME					L047B	REETG	0.76	6.0	0.0	6.0	0.0	0.0	0.0	0.0	0.0	6.0	0.0	0.0	0.0	0.0	0.0	6.0	0.0	0.0	0.0	0.0				
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME					L037D	RN/LPN/MTA	0.54	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0				
11	TOTAL SERVICE PERIOD CLINICAL STAFF TIME					L037D	RN/LPN/MTA	0.54	0.0	0.0	0.0	0.0	3.0	0.0	0.0	0.0	0.0	0.0	3.0	0.0	0.0	0.0	0.0	0.0	3.0	0.0	0.0					
12	TOTAL SERVICE PERIOD CLINICAL STAFF TIME					L047B	REETG	0.76	26.0	0.0	26.0	0.0	20.0	0.0	0.0	0.0	31.0	0.0	20.0	0.0	0.0	0.0	405.0	0.0	30.0	0.0	0.0					
13	TOTAL POST-SERVICE CLINICAL STAFF TIME					L047B	REETG	0.76	17.0	0.0	17.0	0.0	40.0	0.0	0.0	0.0	17.0	0.0	50.0	0.0	0.0	0.0	0.0	0.0	70.0	0.0	0.0					
14	TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE								\$ 37.24	\$ -	\$ 37.24	\$ -	\$ 47.22	\$ -	\$ -	\$ -	\$ 41.04	\$ -	\$ 54.82	\$ -	\$ -	\$ -	\$ 312.36	\$ -	\$ 77.62	\$ -	\$ -	\$ -				
15	PRE-SERVICE PERIOD																															
16	Start: Following visit when decision for surgery/procedure made																															
17	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54						0						0							0								
18	CA001	Complete pre-service diagnostic and referral forms	L047B	REETG	0.76	3		3								3																
19	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54																											
20	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54																											
21	CA004	Provide pre-service education/obtain consent	L047B	REETG	0.76	3		3								3																
22	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54																											
23	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.54																											
24	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.54																											
25	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L047B	REETG	0.76																	6										
26		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54																											
27		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54																											
28	End: When patient enters office/facility for surgery/procedure																															
29	SERVICE PERIOD																															
30	Start: When patient enters office/facility for surgery/procedure:																															
31	Pre-Service (of service period)																															
32	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.54						3						3						3									
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L047B	REETG	0.76	3		3								3																
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.54																											
35	CA011	Provide education/obtain consent	L047B	REETG	0.76	3		3								3																
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.54																											
37	CA013	Prepare room, equipment and supplies	L047B	REETG	0.76	2		2			2					2								2								
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.54																											
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.54																											
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.54																											
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.54																											
42		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54																											
43		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54																											
44	Intra-service (of service period)																															
45	CA018	Assist physician or other qualified healthcare professional—directly	L037D	RN/LPN/MTA	0.54																											
46	CA019	Assist physician or other qualified healthcare professional—directly	L037D	RN/LPN/MTA	0.54																											
47	CA020	Assist physician or other qualified healthcare professional—directly	L037D	RN/LPN/MTA	0.54																											
48	CA021	Perform procedure/service—NOT directly related to physician work time	L047B	REETG	0.76	15		15			15					20			15			317		25								
49			L037D	RN/LPN/MTA	0.54																											
50			L037D	RN/LPN/MTA	0.54																											
51			L037D	RN/LPN/MTA	0.54																											
52		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54																											
53		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54																											
54		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54																											
55	Post-Service (of service period)																															
56	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.54																											
57	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.54																											
58	CA024	Clean room/equipment by clinical staff	L047B	REETG	0.76	3		3			3					3			3					3								
59	CA025	Clean scope	L037D	RN/LPN/MTA	0.54																											
60	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.54																											
61	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.54																											
62	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.54																											
63	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.54																											
64	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.54																											
65	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.54																											
66	CA032	Scan exam documents into PACS, Complete exam in RIS system to	L037D	RN/LPN/MTA	0.54																											
67	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.54																											
68	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.54																											
69	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.54																											
70	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	n/a		n/a			n/a		n/a			n/a		n/a		n/a		n/a		n/a		n/a						
71			L037D	RN/LPN/MTA	0.54																											
72	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.54																											
73		Other activity: please include short clinical description here and type	L047B	REETG	0.76																											
74		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54																											
75	End: Patient leaves office/facility																															
76	POST-SERVICE PERIOD																															
77	Start: Patient leaves office/facility																															
78	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.54																											
79	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.54																											
80	Office visits: List Number and Level of Office Visits					MINUTES	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits					
81	99211 16 minutes					16																										
82	99212 27 minutes					27																										
83	99213 36 minutes					36																										
84	99214 53 minutes					53																										

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
1	RUC Practice	Expense Spreadsheet				REFERENCE CODE		REFERENCE CODE		RECOMMENDED		RECOMMENDED		REFERENCE CODE		RECOMMENDED		RECOMMENDED		REFERENCE CODE		RECOMMENDED		RECOMMENDED	
2						95800		95801		95X18		95X21		95806		95X19		95X22		95810		95X20		95X23	
3		RUC Collaboration Website				DELETED		DELETED						DELETED											
4	Clinical Activity Code	Meeting Date: April 2025 Revision Date (if applicable): 4/23/25 Tab: #8, Unattended Sleep Testing Specialty: AAN, AASM, ATS, CHEST	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time		Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial		Unattended sleep study, setup, data acquisition and technical analysis; low complexity of 3-4 channels that generate at least 3-5 parameter categories		Unattended sleep study, interpretation and report by a physician or other qualified health care professional; low complexity of 3 - 4 channels that generate at least 3 -		Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg,		Unattended sleep study, setup, data acquisition and technical analysis; moderate complexity of 5-10 channels that generate at least 6-8 parameter categories		Unattended sleep study, interpretation and report by a physician or other qualified health care professional; moderate complexity of 5 - 10 channels that generate at least		Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist		Unattended sleep study, setup, data acquisition and technical analysis; high complexity of 11 or more channels that generate at least 9 parameter categories		Unattended sleep study, interpretation and report by a physician or other qualified health care professional; high complexity of 11 or more channels that generate at least 9	
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				\$ 122.79	\$ -	\$ 52.64	\$ -	\$ 59.59	\$ -	\$ -	\$ -	\$ 52.06	\$ -	\$ 80.81	\$ -	\$ -	\$ -	\$ 536.45	\$ -	\$ 160.27	\$ -	\$ -	\$ -
8		TOTAL CLINICAL STAFF TIME	L047B	REET	0.76	49.0	0.0	49.0	0.0	63.0	0.0	0.0	0.0	54.0	0.0	73.0	0.0	0.0	0.0	411.0	0.0	103.0	0.0	0.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L047B	REET	0.76	6.0	0.0	6.0	0.0	0.0	0.0	0.0	0.0	6.0	0.0	0.0	0.0	0.0	0.0	6.0	0.0	0.0	0.0	0.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RNLPN/MTA	0.54	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RNLPN/MTA	0.54	0.0	0.0	0.0	0.0	3.0	0.0	0.0	0.0	0.0	0.0	3.0	0.0	0.0	0.0	0.0	0.0	3.0	0.0	0.0	0.0
12		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L047B	REET	0.76	26.0	0.0	26.0	0.0	20.0	0.0	0.0	0.0	31.0	0.0	20.0	0.0	0.0	0.0	405.0	0.0	30.0	0.0	0.0	0.0
13		TOTAL POST-SERVICE CLINICAL STAFF TIME	L047B	REET	0.76	17.0	0.0	17.0	0.0	40.0	0.0	0.0	0.0	17.0	0.0	50.0	0.0	0.0	0.0	0.0	0.0	70.0	0.0	0.0	0.0
91	Supply Code	MEDICAL SUPPLIES	PRICE	UNIT																					
92		TOTAL COST OF SUPPLY QUANTITY x PRICE				\$ 76.30	\$ -	\$ 6.15	\$ -	\$ 6.67	\$ -	\$ -	\$ -	\$ 6.15	\$ -	\$ 4.61	\$ -	\$ -	\$ -	\$ 26.67	\$ -	\$ 29.40	\$ -	\$ -	\$ -
93	SB022	gloves, non-sterile	0.3	pair						2						2				4		2			
94	SC034	needle, blunt tip	0.67	item																1					
95	SC051	syringe 10-12ml	0.21	item																1					
96	SD053	electrode, ECG (single)	0.06	item																2					
97	SD104	oximetry sensor wrap	0.4	item						1						1				1					
98	SD112	sensor, airflow cannula (adult)	3.17	item				1						1											
99	SD263	WatchPAT pneumo-opt slp probes	73.32	item		1				1						1				1					
100	SG005	adhesive remover, liquid (Detachol) (0.67ml uou)	2.4	item				1						1											
101	SG008	applicator, cotton-tipped, non-sterile 6in	0.07	item																2					
102	SG050	gauze, non-sterile 2in x 2in	0.56	item																9					
103	SG078	tape, surgical occlusive 1in (Blenderm)	0.007	inch		8		8		8				8		8									
104	SJ021	electrode conductive paste	1.81	oz																4					
105	SJ023	electrode skin prep tape (One-Step)	0.16	inch																36					
106	SJ053	swab-pad, alcohol	0.04	item		5		5		5				5		5				18		5			
107	SK048	measuring tape, paper	0.09	item																1					
108	SK057	paper, laser printing (each sheet)	0.02	item		2		2		2				2		2				4		4			
109	SK075	skin marking pen, sterile (Skin Scribe)	1.62	item																1					
110	SM021	sanitizing cloth-wipe (patient)	0.07	item		2		2						2						2					
111	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.07	item		2		2		2				2		2				1		4			
112	SK095	battery, AA	0.83	item																		2			
113	SK011	battery, AAA	1.03	item						2												4			
114	New	Nox A1 Sensor Kit adult	22.455																			1			
115	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute																				
116		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				\$ 9.25	\$ -	\$ 9.25		\$ 5.71	\$ -	\$ -	\$ -	\$ 4.88	\$ -	\$ 21.39	\$ -	\$ -	\$ -	\$ 197.42	\$ -	\$ 53.25	\$ -	\$ -	\$ -
117	EQ335	WatchPAT 200 Unit with strap, cables, charger, booklet and patient video	1237.5	Other Formula	0.004903218	960		960																	
118	EQ336	Oximetry and Airflow Device	1195	Other Formula	0.004734825	960		960		0		0		960		0		0				0		0	
119	EQ337	Respiratory Impedance Plethysmography Belts (pair)	87	Other Formula	0.000344711									960						600					
120	EQ272	sleep diagnostic system, attended (w-acquisition station, review master, computer)	46799	Other Formula	0.181352076															720					
121	EQ228	sleep screening system, attended (w-resp plethysmography)	22000	Other Formula	0.087168317															600					
122	EQ134	impedance meter, 32-channel	1120	Other Formula	0.003614948															600					
123	EF003	bedroom furniture (hospital bed, table, reclining	2,416.99	Other Formula	0.005887627															600					
124	ED050	Technologist PACS workstation	5,557.00	Other Formula	0.022017924															317					
125	ED046	low-light video cameras (3) and DVR	696	Other Formula	0.002757689															600					
126	New	Nox A1s System with SpO2, US	14000	Other Formula	0.055470747																	960			
127	NEW	Apnea Link Air	1500	Other Formula	0.005943294					960	0														
128	NEW	Apnea Trak Legacy	5623	Other Formula	0.022279429											960		0							

AMA/Specialty Society RVS Update Committee Summary of Recommendations
****Screen: Codes Reported Together 75% or More****

April 2025

Autonomic Function Testing – Tab 09

In October 2019, the Relativity Assessment Workgroup (RAW) identified CPT code 95923 via the high-volume growth screen, with Medicare utilization of 10,000 or more, which increased by at least 100% from 2013 through 2018. In January 2020, the RAW reviewed the action plan submitted by the specialty societies and the RUC recommended referring 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 three 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, clarification on terminology used in the code descriptor language of the code set, and clinical examples for each code. The article intended to reduce miscoding that may be contributing to the total utilization and understand if the shift in dominant specialties is typical. The RAW 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 RAW noted that these services are typically reported with one another and the code family should be referred to the CPT Editorial Panel to be restructured. In April 2024, the RAW identified code pair 95921/95923 as performed by the same physician on the same date of service 75% of the time or more based on 2022 Medicare Utilization data. The RAW requested action plans for September 2024. In September 2024, the RUC recommended referral to CPT. The specialty societies noted that they submitted a CPT code change application (CCA) for the September 2024 CPT meeting with revisions to the current autonomic function testing code set and the creation of a new Category I code to more accurately reflect current clinical practice and technologies. However, this issue was withdrawn from CPT based on feedback from specialty society comments and CPT Panel reviewers. The specialty societies revised the CCA to address concerns with reported together utilization for the February 2025 CPT meeting. As a result, the CPT Editorial Panel created six new codes to report autonomic function testing with the use of a tilt table, sudomotor tests, and combined procedures to address the RUC referral. Further, the Panel revised four existing codes to include interpretation and report and clarification on tilt table use. The code family was surveyed for the April 2025 RUC meeting.

Autonomic function tests assess parasympathetic and sympathetic functions of heart rate, blood pressure and sympathetic sweat gland (or sudomotor) control. For purposes of code selection, the tests are essentially in three categories: parasympathetic, sympathetic, and sudomotor. The tests can be performed independently or as a full battery as reflected in the CPT code language.

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CPT Code	Parasympathetic (cardiovagal function) including 2 or more of the following: -HR response to deep breathing w/ recorded R-R interval -Valsalva ratio -30:15 ratio	Sympathetic vasomotor function including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and passive tilt <i>(includes tilt table in code)</i>	Sudomotor: QSART or silastic sweat imprint	Sudomotor: thermo-regulatory sweat test	Sudomotor: sympathetic skin response (SSR) potential	*With Tilt Table add-on code (+95XX4)
95921	X					*
95922		X				
95923			X			
95XX5				X		
95XX6					X	
95924	X	X				
95XX7	X		X			*
95XX8		X	X			
95XX9	X	X	X			

- CPT code 95921 describes testing that evaluates parasympathetic function. A tilt table may be used but is not required and 95XX4 may be reported in addition to this code when a tilt table is used.
- CPT code 95922 describes testing that evaluates sympathetic function. This code does require performance of passive head-up tilt, which must be performed using a tilt table, which is included as indicated in the code descriptor.
 - CPT code 95924 is reported when both the parasympathetic and sympathetic functions, as described in 95921 and 95922 are tested together, and this also requires the use of a tilt table, which is included as indicated in the code descriptor.

The testing of sudomotor function is reported as follows:

- CPT code 95923 describes sudomotor testing that evaluates sweat gland function and should be reported when using the quantitative sudomotor axon reflex test (QSART) or the silastic sweat imprint.
- CPT code 95XX5 describes sudomotor testing, using the thermal regulatory sweat test or TST by recording sweat production and distribution during controlled heating of the entire body.
- CPT code 95XX6 describes evaluation of the sympathetic skin response (SSR) by recording surface electrical responses.

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- CPT codes 95XX7, 95XX8 and 95XX9 represent various combinations of tests:
 - CPT code 95XX7 is reported when both the parasympathetic function testing and QSART are performed, a tilt table may be used, but is not required, and add-on code 95XX4 may be reported in addition when a tilt table is used.
 - CPT code 95XX8 is reported when both the sympathetic function tests and QSART are performed and require the use of a tilt table, as indicated in the code descriptor.
 - CPT code 95XX9 is reported when parasympathetic, sympathetic, and QSART testing are performed. CPT code 95XX9 also requires the use of a tilt table as indicated in the code descriptor.

The autonomic function testing codes require interpretation and report by a physician or other qualified health care provider (QHP) and should not be used for tests that include algorithmically aided diagnostic support tools. The CPT Editorial Panel added this language to eliminate potential misuse when the appropriate physician work is not performed and eliminate the potential for reporting with automated devices.

Compelling Evidence

The specialty societies presented compelling evidence to consider an increase in the value for CPT code family 95921-95XX9, specifically that there has been a change in physician work due to changes in technique and knowledge/technology to perform these services. For Valsalva responses as part of sympathetic testing, additional quantitative analyses are now typical. In addition to the “classic” elements included at the time of the last survey; additional analyses including pressure time recovery (PRT), sympathetic index (SI), and baroreflex sensitivity (BRS) are now typical. These have increased the cognitive complexity, time, and effort required to interpret Valsalva testing. This change is reflected in the updated description of physician work, which now details visualization of physiological data (including determination of wave form morphology, sources of artifact, and quantitative analysis) and correlation of available clinical data with test results. For codes where interpretation is required for a combination of multiple test procedures (e.g., 95XX7, 95XX8, 95XX9, which includes combinations of sudomotor, sympathetic and parasympathetic testing the integration of multiple modality data is required. These newly implemented analyses add complexity and intensity to the physician work.

In the past 10 years, there has been enhanced knowledge in epidemiology, etiology, pathophysiology, genetics, diagnostic criteria, differential diagnoses, and management of discrete autonomic disorders that in the past were grouped together as “dysautonomia”. The specialty societies indicated that enhanced knowledge in a disease or group of diseases results in proper and targeted utilization of relevant diagnostic procedures and further adds to the complexity of physician work.

In addition to this change in physician work, utilization is expected to significantly decrease for at least a portion of the existing code set and shifts in dominant specialties, particularly for existing code 95923, which previously encompassed multiple, technically differing procedures. These procedures are now described under individual codes (95923, 95XX5 and 95XX6); it is expected that these coding changes will reduce any existing misuse of the codes, as well as result in a shift in use toward the dominant specialty, neurology. **The RUC agreed that there is compelling evidence that there has been a change in physician work due to changes in technique and knowledge/technology to perform these services.**

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95921 Testing of autonomic nervous system function, with interpretation and report; 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

The RUC reviewed the survey results from 54 neurologists and internal medicine physicians and determined the survey 25th percentile work RVU of 0.90, which is also the current value, appropriately accounts for the work required to perform this service. The RUC recommends 5 minutes pre-service time, 15 minutes intra-service and 5 minutes post-service time, totaling 25 minutes. The RUC reduced the post-service time from 10 to 5 minutes. The RUC noted that this service is typically reported with an office Evaluation and Management (E/M) service and ensured there is no duplication in pre- or post-service work. The 5 minutes of pre-service time account for evaluating the patient characteristics relative to the data to be collected, the appropriateness of the test for the patient and whether the patient is prepared for it in a way that will result in valid data. The post-service time of 5 minutes accounts for the physician and interpretation of the raw data that they visualized and marked during performing the test, which is performed for separate indications clinically and diagnostically than the E/M.

CPT code 95921 describes testing which evaluates parasympathetic (cardiovagal) function and includes electrocardiographic monitoring of heart rate derived from the variability in time elapsing between two consecutive R waves in the electrocardiogram. A tilt table may be used, but it is not required for testing parasympathetic function. CPT code 95XX4 may be reported in addition to 95921 when a tilt table is used to perform the tests.

The RUC compared the surveyed code to the top key reference code 95907 *Nerve conduction studies; 1-2 studies* (work RVU = 1.00, 15 minutes intra-service time and 35 minutes total time) and determined that the surveyed code requires less pre- and post-service time and slightly less physician work, thus is appropriately valued lower. The survey respondents that selected this key reference indicated that the surveyed code is identical or somewhat more intense than key reference code 95907. The RUC compared the surveyed code to the second top key reference service 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 total time on the date of the encounter for code selection, 20 minutes must be met or exceeded* (work RVU = 1.30, 20 minutes intra-service and 30 minutes total time) and determined that the surveyed code requires slightly less physician work and intra-service time to perform, thus is appropriately valued lower.

For additional support the RUC referenced MPC codes 93015 *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report* (work RVU = 0.75, 20 minutes intra-service time and 26 minutes total time), which clinically is a similar testing code. CPT code 93015 is less intense and complex compared to the surveyed code, with five minutes more intra-service time, which is less intense during the service period. The RUC also compared the surveyed code to MPC code 95819 *Electroencephalogram (EEG); including recording awake and asleep* (work RVU = 1.08, 15 minutes intra-service time and 26 minutes total time), which is slightly more intense and complex than the surveyed code. Both MPC codes bracket the surveyed code and are comparable for physician work and time. The RUC determined that the survey 25th percentile work RVU of 0.90 appropriately places CPT code 95921 relative to other services in the MFS based on time, work, intensity, and complexity. **The RUC recommends a work RVU of 0.90 for CPT code 95921.**

95XX4 Testing of autonomic nervous system function, with interpretation and report; use of tilt table (List separately in addition to code for primary procedure)

The RUC reviewed the survey results from 34 neurologists and determined a work RVU of 0.35 appropriately accounts for the work required to perform this service. The RUC recommends 15 minutes of intra-service and total time. The RUC agreed with the specialty societies and recommends a direct crosswalk to the top key reference service, CPT code 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)* (work RVU = 0.35, 15 minutes intra-service and total time). These services both require the same amount of physician time and work to perform.

CPT code 95XX4 may be reported in addition to 95921 and 95XX7 when a tilt table is used to perform these tests. Mental effort and clinical judgment are required for the physician to deem that the typical use of 95921 and 95XX7 without a tilt table is not sufficient to make a diagnosis. Then the physician must confer and make sure that the tilt table is necessary as part of the physician work, and then also interpret the results with the tilt table, which is more data in addition to that was also already gathered in the base codes.

The RUC compared the surveyed code to the top key reference service 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)* (work RVU = 0.86, 30 minutes intra-service and total time) and determined that the surveyed code requires less physician work and time to perform, thus is appropriately valued lower.

For additional support the RUC referenced MPC codes 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)* (work RVU = 0.19, 5 minutes intra-service time and 6 minutes total time). The surveyed code requires more physician work and time than 96367, thus is appropriately valued higher. The RUC also compared the surveyed code to MPC code 77002 *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)* (work RVU = 0.54, 15 minutes intra-service time and 17 minutes total time), which requires more work and intensity to perform than the surveyed code. Both MPC codes bracket the surveyed code and are comparable for physician work and time. The RUC determined a work RVU of 0.35 appropriately places CPT code 95XX4 relative to other services in the MFS based on time, work, intensity, and complexity. **The RUC recommends a work RVU of 0.35 for CPT code 95XX4.**

95922 Testing of autonomic nervous system function, with interpretation and report; 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 (ie, tilt table)

The RUC reviewed the survey results from 46 neurologists and internal medicine physicians and determined that the current work RVU of 0.96, which is below the survey 25th percentile work RVU of 1.02, appropriately accounts for the work required to perform this service. The RUC recommends 6 minutes pre-service time, 20 minutes intra-service and 10 minutes post-service time, totaling 36 minutes. The RUC noted that this

service is typically reported with an office Evaluation and Management (E/M) service and ensured there is no duplication in pre- or post-service work. For code 95922, there are multiple additional sources of data and types of analyses performed that make the assembly of the report more complex and more detailed and extensive.

CPT code 95922 describes testing that evaluates sympathetic effects on heart rate and blood pressure control. Code 95922 requires continuous recording of beat-to-beat blood pressure and heart rate, a period of supine rest of at least 20 minutes prior to testing, a minimum of two (2) Valsalva maneuvers, and the performance of passive head-up tilt, which must be performed using a tilt table.

The RUC compared the surveyed code to the top key reference service 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 total time on the date of the encounter for code selection, 20 minutes must be met or exceeded* (work RVU = 1.30, 20 minutes intra-service and 30 minutes total time) and determined that the surveyed code requires the same intra-service time but less intense and requires slightly less physician work, thus is appropriately valued lower. The RUC compared the surveyed code to the second top key reference code 95819 *Electroencephalogram (EEG); including recording awake and asleep* (work RVU = 1.08, 15 minutes intra-service time and 26 minutes total time), and determined that the surveyed code requires slightly more time to perform but requires nearly the same overall intensity and complexity to perform as code 95819, with 67 percent of survey respondents who chose this as a key reference service indicating as such. Thus, the surveyed code is valued similarly relative to code 95819.

For additional support the RUC referenced MPC code 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* (work RVU = 0.78, 20 minutes intra-service time and 33 minutes total time). The surveyed code requires more physician work and is more intense and complex to perform, thus valued higher than code 95971. The RUC determined that the current work RVU of 0.96 appropriately places CPT code 95922 relative to other services in the MFS based on time, work, intensity, and complexity. **The RUC recommends a work RVU of 0.96 for CPT code 95922.**

95923 *Testing of autonomic nervous system function, with interpretation and report; sudomotor, quantitative sudomotor axon reflex test (QSART) or silastic sweat imprint*

The RUC reviewed the survey results from 52 neurologists and internal medicine physicians and determined the current work RVU of 0.90, which is below the survey 25th percentile work RVU of 1.00, appropriately accounts for the work required to perform this service. The RUC recommends 8 minutes pre-service time, 15 minutes intra-service and 9 minutes post-service time, totaling 32 minutes. The RUC noted that this service is typically reported with an office Evaluation and Management (E/M) service and ensured there is no duplication in pre- or post-service work.

CPT code 95923 describes testing that evaluates sweat gland (sudomotor) function. Code 95923 should be reported only when performing quantitative evaluation of sweat gland function using the quantitative sudomotor axon reflex test (QSART) or the silastic sweat imprint test. Previously, QSART, thermoregulatory sweat test (TST) and sympathetic skin response (SSR) testing were all reported with CPT code 95923. The revised coding structure established a unique CPT code for each test. At the time the code was last reviewed, QSART was the most typical test to evaluate sudomotor function and the code was valued based on the work associated with the QSART.

The RUC compared the surveyed code to the top key reference code 95907 *Nerve conduction studies; 1-2 studies* (work RVU = 1.00, 15 minutes intra-service time and 35 minutes total time) and determined these services require the same intra-service time, with the surveyed code requiring slightly less total time to perform, thus are valued slightly lower. The RUC compared the surveyed code to the second top key reference service 95861 *Needle electromyography; 2 extremities with or without related paraspinal areas* (work RVU = 1.54, 29 minutes intra-service and 49 minutes total time) and determined that the surveyed code requires less physician work and time to perform, thus is appropriately valued lower.

For additional support, the RUC referenced MPC codes 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 RVU = 0.70, 11 minutes intra-service time and 16 minutes total time). The surveyed code requires more physician work and time to perform compared to 99212, thus is valued higher. The RUC determined that the current work RVU of 0.90 appropriately places CPT code 95923 relative to other services in the MFS based on time, work, intensity, and complexity. **The RUC recommends a work RVU of 0.90 for CPT code 95923.**

95XX5 Testing of autonomic nervous system function, with interpretation and report; sudomotor, thermoregulatory sweat test

The RUC reviewed the survey results from 31 neurologists and determined that the survey 25th percentile work RVU of 1.00 appropriately accounts for the work required to perform this service. The RUC recommends 10 minutes pre-service time, 20 minutes intra-service and 10 minutes post-service time, totaling 40 minutes. CPT code 95XX5 is the most difficult to perform out of the sudomotor tests, therefore, 5 minutes more of intra-service time compared to CPT code 95923 is appropriate. The QSART test (95923) focuses on peripheral nerves, whereas in this case, 95XX5 focuses on central nervous system sweat control, and requires additional data analysis and considerations in terms of the physician's clinical review.

CPT code 95XX5 describes testing that evaluates sudomotor function using the thermoregulatory sweat test (TST) by recording sweat production and distribution during controlled heating of the whole body. Previously all sudomotor testing including quantitative sudomotor axon reflex test (QSART), thermoregulatory sweat test (TST), and sympathetic skin response (SSR) testing were all reported with CPT code 95923. At the time the code was last reviewed, QSART was the most typical test to evaluate sudomotor function and the code was valued based on the work associated with the QSART. The revised coding structure established a unique CPT code for each test.

The RUC questioned whether 95XX5 will typically be reported with any other codes in this family. The specialty societies indicated that 95XX5 is only available at very few institutions across the country and is such a tiny fraction, probably less than 1%, of the sudomotor tests that are performed. Therefore, it will be rare that 95XX5 will be reported with other codes in this family.

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The RUC compared the surveyed code to the top key reference code 95819 *Electroencephalogram (EEG); including recording awake and asleep* (work RVU = 1.08, 15 minutes intra-service time and 26 minutes total time), and determined that the surveyed code requires more time to perform but requires nearly identical overall intensity and complexity to perform as code 95819, with 60 percent of survey respondents who chose this as a key reference service indicating as such. Thus, the surveyed code and 95819 are valued similarly. The RUC compared the surveyed code to the second top key reference service 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 total time on the date of the encounter for code selection, 20 minutes must be met or exceeded* (work RVU = 1.30, 20 minutes intra-service and 30 minutes total time) and determined that the surveyed code requires the same intra-service time but less intense and requires slightly less physician work, thus is appropriately valued lower.

For additional support the RUC referenced MPC codes 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* (work RVU = 0.78, 20 minutes intra-service time and 33 minutes total time). The surveyed code requires more physician work and is more intense and complex to perform, thus valued higher than code 95971. The RUC also compared the surveyed code to MPC code 93351 *Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional* (work RVU = 1.75, 20 minutes intra-service time and 40 minutes total time), which requires more work and intensity to perform than the surveyed code. Both MPC codes bracket the surveyed code and are comparable for physician work and time. The RUC determined that the survey 25th percentile work RVU of 1.00 appropriately places CPT code 95XX5 relative to other services in the MFS based on time, work, intensity, and complexity. **The RUC recommends a work RVU of 1.00 for CPT code 95XX5.**

95XX6 Testing of autonomic nervous system function, with interpretation and report; sudomotor, assessing the sympathetic skin response (SSR) potential

The RUC reviewed the survey results from 35 neurologists and determined the survey 25th percentile work RVU of 0.50 appropriately accounts for the work required to perform this service. The RUC recommends 5 minutes pre-service time, 10 minutes intra-service and 5 minutes post-service time, totaling 20 minutes. The specialty societies noted that this service is not expected to typically be reported with an office Evaluation and Management (E/M) service because it is performed separately in the electromyography (EMG) lab.

CPT code 95XX6 describes testing that evaluates the sympathetic skin response (SSR) by recording surface electrical responses from the palmar or plantar surfaces after electrical stimulation of a nerve trunk of the limb being tested. Previously all sudomotor testing including quantitative sudomotor axon reflex test (QSART), thermoregulatory sweat test (TST), and SSR testing were all reported with CPT code 95923. At the time the code was last reviewed, QSART was the most typical test to evaluate sudomotor function and the code was valued based on the work associated with the QSART. The revised coding structure established a unique CPT code for each test.

The RUC compared the surveyed code to the top key reference code 95907 *Nerve conduction studies; 1-2 studies* (work RVU = 1.00, 15 minutes intra-service time and 35 minutes total time) and determined that the surveyed code requires significantly less physician time and work, thus is valued have that of 95907. The RUC compared the surveyed code to the second top key reference service 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* (work RVU = 0.39, 8 minutes intra-service and 15 minutes total time) and determined that the surveyed code requires slightly more physician time and work, thus is appropriately valued higher.

For additional support, the RUC referenced MPC code 76830 *Ultrasound, transvaginal* (work RVU = 0.69, 10 minutes intra-service time and 23 minutes total time). The surveyed code requires slightly less physician work and time to perform compared to 76830, thus is valued lower. The RUC determined that the survey 25th percentile work RVU of 0.50 appropriately places CPT code 95XX6 relative to other services in the MFS based on time, work, intensity, and complexity. **The RUC recommends a work RVU of 0.50 for CPT code 95XX6.**

95924 Testing of autonomic nervous system function, with interpretation and report; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt (ie, tilt table)

The RUC reviewed the survey results from 50 neurologists and internal medicine physicians and determined the survey 25th percentile work RVU of 1.50 appropriately accounts for the work required to perform this service. The RUC recommends 10 minutes pre-service time, 25 minutes intra-service and 12 minutes post-service time, totaling 47 minutes. The RUC noted that this service is typically reported with an office Evaluation and Management (E/M) service and ensured there is no duplication in pre- or post-service work.

CPT code 95924 is reported when both the parasympathetic (cardiovagal) function and the sympathetic adrenergic function as described in CPT codes 95921 and 95922 are tested together with the use of a tilt table.

The intensity for CPT code 95924 is now much higher than 95921 and 95922. The specialty societies indicated, and the RUC agreed that this is appropriate because there is the added complexity as outlined in 95922 from current and the interpretation of both the sympathetic and parasympathetic systems data and then the integration of that into one cohesive interpretation.

The RUC compared the surveyed code to the top key reference code 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 videos* (work RVU = 2.00, 28 minutes intra-service time and 46 minutes total time) and determined that these services require almost identical time, however the surveyed code is slightly less intense and complex to perform, thus valued lower.

The RUC compared the surveyed code to the second top key reference service 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 low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded* (work RVU = 1.92, 30 minutes intra-service and 47 minutes total time) and determined that the surveyed code requires and determined that these services require almost identical total time, however the surveyed code is slightly less intense and complex to perform.

For additional support, the RUC referenced MPC codes 93015 *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report* (work RVU = 0.75, 20 minutes intra-service time and 26 minutes total time). CPT code 93015 is less intense and complex compared to the surveyed code and requires less physician work and time to perform. The RUC also compared the surveyed code to MPC code 95861 *Needle electromyography; 2 extremities with or without related paraspinal areas* (work RVU = 1.54, 29 minutes intra-service time and 49 minutes total time), which is slightly more intense and complex, and requires more physician work and time than the surveyed code. Both MPC codes bracket the surveyed code and are comparable for physician work and time. The RUC determined that the survey 25th percentile work RVU of 1.50 appropriately places CPT code 95924 relative to other services in the MFS based on time, work, intensity, and complexity. **The RUC recommends a work RVU of 1.50 for CPT code 95924.**

95XX7 Testing of autonomic nervous system function, with interpretation and report; combined parasympathetic and sudomotor testing, quantitative sudomotor axon reflex test (QSART) or silastic sweat imprint

CPT code 95XX7 describes testing when both the parasympathetic (cardiovagal) function and sweat gland function (sudomotor) QSART evaluation are performed. A tilt table may be used but is not required for testing parasympathetic function. Code 95XX4 may be reported in addition to 95XX7 when a tilt table is used to perform the tests.

The RUC reviewed the survey results from 34 neurologists and determined a work RVU of 1.20 appropriately accounts for the work required to perform this service. The RUC recommends 10 minutes pre-service time, 20 minutes intra-service and 10 minutes post-service time, totaling 40 minutes. The specialty societies indicated, and the RUC agreed that the survey 25th percentile work RVU of 1.02 would create a rank order anomaly as it would result in a lower intensity than 95923, when the QSART test is performed alone. The RUC recommends a direct crosswalk to CPT code 76988 *Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; placement, manipulation of transducer, and image acquisition only* (work RVU = 1.20, 20 minutes intra-service time and 35 minutes total time).

The RUC compared the surveyed code to the top key reference service 95861 *Needle electromyography; 2 extremities with or without related paraspinal areas* (work RVU = 1.54, 29 minutes intra-service and 49 minutes total time) and determined that the surveyed code requires less physician work and time to perform, thus is appropriately valued lower. The RUC compared the surveyed code to the second top key reference code 95819 *Electroencephalogram (EEG); including recording awake and asleep* (work RVU = 1.08, 15 minutes intra-service time and 26 minutes total time), and determined that the surveyed code requires more time, thus is appropriately valued higher.

For additional support the RUC referenced MPC code 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* (work RVU = 0.78, 20 minutes intra-service time and 33 minutes total time). The surveyed code requires more physician work and is more intense and complex to perform, thus valued higher than code 95971. The RUC also referenced CPT code 95868 *Needle electromyography; cranial nerve supplied muscles, bilateral* (work RVU = 1.18, 20 minutes intra-service time

and 40 minutes total time), which requires the same physician time and nearly identical work to perform. The RUC determined that the work RVU of 1.20 appropriately places CPT code 95XX7 relative to other services in the MFS based on time, work, intensity, and complexity. **The RUC recommends a work RVU of 1.20 for CPT code 95XX7.**

95XX8 Testing of autonomic nervous system function, with interpretation and report; combined sympathetic adrenergic with at least 5 minutes of passive tilt (ie, tilt table) and sudomotor testing, quantitative sudomotor axon reflex test (QSART) or silastic sweat imprint

The RUC reviewed the survey results from 32 neurologists and determined the survey median work RVU of 1.75 appropriately accounts for the work required to perform this service. The RUC recommends 10 minutes pre-service time, 30 minutes intra-service and 10 minutes post-service time, totaling 50 minutes. The specialty societies noted, and the RUC agreed, that the 25th percentile work RVU of 1.50 would create a rank order anomaly as it would result in a lower intensity than 95923 when the QSART test is performed alone. These combined tests are more complex, due to the interpreting physician needing to integrate more data points into a cohesive interpretation.

CPT code 95XX8 describes when both the sympathetic function and sweat gland (sudomotor) function evaluation QSART are performed. CPT code 95XX8 requires the use of a tilt table.

The RUC compared the surveyed code to the top key reference code 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 videos* (work RVU = 2.00, 28 minutes intra-service time and 46 minutes total time) and determined the surveyed service requires more time but is slightly less intense and complex to perform. The RUC compared the surveyed code to the second top key reference service 95813 *Electroencephalogram (EEG) extended monitoring; 61-119 minutes* (work RVU = 1.63, 25 minutes intra-service and 35 minutes total time) and determined that the surveyed code requires more physician time and work to perform, thus appropriately valued higher.

For additional support, the RUC referenced MPC code 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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.* (work RVU = 1.92, 30 minutes intra-service time and 47 minutes total time), which is slightly more intense and complex, and requires more physician work and time than the surveyed code. The RUC determined that the survey median work RVU of 1.75 appropriately places CPT code 95XX8 relative to other services in the MFS based on time, work, intensity, and complexity. **The RUC recommends a work RVU of 1.75 for CPT code 95XX8.**

95XX9 Testing of autonomic nervous system function, with interpretation and report; combined parasympathetic, sympathetic adrenergic function with at least 5 minutes of passive tilt (ie, tilt table), and sudomotor testing, quantitative sudomotor axon reflex test (QSART) or silastic sweat imprint

The RUC reviewed the survey results from 35 neurologists and determined the survey 25th percentile work RVU of 1.91 appropriately accounts for the work required to perform this service. The RUC recommends 10 minutes pre-service time, 30 minutes intra-service and 12 minutes post-service time, totaling 52 minutes.

CPT code 95XX9 describes when both the parasympathetic (cardiovagal) function, sympathetic function and sweat gland (sudomotor) function QSART are performed. CPT code 95XX9 requires the use of a tilt table. CPT code 95XX9 is reported when all three major tests are performed together, therefore it is the most complex and time intensive of the family.

The RUC compared the surveyed code to the top key reference service 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 and 64 minutes total time) and determined that the surveyed code requires less physician time and work, thus appropriately valued lower. The RUC compared the surveyed code to the second top key reference code 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 videos* (work RVU = 2.00, 28 minutes intra-service time and 46 minutes total time) and determined the surveyed service requires slightly more time, but is slightly less intense and complex to perform, thus appropriately valued lower.

For additional support, the RUC referenced MPC code 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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.* (work RVU = 1.92, 30 minutes intra-service time and 47 minutes total time), which requires similar physician work and time to perform. The RUC determined that the survey 25th percentile work RVU of 1.91 appropriately places CPT code 95XX9 relative to other services in the MFS based on time, work, intensity, and complexity. **The RUC recommends a work RVU of 1.91 for CPT code 95XX9.**

RUC Referral to CPT

The RUC expressed concern about the possible reporting of some of these services together, thus resulting in duplication of work. **Upon the conclusion of the RUC meeting, the specialty societies submitted a letter to the CPT Editorial Panel requesting to add CPT code 95XX5 to the parenthetical instructions for codes 95921, 95922, 95923, 95XX6, 95924, 95XX7, 95XX8, 95XX9:**

(Do not report 95921 in conjunction with 95922, 95923, 95XX5, 95XX6, 95924, 95XX7, 95XX8, 95XX9)
(Do not report 95922 in conjunction with 95921, 95923, 95XX5, 95XX6, 95924, 95XX7, 95XX8, 95XX9)
(Do not report 95923 in conjunction with 95921, 95922, 95XX5, 95XX6, 95924, 95XX7, 95XX8, 95XX9)
(Do not report 95924 in conjunction with 95921, 95922, 95923, 95XX5, 95XX6, 95XX7, 95XX8, 95XX9)
(Do not report 95XX6 in conjunction with 95921, 95922, 95923, 95XX5, 95924, 95XX7, 95XX8, 95XX9)
(Do not report 95XX7 in conjunction with 95921, 95922, 95923, 95XX5, 95XX6, 95924, 95XX8, 95XX9)
(Do not report 95XX8 in conjunction with 95921, 95922, 95923, 95XX5, 95XX6, 95924, 95XX7, 95XX9)
(Do not report 95XX9 in conjunction with 95921, 95922, 95923, 95XX5, 95XX6, 95924, 95XX7, 95XX8)

Practice Expense

The Practice Expense (PE) Subcommittee considered and approved compelling evidence based on a change in specialty, as the dominant provider for the six new codes is expected to be Neurology, and there is a change in the way the procedures are performed using additional and updated supplies. The following supplies were added: 4 SC052 *syringe 1 ml*, 1 SC029 *needle, 18-27g* and 1 SB022 *gloves, non-sterile*, for the testing codes 95923, 95XX7, 95XX8 and 95XX9, which employ SH002 *acetylcholine*. Invoices were submitted for three new supplies: *Filtered Mouthpiece*, *Gel Trode 2x2 Return Electrode* and *Meridian Electrode w/Expanding Foam*. The specialty societies explained the four codes that include QSART testing (95923, 95XX7, 95XX8 and 95XX9) require the use of SG055 *gauze, sterile 4in x 4in* to ensure the recording site is fully dry per protocol, rather than air-drying, while the gauze was removed from those codes which do not require patting dry the recording site (95921, 95922, 95XX6, 95924). Clarification was also provided on the tilt table and that it is only indicated in the services in which it is utilized (codes 95922, 95924, 95XX4, 95XX8 and 95XX9). Lastly, the PE Subcommittee ensured that the clinical activities were not duplicative of Evaluation and Management (E/M) services and justified the use of CA005 *Complete pre-procedure phone calls and prescription* for all the XXX codes in the family. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

Reported with E/M

The RUC noted that the 2023 Medicare data showed that the existing codes 95921, 95922, 95923 and 95924 were typically reported with an E/M 51%-53% of the time. The specialty societies noted that a large part of the reason for this code family restructuring was because there was most likely still inappropriate reporting of these services by the wrong specialty and without the use of a tilt table. The RUC noted that it is possible that those inappropriately reporting these services were also the same individuals reporting with an E/M office visit on the same day. These services are expected to be primarily reported by neurology and not with an E/M on the same day. The RUC confirmed that it will analyze these services to ensure that the new coding structure is being reported as predicted when it reviews all CPT 2027 codes utilization data when available.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Medicine Neurology and Neuromuscular Procedures Autonomic Function Tests The purpose of autonomic nervous system function testing is to determine ~~the presence of normal versus abnormal function~~ <u>autonomic dysfunction</u> , <u>define the site of autonomic dysfunction</u> , and <u>assess response to treatment</u> ~~the various autonomic subsystems that may be disordered~~ . <u>The autonomic nervous system is traditionally categorized into the parasympathetic, sympathetic, and enteric (gastrointestinal) systems. Parasympathetic and sympathetic functions of heart rate, blood pressure and sympathetic sweat gland (sudomotor) control are assessed by the testing methods described in this section. Tables 1-3 list the various testing modalities used in autonomic nervous system testing. Autonomic disorders lead to abnormalities in both blood pressure regulation on Valsalva maneuver (excessive early phase II, blunted or absent late phase</u>				

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II, delayed recovery phase and/or absent phase IV) and tilt table responses (eg, abnormal heart rate and/or blood pressure in the form of excessive postural tachycardia, neurogenic and non-neurogenic orthostatic hypotension).

Code 95921 describes testing which evaluates parasympathetic (cardiovagal) function. Code 95921 should be reported only when electrocardiographic monitoring of heart rate derived from the time elapsing between two consecutive R waves in the electrocardiogram, or the R-R interval, is displayed on a monitor and stored for subsequent analysis of waveforms. Testing is typically performed in the supine prone position. A tilt table may be used, but is not required ~~equipment~~ for testing of ~~the~~ parasympathetic function. At least two of the following components need to be included in testing:

1. Heart rate response to deep breathing derived from a visual quantitative analysis of recordings with subject breathing at a rate of 5-6 breaths per minute, allowing five seconds for inspiration and five seconds for expiration. The heart rate increases during inspiration and decreases during expiration. An E (expiratory) to I (inspiratory) ratio or index can be calculated as the sum of the longest R-R intervals during six consecutive respirations divided by the sum of the six shortest R-R intervals. Alternatively, it may be calculated as the average of the six ratios of the longest R-R intervals and shortest R-R interval within each of the six respirations. Autonomic disorders reduce the amount of heart rate variation during this maneuver.
2. Heart rate variation during the Valsalva maneuver: the Valsalva ratio is determined by dividing the maximum heart rate by the lowest heart rate during Valsalva testing. The initial heart rate responses to sustained oral pressure (blowing into a tube with an open glottis) consist of tachycardia followed by a bradycardia at 15-45 seconds after the Valsalva pressure has been released. A minimum of two Valsalva maneuvers are to be performed. The initial cardioacceleration is an exercise reflex while the subsequent tachycardia and bradycardia are baroreflex-mediated. Autonomic disorders reduce the difference between the maximum and minimum heart rate achieved during the test in an age-dependent manner.
3. A 30:15 ratio (R-R interval at beat 30 after standing)/(R-R interval at beat 15 after standing) used as is also an index of parasympathetic cardiovascular (cardiovagal) function in response to standing. Autonomic disorders reduce the difference between the maximum and minimum heart rate achieved during the test.

Code 95XX4 may be reported in addition to 95921, 95XX7 when a tilt table is used to perform either of these tests.

Code 95922 describes testing which evaluates sympathetic effects on heart rate and blood pressure control. Code 95922 should be reported only when all of the following components are included in testing:

1. *Continuous recording of beat-to-beat BP and heart rate. The heart rate needs to be derived from an electrocardiogram (ECG) unit such that an accurate quantitative graphical measurement of the R-R interval is obtained.*
2. *A period of supine rest of at least 20 minutes prior to testing.*
3. *The performance and recording of beat-to-beat blood pressure and heart rate during a minimum of two (2) Valsalva maneuvers.*
4. *The performance of passive head-up tilt with continuous recording of beat-to-beat blood pressure and heart rate for a minimum of five minutes, followed by passive tilt-back to the supine position. This must be performed using a tilt table.*

Code 95923 describes testing which evaluates sweat gland (sudomotor) function. Code 95923 should be reported only when performing quantitative evaluation of sweat gland function using the quantitative sudomotor axon reflex test (QSART), or silastic sweat imprint test.

Code 95XX5 describes testing which evaluates sudomotor function using the thermoregulatory sweat test (TST). The test is performed by recording sweat production and its distribution during controlled heating of the whole body. An indicator powder is used to generate a color change allowing visualization and analysis of sweat production across the body surface.

Code 95XX6 describes testing which evaluates the sympathetic skin response. The test is performed by recording surface electrical responses from the palmar or plantar surfaces after electrical stimulation of a nerve trunk of the limb being tested. The presence of the response and its amplitude are the parameters that are assessed.

Code 95924 should be reported only when both the parasympathetic (cardiovagal) function and the sympathetic adrenergic function as described in 95921, 95922 are tested together with the use of a tilt table.

Codes 95XX7, 95XX8, 95XX9 represent various combinations of parasympathetic (cardiovagal), sympathetic, and sudomotor testing. Codes 95XX8, 95XX9 require the use of a tilt table.

Codes 95921, 95922, 95923, 95XX4, 95XX5, 95924, 95XX6, 95XX7, 95XX8, 95XX9 require interpretation and report by a physician or other qualified health care professional and should not be used for tests that include algorithmically aided diagnostic support tools.

When autonomic function testing is performed without a separate interpretation and report by a physician or other qualified health care professional, use 95999.

▲95921	F1	Testing of autonomic nervous system function, <u>with interpretation and report</u> ; 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 <u>(Do not report 95921 in conjunction with 95922, 95923, 95924, 95XX6, 95XX7, 95XX8, 95XX9)</u>	XXX	0.90 (No Change) (2025 Work RVU = 0.90)
●+95XX4	F2	use of tilt table (List separately in addition to code for primary procedure) (Use 95XX4 in conjunction with 95921, 95XX7, when a tilt table is used to perform these services)	ZZZ	0.35
▲95922	F3	vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R	XXX	0.96 (No Change)

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		interval changes during Valsalva maneuver and at least 5 minutes of passive tilt (<u>ie, tilt table</u>) (Do not report 95922 in conjunction with 95921, <u>95923, 95924, 95XX6, 95XX7, 95XX8, 95XX9</u>)		(2025 Work RVU = 0.96)
▲95923	F4	sudomotor, ~~including 1 or more of the following: quantitative sudomotor axon reflex test (QSART); or silastic sweat imprint; thermoregulatory sweat test; and changes in sympathetic skin potential~~ (Do not report 95923 in conjunction with 95921, 95922, 95924, <u>95XX6, 95XX7, 95XX8, 95XX9</u>)	XXX	0.90 (No Change) (2025 Work RVU = 0.90)
●95XX5	F5	sudomotor, thermoregulatory sweat test	XXX	1.00
●95XX6	F6	sudomotor, assessing the sympathetic skin response (SSR) potential (Do not report 95XX6 in conjunction with 95921, 95922, 95923, 95924, 95XX7, 95XX8, 95XX9)	XXX	0.50
▲95924	F7	combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt (<u>ie, tilt table</u>) (Do not report 95924 in conjunction with 95921, ~~or~~ <u>95922, 95923, 95XX6, 95XX7, 95XX8, 95XX9</u>)	XXX	1.50 (2025 Work RVU = 1.73)
●95XX7	F8	combined parasympathetic and sudomotor testing, quantitative sudomotor axon reflex test (QSART) or silastic sweat imprint (Do not report 95XX7 in conjunction with 95921, 95922, 95923, 95924, 95XX6, 95XX8, 95XX9)	XXX	1.20
●95XX8	F9	combined sympathetic adrenergic with at least 5 minutes of passive tilt (<u>ie, tilt table</u>) and sudomotor testing, quantitative sudomotor axon reflex test (QSART) or silastic sweat imprint	XXX	1.75

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		(Do not report 95XX8 in conjunction with 95921, 95922, 95923, 95924, 95XX6, 95XX7, 95XX9)		
●95XX9	F10	combined parasympathetic, sympathetic adrenergic function with at least 5 minutes of passive tilt (ie, tilt table), and sudomotor testing, quantitative sudomotor axon reflex test (QSART) or silastic sweat imprint (Do not report 95XX9 in conjunction with 95921, 95922, 95923, 95924, 95XX6, 95XX7, 95XX8)	XXX	1.91

Table 1. Cardiovascular Autonomic Testing Modalities for Physiological Data Acquisition

- Electrocardiogram (ECG) to collect heart rate (HR) and rhythm for purposes of autonomic physiological testing
- Beat-to-beat blood pressure (BP) evaluation for purposes of autonomic physiological testing
- Tilt table testing with ECG and beat-to-beat BP evaluation for purposes of autonomic physiological testing

Table 2. Cardiovascular Autonomic Tests

Tests that quantitatively evaluate cardiovagal parasympathetic function:

- HR responses to deep breathing (HRDB) with recorded R-R interval
- HR responses using R-R interval during Valsalva testing (eg, Valsalva ratio [VR] or expiration-inspiration [E-I] ratio)
- HR responses using R-R interval during laying (supine) and standing (30:15 ratio)

Tests that quantitatively evaluate cardiovascular adrenergic function

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• <u>Beat-to-beat assessment of Valsalva mediated BP changes</u> • <u>Beat-to-beat assessment of BP and HR response to head-up tilt (HUT)</u> • <u>Beat-to-beat assessment of BP and HR response to cold pressor stress</u>	
<u>Tests that quantitatively evaluate cardiovascular adrenergic function utilizing beat-to-beat BP combined with tilt table testing:</u> • <u>Valsalva mediated BP changes, tilted</u> • <u>BP and HR response to HUT</u>	
<u>Table 3. Sudomotor Testing Methods and Examples</u>	
<u>Tests that are nonquantitative and rely on skin conductance with or without electrical stimulation, typically involving less than 1 minute of physiological recording time. For example:</u> • <u>Sympathetic skin responses (SSR)</u>	
<u>Tests that are quantitative and utilize iontophoresis and/or direct measurement of cutaneous sweat output via sudorometer, typically involving 5-10 minutes of physiological recording time. For example:</u> • <u>Quantitative sudomotor axon reflex test (QSART)</u> • <u>Quantitative direct and indirect testing (QDIRT) of sudomotor function</u> • <u>Silastic sweat imprint (SSI)</u> • <u>Resting sweat output (RSO)</u>	
<u>Tests that are quantitative and utilize heating of the entire body, typically requiring physiological recording for 30 minutes or longer. For example:</u> • <u>Thermoregulatory sweat test (TST)</u>	

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April 12, 2025

Ezequiel Silva, III, MD
Chair, AMA/Specialty Society RVS Update Committee
Relative Value Systems, American Medical Association
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611

Dear Dr. Silva,

We write on behalf of the American Academy of Family Physicians (AAFP) to offer our comments on the recommendations included in Tab 9 (Autonomic Function Testing) of the April 2025 RUC agenda. The AAFP is interested in this tab, because family physicians report anywhere from 7.6% to 12.6% of the non-facility Medicare claims for the current autonomic function testing codes (95921-95924). These comments reflect our review of the recommendations submitted by the specialties involved in presenting Tab 9.

Upon review, we find the recommended work relative value units for each code in the family to be supported by comparison to their respective key reference services and by comparison to other RUC-reviewed codes with the same global period, same intra-service time, and proximal total time. Compelling evidence to consider an increase in value, where relevant, is addressed in the Additional Rationale section of the work summary of recommendation (SOR) forms. We note the RUC database indicates that the current codes were last reviewed in 2012. We believe it is reasonable to conclude that there has been a change in knowledge that has changed work in the intervening 13 years. We encourage the RUC to accept that compelling evidence has been met.

In our review, we generally found the recommended practice expense inputs to be reasonable, given the new and revised code descriptors. In many cases, they reflect decreases in practice expense relative to current inputs.

The one exception was code 95923, where direct practice expense input costs are recommended to increase by approximately \$60 compared to current inputs. This is almost entirely due to changes in the medical supplies. The specialties appropriately address compelling evidence to consider this increase in response to Question 5 in the practice expense SOR form.

We had some minor questions about miscellaneous recommended practice expense inputs for some of the codes. We are confident reviewers on the Practice Expense Subcommittee will identify and ask those questions and that the specialties will provide satisfactory answers.

Thank you for the opportunity to review and comment on the recommendations in Tab 9.

Sincerely,

/s/

Brad Fox, MD
AAFP RUC Advisor

/s/

Timothy Switaj, MD
AAFP Alternate RUC Advisor

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	Parasympathetic (cardiovagal function) including 2 or more of the following: -HR response to deep breathing w/ recorded R-R interval -Valsalva ratio -30:15 ratio	Sympathetic vasomotor function including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and passive tilt <i>(includes tilt table in code)</i>	Sudomotor: QSART or silastic sweat imprint	Sudomotor: thermo-regulatory sweat test	Sudomotor: sympathetic skin response (SSR) potential	*With Tilt Table add-on code (+95XX4)
95921	X					*
95922		X				
95923			X			
95XX5				X		
95XX6					X	
95924	X	X				
95XX7	X		X			*
95XX8		X	X			
95XX9	X	X	X			
95921	Testing of autonomic nervous system function, with interpretation and report; 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					
+95XX4	; use of tilt table (List separately in addition to code for primary procedure)					
95922	; 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 (ie, tilt table)					
95923	; sudomotor, quantitative sudomotor axon reflex test (QSART), or silastic sweat imprint					
95XX5	; sudomotor, thermoregulatory sweat test					
95XX6	; sudomotor, assessing the sympathetic skin response (SSR) potential					
95924	; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt (ie, tilt table)					
95XX7	; combined parasympathetic and sudomotor testing, quantitative sudomotor axon reflex test (QSART) or silastic sweat imprint					
95XX8	; combined sympathetic adrenergic with at least 5 minutes of passive tilt (ie, tilt table) and sudomotor testing, quantitative sudomotor axon reflex test (QSART) or silastic sweat imprint					
95XX9	; combined parasympathetic, sympathetic adrenergic function with at least 5 minutes of passive tilt (ie, tilt table), and sudomotor testing, quantitative sudomotor axon reflex test (QSART) or silastic sweat imprint					

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This coding table visually represents the different modalities used in autonomic function testing and their corresponding CPT codes, whether performed alone or in combination. Use this table as a reference to understand the revised code structure when completing the survey.

*95XX4 is an add on code reported in conjunction with 95921 or 95XX7 when a tilt table is used to perform the service

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 95921	Tracking Number F1	Original Specialty Recommended RVU: 0.90
		Presented Recommended RVU: 0.90
Global Period: XXX	Current Work RVU: 0.90	RUC Recommended RVU: 0.90

CPT Descriptor: Testing of autonomic nervous system function, with interpretation and report; 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

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male with poorly controlled diabetes, significant orthostatic hypotension, and heat intolerance which is interfering with his ability to walk and complete activities of daily living. Testing of the autonomic nervous system is performed to evaluate for possible primary autonomic disorder.

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: Review referral information including medications and past medical history/comorbidities, which might impact test results.

Description of Intra-Service Work: Supervise patient preparation and performance of the test, as well as personally evaluate the patient during testing maneuvers and/or confirm the technologist's impression as needed. Visualize ECG monitoring of the heart rate, which is derived from the R-R interval displayed on a monitor and stored for analysis and review. Communicate any electrode or recording issues, and any required modification to recording to the technologist when necessary. Review patient-reported symptoms, clinical notes, referral documents, and patient history. Review results of R-R interval for normal morphology, reproducibility between trials, artifacts, medication effects, and/or pacemaker-induced abnormalities, and document any abnormalities of HR response to testing maneuvers (e.g., deep breathing, Valsalva and 30:15 ratio measures). Interpret cardiovagal testing data, localize findings, and make a clinical correlation of the results based on patient's history. Discuss and explain findings with the patient as needed. Document a report and interpretation for the patient's chart.

Description of Post-Service Work: Review and sign final report. Send a copy of the report to the referring physician and/or primary care provider and provide a verbal report of critical results directly to referring physician as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2025				
Presenter(s):	Melissa Cortez, DO; Kevin Fitzpatrick, MD; Charles Hamori, MD, FACP; Marianna V. Spanaki, MD, PhD; Meghan Ward, MD, FAAN;				
Specialty Society(ies):	American Academy of Neurology (AAN), American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM), American College of Physicians (ACP)				
CPT Code:	95921				
Sample Size:	4029	Resp N:	54		
Description of Sample:	AAN: a sample of current US members from the Autonomic Nervous System section. AANEM: current US neurologist members. American Autonomic Society: practicing US physician members (Research Approved list). ACP: random sample of ACP members plus a Research Subcommittee-approved targeted survey sample of ACP members who are identified as providing these codes in the Medicare Physician & Other Practitioners — by Provider and Service data set.				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	10.00	67.00	1150.00
Survey RVW:	0.30	0.50	1.04	1.50	4.00
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	7.00	15.00	25.00	90.00
Immediate Post Service-Time:	10.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	0.00	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	0.00	99238x 0.00	99239x 0.00	99217x 0.00	
Office time/visit(s):	0.00	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00

**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:	95921	Recommended Physician Work RVU: 0.90		
	Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time	
Pre-Service Evaluation Time:	5.00	0.00	5.00	
Pre-Service Positioning Time:	0.00	0.00	0.00	
Pre-Service Scrub, Dress, Wait Time:	0.00	0.00	0.00	
Intra-Service Time:	15.00			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time	

Immediate Post Service-Time:	5.00	0.00	5.00

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00
Other Hospital time/visit(s):	0.00	99231x 0.00 99232x 0.00 99233x 0.00
Discharge Day Mgmt:	0.00	99238x 0.0 99239x 0.0 99217x 0.00
Office time/visit(s):	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00

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
95907	XXX	1.00	RUC Time

CPT Descriptor Nerve conduction studies; 1-2 studies

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99213	XXX	1.30	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 low level of medical decision making. When using total time on the date of the encounter for code selection, 20 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
93015	XXX	0.75	RUC Time	816,351

CPT Descriptor 1 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95819	XXX	1.08	RUC Time	153,233

CPT Descriptor 2 Electroencephalogram (EEG); including recording awake and asleep

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: 10 % of respondents: 18.5 %

Number of respondents who choose 2nd Key Reference Code: 8 % of respondents: 14.8 %

TIME ESTIMATES (Median)

	CPT Code: <u>95921</u>	Top Key Reference CPT Code: <u>95907</u>	2nd Key Reference CPT Code: <u>99213</u>
Median Pre-Service Time	5.00	10.00	5.00
Median Intra-Service Time	15.00	15.00	20.00
Median Immediate Post-service Time	5.00	10.00	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	25.00	35.00	30.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	20%	40%	40%	0%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

Less Identical More

20% 50% 30%

Technical Skill/Physical Effort

Less Identical More

Technical skill required	30%	30%	40%
Physical effort required	30%	50%	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

30%

50%

20%

**Survey Code Compared to
2nd Key Reference Code****Much
Less****Somewhat
Less****Identical****Somewhat
More****Much
More****Overall intensity/complexity**

0%

13%

25%

50%

12%

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%

0%

75%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

25%

25%

50%

Physical effort required

25%

38%

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

25%

38%

37%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In October 2019, the Relativity Assessment Workgroup identified 95921 as a code with Medicare utilization over 10,000 that was performed by one specialty and is now

performed by a different specialty, which the RUC referred to CPT Assistant and an article was published in 2020. In January 2020, the RUC recommended referring codes 95921-95924 to CPT Assistant in 2020 to clarify correct coding on how to report these services and the Workgroup review the specialty mix again in 3 years of those reporting the services (Sept 2023). The Workgroup requested an action plan for Autonomic Function Testing for 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 due to the COVID-19 pandemic. The Workgroup noted that these services are typically reported together and the code family should be referred to CPT to be restructured.

In February 2025, the CPT Editorial Panel approved 4 revised codes and 6 new codes to report autonomic function testing as outlined below. A coding table is provided to illustrate the appropriate code to report based on the systems tested (see appendix A). Codes 95921 – 95XX9 require interpretation and report by a physician or other qualified health care professional and should not be used for tests that include algorithmically aided diagnostic support tools. When autonomic function testing is performed without a separate interpretation and report by a physician or other qualified health care professional, use 95999.

Autonomic function tests assess parasympathetic and sympathetic functions of heart rate, blood pressure and sympathetic sweat gland (or sudomotor) control. For purposes of code selection one can think of the tests in three categories: parasympathetic, sympathetic and sudomotor. The tests can be performed independently or as a full battery of tests, which is reflected in the code language.

Code **95921** describes testing which evaluates **parasympathetic** (cardiovagal) function and includes electrocardiographic monitoring of heart rate derived from the variability in the time elapsing between two consecutive R waves in the electrocardiogram. A tilt table may be used but is not required for testing parasympathetic function. Code **95XX4** may be reported in addition to 95921 when a tilt table is used to perform the tests.

Code **95922** describes testing which evaluates **sympathetic** effects on heart rate and blood pressure control. Code 95922 requires continuous recording of beat-to-beat BP and heart rate. a period of supine rest of at least 20 minutes prior to testing, a minimum of two (2) Valsalva maneuvers, the performance of passive head-up tilt which must be performed using a tilt table.

Code **95924** is reported when both the parasympathetic (cardiovagal) function and the sympathetic adrenergic function as described in 95921, 95922 are tested together with the use of a tilt table.

The testing of **sudomotor** function is reported as follows:

95923 describes testing which evaluates sweat gland (sudomotor) function. Code 95923 should be reported only when performing quantitative evaluation of sweat gland function using the quantitative sudomotor axon reflex test (**QSART**), or silastic sweat imprint test.

95XX5 describes testing which evaluates sudomotor function using the thermoregulatory sweat test (**TST**) by recording sweat production and distribution during controlled heating of the whole body.

95XX6 describes testing which evaluates the sympathetic skin response (**SSR**) by recording surface electrical responses from the palmar or plantar surfaces after electrical stimulation of a nerve trunk of the limb being tested.

*QSART, TST and SSR testing were all previously reported with CPT code 95923. The revised coding structure established a unique CPT code for each test.

95XX7, 95XX8, 95XX9 represent various combinations of parasympathetic (cardiovagal), sympathetic, and sudomotor testing as described below:

95XX7 is reported when both the parasympathetic (cardiovagal) function and sweat gland function (sudomotor) QSART evaluation are performed. A tilt table may be used but is not required for testing parasympathetic function. Code 95XX4 may be reported in addition to 95XX7 when a tilt table is used to perform the tests.

95XX8 is reported when both the sympathetic function and sweat gland (sudomotor) function evaluation QSART are performed. 95XX8 requires the use of tilt table.

95XX9 is reported when the parasympathetic (cardiovagal) function, sympathetic function and sweat gland (sudomotor) function QSART are performed. 95XX9 requires the use of tilt table

Survey Process

The American Academy of Neurology (AAN), American Association of Neuromuscular and Electrodiagnostic Medicine (AANEM), and American College of Physicians (ACP) convened an expert panel familiar with these services to provide value and time recommendations for the April 2024 RUC meeting.

The AAN surveyed a sample of current US members from the Autonomic Nervous System section. The AANEM surveyed current US neurologist members. The ACP surveyed a random sample of ACP members plus a Research Subcommittee-approved targeted survey sample of ACP members who are identified as providing these codes in the Medicare Physician & Other Practitioners — by Provider and Service data set. The survey was also distributed to practicing US physician members of the American Autonomic Society which was approved by Research Subcommittee. The survey had **54 responses** and **87% of respondents** found the vignette to be typical.

Compelling Evidence

We believe that there is compelling evidence to consider an increase in the value for CPT code family 95921-95XX9, specifically **changes in physician work due to technique and knowledge/technology**. For codes that include vasomotor testing and assessment of Valsalva responses, additional quantitative analyses are now typical, in addition to the semi-quantitative/qualitative analyses of Valsalva response, that were typical at the time of the last survey. The typical work now requires visualization of physiological data (including determination of wave form morphology, sources of artifact, and quantitative analysis) and correlation of available clinical data with test results. These newly implemented analyses add complexity and intensity in the physician work. In addition, for codes where interpretation is required for a combination of multiple test procedures [e.g., 95XX7, 95XX8, 95XX9, which includes combinations of sudomotor, cardiovagal and vasomotor adrenergic testing] the integration of multiple modality data is required, which increases physician work.

The specialties have provided literature to support this argument. "Normative Data on Phases of the Valsalva Maneuver" from Denq et al 1998 represents the standard analyses which were required at the time of the last survey and "Non-invasive measurement of baroreflex during Valsalva maneuver: Evaluation of alpha and beta-adrenergic components" from Palamarchuk et al 2016 represents the standard analyses required currently. Since 2012, the time these codes were last reviewed, additional quantitative analyses have been integrated into practice, which have increased the cognitive complexity, time, and effort required to interpret Valsalva testing. In addition to the "classic" elements outlined by Denq et al, which include phase I, II (early and late), III and IV, the metrics described by Palamarchuk et al, including pressure time recovery (PRT), sympathetic index (SI), and baroreflex sensitivity (BRS) are now also required. These metrics were validated since the time of the last survey and are now typically used in the analysis and interpretation of Valsalva responses.

Beyond just 95922, when vasomotor testing is used in combination with the other autonomic testing procedures [as applies to 95924, 95XX8, 95XX9], these new metrics also come into play in the 'integrative' interpretation, by adding complexity to interpretation and analysis for the combined codes.

Work RVU and Time Recommendations

The expert panel recommends the survey 25th percentile value at 0.90 work RVU which is the current work RVU and survey median times of 5 minutes pre-service, 15 minutes intra-service and 10 minutes post-service for a total time of 30 minutes.

Key Reference Services

Our recommended work RVU of 0.90 compares favorably to the most commonly chosen key reference service, CPT code 95907 (*Nerve conduction studies; 1-2 studies*) which has an identical intra service time of 15 as the survey median intra service time of 15.

CPT code 95907 has 10 minutes pre-service compared to the surveyed code of 5 minutes pre-services which appropriately reflects the slightly increased complexity of 95921. Similarly, 80% of respondents reported that the surveyed code was identical or somewhat more intense overall than key reference code 95907. A decrease in pre-service time from the current time of 8 minutes to 5 minutes reflects increased efficiency and slight increase in IWP/UT.

The second key reference service code, CPT code 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 total time on the date of the encounter for code selection, 20 minutes must be met or exceeded* supports the recommendation as well and is also an MPC code. While total service times of 99213 (30 minutes) are the same as those recommended for the surveyed code, the recommended 0.90 work RVU for the surveyed code is appropriately lower than that of key reference code 99213 at 1.30 work RVU and has an appropriately lower IWP/UT.

CPT Code	Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWP/UT	WPUT
95921	Testing of autonomic nervous system function, with interpretation and report; 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	0.90	5	15	10	30	0.038	0.030
95907	Nerve conduction studies; 1-2 studies	1.00	10	15	10	35	0.037	0.029
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 total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	1.30	5	20	5	30	0.054	0.043

MPC Codes

Our recommendation for surveyed code 95921 compares favorably to the MPC codes depicted in the table below. This includes CPT code 93015 (*Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report*), which is a clinically similar testing code. 93015 has an appropriately lower IWP/UT compared to the surveyed code as the cardiovascular testing code has 5 minutes greater intra-service time which is less intense during the service period.

MPC code 95819 *Electroencephalogram (EEG); including recording awake and asleep* has an identical intra service time at 15 minutes compared to the surveyed code but less total time at 26 minutes. This results in an appropriately lower IWP/UT for 95921 as compared to this MPC code.

In summary, our expert panel recommends the survey 25th percentile value at **0.90 work RVU** and a survey median time of **5 /15 /10 for a total time of 30**. The recommended value compares favorably with the key reference services, 95907 and 99213, and maintains relativity within the RBRVS.

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

☐ 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) 95921 is currently reported together with 95923 at 86.7%. The CPT Editorial Panel finalized a revised code set at the February 2025 meeting which includes parentheticals limiting the reporting of the codes together.

95921 is currently reported together with an E/M at 52.1%. We anticipate this will remain stable.

Code	'23 Utilization	Global	wRVU	Pre	Intra	Post	Reported with	% Reported together
95921	60,466	XXX	0.90	8	15	10	95923	86.7%
							Office E/M	52.1%

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 95921

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 Internal Medicine How often? Sometimes

Specialty Neurology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 179688

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The national estimate is the product of the estimated Medicare patient utilization (seen below) multiplied by three.

Specialty Internal Medicine Frequency 41329 Percentage 23.00 %

Specialty Neurology Frequency 25157 Percentage 14.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 60,466 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. his number is the 2023 Medicare Utilizaiton from the RUC database.

Specialty Internal Medicine Frequency 13908 Percentage 23.00 %

Specialty Neurology Frequency 8465 Percentage 14.00 %

Specialty Frequency 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:

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 95921

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: 95XX4 Tracking Number F2

Original Specialty Recommended RVU: **0.35**

Global Period: ZZZ Current Work RVU:

Presented Recommended RVU: **0.35**RUC Recommended RVU: **0.35**

CPT Descriptor: Testing of autonomic nervous system function, with interpretation and report; use of tilt table (List separately in addition to code for primary procedure). (Use 95XX4 in conjunction with 95921, 95XX7, when a tilt table is used to perform these services)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male is undergoing testing of the autonomic nervous system. Tilt table testing is performed to enhance results of Valsalva testing. [Note: This is an add-on service. Only consider the additional work related to the use of the tilt table.]

Percentage of Survey Respondents who found Vignette to be Typical: 76%

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: Supervise use of tilt table with passive tilt which enhances the results of the Valsalva component of cardiovagal function. Personally evaluate the patient during head-up tilt maneuvers and/or confirm the technologist's impression as needed. Evaluate HR and/or beat-to-beat BP for Valsalva responses both with and without tilt. Review results for normal morphology, reproducibility between trials, artifacts, medication effects and/or physiologic variants, and document any abnormalities of HR and/or BP response to testing maneuvers (e.g., a series of Valsalva's with and without head-up tilt).

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2025				
Presenter(s):	Melissa Cortez, DO; Kevin Fitzpatrick, MD; Charles Hamori, MD, FACP; Marianna V. Spanaki, MD, PhD; Meghan Ward, MD, FAAN;				
Specialty Society(ies):	American Academy of Neurology (AAN), American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM), American College of Physicians (ACP)				
CPT Code:	95XX4				
Sample Size:	2522	Resp N:	34		
Description of Sample:	AAN-a sample of current US members from the Autonomic Nervous System section. AANEM-current US neurologist members. American Autonomic Society-practicing US physician members. ACP-				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	9.00	79.00	1000.00
Survey RVW:	0.05	0.50	0.95	1.53	4.00
Pre-Service Evaluation Time:			0.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	1.00	10.00	15.00	34.00	63.00
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:	95XX4	Recommended Physician Work RVU: 0.35		
	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:	15.00			
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):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00

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
95885	ZZZ	0.35	RUC Time

CPT Descriptor 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)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
95886	ZZZ	0.86	RUC Time

CPT Descriptor 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)

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
96367	ZZZ	0.19	RUC Time	957,741

CPT Descriptor 1 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))

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
77002	ZZZ	0.54	RUC Time	546,397

CPT Descriptor 2 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)

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: 9 % of respondents: 26.4 %

Number of respondents who choose 2nd Key Reference Code: 7 % of respondents: 20.5 %

TIME ESTIMATES (Median)

	CPT Code: <u>95XX4</u>	Top Key Reference CPT Code: <u>95885</u>	2nd Key Reference CPT Code: <u>95886</u>
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	15.00	15.00	30.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	15.00	15.00	30.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	11%	22%	56%	11%	0%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

Less Identical More

33% 56% 11%

Technical Skill/Physical Effort

Less Identical More

Technical skill required 44% 56% 0%

Physical effort required 67% 33% 0%

Psychological Stress

Less Identical More

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician

33% 67% 0%

- Estimated risk of malpractice suit with poor outcome

Survey Code Compared to 2nd Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	14%	29%	57%	0%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
14%	29%	57%

Technical Skill/Physical Effort

Technical skill required

<u>Less</u>	<u>Identical</u>	<u>More</u>
43%	29%	28%

Physical effort required

<u>Less</u>	<u>Identical</u>	<u>More</u>
28%	29%	43%

Psychological Stress

- 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

<u>Less</u>	<u>Identical</u>	<u>More</u>
29%	43%	28%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In October 2019, the Relativity Assessment Workgroup identified 95921 as a code with Medicare utilization over 10,000 that was performed by one specialty and is now performed by a different specialty, which the RUC referred to CPT Assistant and an article was published in 2020. In January 2020, the RUC recommended referring codes 95921-95924 to CPT Assistant in 2020 to clarify correct coding on how to report these services and the Workgroup review the specialty mix again in 3 years of those reporting the services (Sept 2023). The Workgroup requested an action plan for Autonomic Function Testing for 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.

In February 2025, the CPT Editorial Panel approved 4 revised codes and 6 new codes to report autonomic function testing as outlined below. A coding table is provided to illustrate the appropriate code to report based on the systems tested (see appendix A). Codes 95921 – 95XX9 require interpretation and report by a physician or other qualified health care professional and should not be used for tests that include algorithmically aided diagnostic support tools. When autonomic function testing is performed without a separate interpretation and report by a physician or other qualified health care professional, use 95999.

Autonomic function tests assess parasympathetic and sympathetic functions of heart rate, blood pressure and sympathetic sweat gland (or sudomotor) control. For purposes of code selection one can think of the tests in three categories: parasympathetic, sympathetic and sudomotor. The tests can be performed independently or as a full battery of tests, which is reflected in the code language.

Code **95921** describes testing which evaluates **parasympathetic** (cardiovagal) function and includes electrocardiographic monitoring of heart rate derived from the variability in the time elapsing between two consecutive R waves in the electrocardiogram. A tilt table may be used but is not required for testing parasympathetic function. Code **95XX4** may be reported in addition to 95921 when a tilt table is used to perform the tests.

Code **95922** describes testing which evaluates **sympathetic** effects on heart rate and blood pressure control. Code 95922 requires continuous recording of beat-to-beat BP and heart rate, a period of supine rest of at least 20 minutes prior to testing, a minimum of two (2) Valsalva maneuvers, the performance of passive head-up tilt which must be performed using a tilt table.

Code **95924** is reported when both the parasympathetic (cardiovagal) function and the sympathetic adrenergic function as described in 95921, 95922 are tested together with the use of a tilt table.

The testing of **sudomotor** function is reported as follows:

95923 describes testing which evaluates sweat gland (sudomotor) function. Code 95923 should be reported only when performing quantitative evaluation of sweat gland function using the quantitative sudomotor axon reflex test (**QSART**), or silastic sweat imprint test.

95XX5 describes testing which evaluates sudomotor function using the thermoregulatory sweat test (**TST**) by recording sweat production and distribution during controlled heating of the whole body.

95XX6 describes testing which evaluates the sympathetic skin response (**SSR**) by recording surface electrical responses from the palmar or plantar surfaces after electrical stimulation of a nerve trunk of the limb being tested.

*QSART, TST and SSR testing were all previously reported with CPT code 95923. The revised coding structure established a unique CPT code for each test.

95XX7, 95XX8, 95XX9 represent various combinations of parasympathetic (cardiovagal), sympathetic, and sudomotor testing as described below:

95XX7 is reported when both the parasympathetic (cardiovagal) function and sweat gland function (sudomotor) QSART evaluation are performed. A tilt table may be used but is not required for testing

parasympathetic function. Code 95XX4 may be reported in addition to 95XX7 when a tilt table is used to perform the tests.

95XX8 is reported when both the sympathetic function and sweat gland (sudomotor) function evaluation QSART are performed. 95XX8 requires the use of tilt table.

95XX9 is reported when both the parasympathetic (cardiovagal) function, sympathetic function and sweat gland (sudomotor) function QSART are performed. 95XX9 requires the use of tilt table

Survey Process

The American Academy of Neurology (AAN), American Association of Neuromuscular and Electrodiagnostic Medicine (AANEM), and American College of Physicians (ACP) convened an expert panel familiar with these services to provide value and time recommendations for the April 2024 RUC meeting.

The AAN surveyed a sample of current US members from the Autonomic Nervous System section. The AANEM surveyed current US neurologist members. The ACP surveyed a random sample of ACP members plus a Research Subcommittee-approved targeted survey sample of ACP members who are identified as providing these codes in the Medicare Physician & Other Practitioners — by Provider and Service data set. The survey was also distributed to practicing US physician members of the American Autonomic Society which was approved by Research Subcommittee. The survey had **34 responses** and **76% of respondents** found the vignette to be typical.

Compelling Evidence

We believe that there is compelling evidence to consider an increase in the value for CPT code family 95921-95XX9, specifically **changes in physician work due to technique and knowledge/technology**. For codes that include vasomotor testing and assessment of Valsalva responses, additional quantitative analyses are now typical, in addition to the semi-quantitative/qualitative analyses of Valsalva response, that were typical at the time of the last survey. The typical work now requires visualization of physiological data (including determination of wave form morphology, sources of artifact, and quantitative analysis) and correlation of available clinical data with test results. These newly implemented analyses add complexity and intensity in the physician work. In addition, for codes where interpretation is required for a combination of multiple test procedures [e.g., 95XX7, 95XX8, 95XX9, which includes combinations of sudomotor, cardiovagal and vasomotor adrenergic testing] the integration of multiple modality data is required, which increases physician work.

The specialties have provided literature to support this argument. "Normative Data on Phases of the Valsalva Maneuver" from Denq et al 1998 represents the standard analyses which were required at the time of the last survey and "Non-invasive measurement of baroreflex during Valsalva maneuver: Evaluation of alpha and beta-adrenergic components" from Palamarchuk et al 2016 represents the standard analyses required currently. Since 2012, the time these codes were last reviewed, additional quantitative analyses have been integrated into practice, which have increased the cognitive complexity, time, and effort required to interpret Valsalva testing. In addition to the "classic" elements outlined by Denq et al, which include phase I, II (early and late), III and IV, the metrics described by Palamarchuk et al, including pressure time recovery (PRT), sympathetic index (SI), and baroreflex sensitivity (BRS) are now also required. These metrics were validated since the time of the last survey and are now typically used in the analysis and interpretation of Valsalva responses. Beyond just 95922, when vasomotor testing is used in combination with the other autonomic testing procedures [as applies to 95924, 95XX8, 95XX9], these new metrics also come into play in the 'integrative' interpretation, by adding complexity to interpretation and analysis for the combined codes.

Work RVU and Time Recommendations

The expert panel utilized a crosswalk to develop the recommendation of 0.35 work RVU and the survey median time of 15 minutes intra-service.

Key Reference Services

The expert panel reviewed the survey data and assert that the survey 25th time creates an inappropriately high IWP/UT for the add on survey code 95XX4. The recommended work RVU of 0.35 is based on the most commonly chosen key reference service, CPT code 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)* which has a work RVU of 0.35 and intra service time of 15 minutes, which is identical to survey median intra service time. 95885 is also an MPC code. The majority of survey respondents rated survey code 95XX4 as identical in intensity/complexity to the KRS 95885, which further support the crosswalk recommended RVU.

The second key reference service code selected by respondents is 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)*. The greater intra service time (30 min) and greater RVU (0.86) of survey code 95886 as compared that of survey code 95XX6 (15 minutes survey intra service time and recommended wRVU of 0.35) results in a similar IWP/UT and further support the recommendations.

CPT Code	Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWP/UT	WPUT
95XX4	Testing of autonomic nervous system function use of tilt table (List separately in addition to code for primary procedure)	0.35		15		15	0.023	0.023
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)	0.23		15		15	0.023	0.023
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)	0.86		30		30	0.029	0.029

MPC Codes

Our recommendation for surveyed code 95XX4 compares favorably to the MPC codes depicted in the table below. This includes CPT code 96367 *Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)*. The shorter intra service time of 5 minutes of the MPC code and corresponding greater IWP/UT, support the recommendation when comparing the longer intra service time of 15 for survey code 95XX4 and lower IWP/UT.

MPC code 77002 *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)* compares favorably to the survey code 95XX4 as the work RVU recommendation of 0.35 results in an appropriately lower IWP/UT when compared to the wRVU of MPC code 77002 at 0.54 when considering identical intra-service time of 15 minutes.

CPT Code	Descriptor	Work RVU	Pre (Posit)	Intra	Post	Total Time	IWPUT	WPUT
96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)	0.19	1	5		6	0.034	0.032
95XX4	Testing of autonomic nervous system function use of tilt table (List separately in addition to code for primary procedure)	0.35		15		15	0.023	0.023
77002	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)	0.54	2	15		1	0.033	0.032

Summary

In summary, our expert panel recommends a **0.35 work RVU** derived from crosswalk code 95885 and a survey median intra service time of **15 minutes** for a total of 15 minutes. The recommended value compares favorably with the key reference services and maintains relativity within the RBRVS.

SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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)

- 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. 95XX4 is a new add on code and will be reported with either base code 95921 or 95XX7 as specified in the CPT introductory language.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 95921

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 Neurology How often? Sometimes

Specialty Internal Medicine How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 9069

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The national estimate is the product of the estimated Medicare patient utilization (seen below) multiplied by 3.

Specialty Neurology Frequency 1724 Percentage 19.00 %

Specialty Internal Medicine Frequency 1633 Percentage 18.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 3,023

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The societies used 5% of CPT code 95921 from the 2023 Medicare utilization from the RUC database to estimate the new utilization for 95XX4.

Specialty Neurology Frequency 575 Percentage 19.02 %

Specialty Internal Medicine Frequency 545 Percentage 18.02 %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States?

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. 95924

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

CPT Code: 95922 Tracking Number F3

Original Specialty Recommended RVU: **1.02**Global Period: XXX Current Work RVU: **0.96**Presented Recommended RVU: **0.96**RUC Recommended RVU: **0.96**

CPT Descriptor: Testing of autonomic nervous system function, with interpretation and report; 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 (ie, tilt table). (Do not report 95922 in conjunction with 95921, 95923, 95924, 95XX6, 95XX7, 95XX8, 95XX9)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male presents with parkinsonism, significant orthostatic hypotension, and heat intolerance. Autonomic testing with head up tilt is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 83%

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 referral information including medications and past medical history/comorbidities, which might impact test results.

Description of Intra-Service Work: Supervise patient preparation and performance of the test, as well as personally evaluate the patient during testing maneuvers and/or confirm the technologist's impression as needed. Visualize ECG monitoring of the heart rate, and continuous beat-to-beat recording of blood pressure, which is displayed on a monitor and stored for analysis and review. Communicate any electrode or recording issues, and any required modification to recording to the technologist when necessary. Review patient-reported symptoms, clinical notes, referral documents, and patient history. Review results of beat-to-beat blood pressure for normal morphology, reproducibility between trials, artifacts, medication effects and/or physiologic variants, and document any abnormalities of BP response to testing maneuvers (e.g., a series of Valsalva's with and without head-up tilt). Evaluate HR & BP during the tilt component. Interpret vasomotor adrenergic data, localize findings, and make a clinical correlation of the findings based on patient's history. Discuss and explain findings with the patient as needed. Document a report and interpretation for the patient's chart.

Description of Post-Service Work: Review and sign final report. Send a copy of the report to the referring physician and/or primary care provider and provide a verbal report of critical results directly to referring physician as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2025				
Presenter(s):	Melissa Cortez, DO; Kevin Fitzpatrick, MD; Charles Hamori, MD, FACP; Marianna V. Spanaki, MD, PhD; Meghan Ward, MD, FAAN;				
Specialty Society(ies):	American Academy of Neurology (AAN), American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM), American College of Physicians (ACP)				
CPT Code:	95922				
Sample Size:	2522	Resp N:	46		
Description of Sample:	AAN-a sample of current US members from the Autonomic Nervous System section. AANEM-current US neurologist members. American Autonomic Society-practicing US physician members. ACP-				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	20.00	97.00	1120.00
Survey RVW:	0.20	1.02	1.45	1.89	4.00
Pre-Service Evaluation Time:			6.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	1.00	10.00	20.00	30.00	90.00
Immediate Post Service-Time:	10.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00			
Other Hospital time/visit(s):	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
Discharge Day Mgmt:	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
Office time/visit(s):	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			

**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:	95922	Recommended Physician Work RVU: 0.96		
	Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time	
Pre-Service Evaluation Time:	6.00	0.00	6.00	
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)				
XXX Global Code				
	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time	
Immediate Post Service-Time:	10.00	0.00	10.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00

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
99213	XXX	1.30	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 low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
95819	XXX	1.08	RUC Time

CPT Descriptor Electroencephalogram (EEG); including recording awake and asleep

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
95971	XXX	0.78	RUC Time	18,091

CPT Descriptor 1 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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95819	XXX	1.08	RUC Time	153,233

CPT Descriptor 2 Electroencephalogram (EEG); including recording awake and asleep

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: 7 % of respondents: 15.2 %

Number of respondents who choose 2nd Key Reference Code: 6 % of respondents: 13.0 %

TIME ESTIMATES (Median)

	CPT Code: <u>95922</u>	Top Key Reference CPT Code: <u>99213</u>	2nd Key Reference CPT Code: <u>95819</u>
Median Pre-Service Time	6.00	5.00	5.00
Median Intra-Service Time	20.00	20.00	15.00
Median Immediate Post-service Time	10.00	5.00	6.00
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	36.00	30.00	26.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	17%	33%	33%	17%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
33%	33%	34%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	17%	33%	50%
Physical effort required	33%	0%	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%

67%

33%

**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

0%

83%

17%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

17%

83%

0%

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

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 IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In October 2019, the Relativity Assessment Workgroup identified 95921 as a code with Medicare utilization over 10,000 that was performed by one specialty and is now performed by a different specialty which the RUC referred to CPT Assistant and an article was published in 2020. In January 2020, the RUC recommended referring codes 95921-95924 to CPT Assistant in 2020 to

clarify correct coding on how to report these services and the Workgroup review the specialty mix again in 3 years of those reporting the services (Sept 2023). The Workgroup requested an action plan for Autonomic Function Testing for 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 due to the COVID-19 pandemic. The Workgroup noted that these services are typically reported together and the code family should be referred to CPT to be restructured.

In February 2025, the CPT Editorial Panel approved 4 revised codes and 6 new codes to report autonomic function testing as outlined below. A coding table is provided to illustrate the appropriate code to report based on the systems tested (see appendix A). Codes 95921 – 95XX9 require interpretation and report by a physician or other qualified health care professional and should not be used for tests that include algorithmically aided diagnostic support tools. When autonomic function testing is performed without a separate interpretation and report by a physician or other qualified health care professional, use 95999.

Autonomic function tests assess parasympathetic and sympathetic functions of heart rate, blood pressure and sympathetic sweat gland (or sudomotor) control. For purposes of code selection one can think of the tests in three categories: parasympathetic, sympathetic and sudomotor. The tests can be performed independently or as a full battery of tests, which is reflected in the code language.

Code **95921** describes testing which evaluates **parasympathetic** (cardiovagal) function and includes electrocardiographic monitoring of heart rate derived from the variability in the time elapsing between two consecutive R waves in the electrocardiogram. A tilt table may be used but is not required for testing parasympathetic function. Code **95XX4** may be reported in addition to 95921 when a tilt table is used to perform the tests.

Code **95922** describes testing which evaluates **sympathetic** effects on heart rate and blood pressure control. Code 95922 requires continuous recording of beat-to-beat BP and heart rate. a period of supine rest of at least 20 minutes prior to testing, a minimum of two (2) Valsalva maneuvers, the performance of passive head-up tilt which must be performed using a tilt table.

Code **95924** is reported when both the parasympathetic (cardiovagal) function and the sympathetic adrenergic function as described in 95921, 95922 are tested together with the use of a tilt table.

The testing of **sudomotor** function is reported as follows:

95923 describes testing which evaluates sweat gland (sudomotor) function. Code 95923 should be reported only when performing quantitative evaluation of sweat gland function using the quantitative sudomotor axon reflex test (**QSART**), or silastic sweat imprint test.

95XX5 describes testing which evaluates sudomotor function using the thermoregulatory sweat test (**TST**) by recording sweat production and distribution during controlled heating of the whole body.

95XX6 describes testing which evaluates the sympathetic skin response (**SSR**) by recording surface electrical responses from the palmar or plantar surfaces after electrical stimulation of a nerve trunk of the limb being tested.

*QSART, TST and SSR testing were all previously reported with CPT code 95923. The revised coding structure established a unique CPT code for each test.

95XX7, 95XX8, 95XX9 represent various combinations of parasympathetic (cardiovagal), sympathetic, and sudomotor testing as described below:

95XX7 is reported when both the parasympathetic (cardiovagal) function and sweat gland function (sudomotor) QSART evaluation are performed. A tilt table may be used but is not required for testing parasympathetic function. Code 95XX4 may be reported in addition to 95XX7 when a tilt table is used to perform the tests.

95XX8 is reported when both the sympathetic function and sweat gland (sudomotor) function evaluation QSART are performed. 95XX8 requires the use of tilt table.

95XX9 is reported when the parasympathetic (cardiovagal) function, sympathetic function and sweat gland (sudomotor) function QSART are performed. 95XX9 requires the use of tilt table

Survey Process

The American Academy of Neurology (AAN), American Association of Neuromuscular and Electrodiagnostic Medicine (AANEM), and American College of Physicians (ACP) convened an expert panel familiar with these services to provide value and time recommendations for the April 2024 RUC meeting.

The AAN surveyed a sample of current US members from the Autonomic Nervous System section. The AANEM surveyed current US neurologist members. The ACP surveyed a random sample of ACP members plus a Research Subcommittee-approved targeted survey sample of ACP members who are identified as providing these codes in the Medicare Physician & Other Practitioners — by Provider and Service data set. The survey was also distributed to practicing US physician members of the American Autonomic Society which was approved by Research Subcommittee. The survey had **46 responses** and **83% of respondents** found the vignette to be typical.

Compelling Evidence

We believe that there is compelling evidence to consider an increase in the value for CPT code family 95921-95XX9, specifically **changes in physician work due to technique and knowledge/technology**. For codes that include vasomotor testing and assessment of Valsalva responses, additional quantitative analyses are now typical, in addition to the semi-quantitative/qualitative analyses of Valsalva response, that were typical at the time of the last survey. The typical work now requires visualization of physiological data (including determination of wave form morphology, sources of artifact, and quantitative analysis) and correlation of available clinical data with test results. These newly implemented analyses add complexity and intensity in the physician work. In addition, for codes where interpretation is required for a combination of multiple test procedures [e.g., 95XX7, 95XX8, 95XX9, which includes combinations of sudomotor, cardiovagal and vasomotor adrenergic testing] the integration of multiple modality data is required, which increases physician work.

The specialties have provided literature to support this argument. "Normative Data on Phases of the Valsalva Maneuver" from Denq et al 1998 represents the standard analyses which were required at the time of the last survey and "Non-invasive measurement of baroreflex during Valsalva maneuver: Evaluation of alpha and beta-adrenergic components" from Palamarchuk et al 2016 represents the standard analyses required currently. Since 2012, the time these codes were last reviewed, additional quantitative analyses have been integrated into practice, which have increased the cognitive complexity, time, and effort required to interpret Valsalva testing. In addition to the "classic" elements outlined by Denq et al, which include phase I, II (early and late), III and IV, the metrics described by Palamarchuk et al, including pressure time recovery (PRT), sympathetic index (SI), and baroreflex sensitivity (BRS) are now also required. These metrics were validated since the time of the last survey and are now typically used in the analysis and interpretation of Valsalva responses.

Beyond just 95922, when vasomotor testing is used in combination with the other autonomic testing procedures [as applies to 95924, 95XX8, 95XX9], these new metrics also come into play in the 'integrative' interpretation, by adding complexity to interpretation and analysis for the combined codes.

Work RVU and Time Recommendations

The expert panel recommends maintaining the current value of 0.96, which is below the survey 25th percentile value, and survey median times of 6 minutes pre-service, 20 minutes intra-service and 10 minutes post-service for a total of 36 minutes. A decrease in pre-service time from the current time of 10 minutes to 6 minutes reflects increased efficiency and a slight increase in IWPUT.

Key Reference Services

The recommendations for 95922 are supported by the relationship to the most chosen key reference service, CPT code 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 total time on the date of the encounter for code selection, 20 minutes must be met or exceeded*) which has an identical intra service time of 20 as the survey median intra service time of 20. The work RVU recommendation of 0.96 results in an appropriate IWPUT when compared to the work RVU of KRS code at 1.30 when considering total time.

The second key reference service code, CPT code 99819 *Electroencephalogram (EEG); including recording awake and asleep* supports the recommendation as well and is also an MPC code. Survey code 95922 has a greater intra service and total time than 95819 which results in an appropriately lower IWPUT for 95922 as compared to this MPC code with the specialty recommended work RVU of 0.96

CPT Code	Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	WPUT
95922	Testing of autonomic nervous system function, with interpretation and report; 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 (ie, tilt table)	0.96	6	20	10	36	0.030	0.027
95819	Electroencephalogram (EEG); including recording awake and asleep	1.08	5	15	6	26	0.056	0.042
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 total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	1.30	5	20	5	30	0.056	0.043

MPC Codes

Our recommendation for surveyed code 95922 compares favorably to the MPC codes depicted in the table below. This includes CPT code 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*. The work RVU recommendation of 0.96 results in an appropriate IWPUT when compared to the work RVU of MPC code 95971 at 0.78 when considering identical intra-service time of 20 minutes and near identical total times of 35 and 33.

CPT Code	Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	WPUT
95971	Electronic analysis of implanted neurostimulator pulse	0.78	8	20	5	33	0.024	0.024

	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							
95922	Testing of autonomic nervous system function, with interpretation and report; 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 (ie, tilt table)	0.96	6	20	10	36	0.030	0.027
95819	Electroencephalogram (EEG); including recording awake and asleep	1.08	5	15	6	26	0.056	0.042

Summary

In summary, our expert panel recommends maintaining the current value of **0.96 work RVU** and a survey median time of **6 /20 /10 for a total time of 36**. The recommended value compares favorably with the key reference service, 95819 and 99213, and maintains relativity within the RBRVS.

SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) 95922 is currently reported together with 95923 at 87.8%. The CPT Editorial Panel finalized a revised code set at the February 2025 meeting which includes parentheses limiting the reporting of the codes together.
95922 is currently reported together with an E/M at 51.4%. We anticipate this will remain stable.

- 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	'23 Utilization	Global	wRVU	Pre	Intra	Post	Reported with	% Reported together
95922	2,524	XXX	0.96	10	20	10	95923	87.8%
							Office E/M	51.4%

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 95922

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 Neurology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 7572

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The national estimate is the product of the estimated Medicare patient utilization (seen below) multiplied by 3.

Specialty Neurology Frequency 1022 Percentage 13.49 %

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? 2,524

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This number is the 2023 Medicare Utilization from the RUC database.

Specialty Neurology Frequency 340 Percentage 13.47 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? No

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 95922

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: 95923 Tracking Number F4

Original Specialty Recommended RVU: **1.00**Global Period: XXX Current Work RVU: **0.90**Presented Recommended RVU: **0.90**RUC Recommended RVU: **0.90**

CPT Descriptor: Testing of autonomic nervous system function, with interpretation and report; sudomotor, quantitative sudomotor axon reflex test (QSART), or silastic sweat imprint. (Do not report 95923 in conjunction with 95921, 95922, 95924, 95XX6, 95XX7, 95XX8, 95XX9)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old female who has diabetes presents with numbness and burning of the feet. Standard laboratory tests, examination and nerve conduction studies are nondiagnostic. Testing of sudomotor function is performed.

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: Review referral information including medications and past medical history/comorbidities, which might impact test results.

Description of Intra-Service Work: Supervise patient preparation and performance of the quantitative sudomotor axon reflex test (QSART) which stimulates peripheral sympathetic nerve fibers to the sweat glands at standard sites on the limbs by the iontophoresis of acetylcholine to the skin. Supervise patient preparation and performance of the test. Personally evaluate the patient during testing and/or confirm the technologist's impression as needed. Visualize evoked sweat output, which is displayed on a monitor and stored for analysis and review. Communicate any electrode or recording issues, and any required modification to recording to the technologist when necessary. Review patient-reported symptoms, clinical notes, referral documents, and patient history. Review results of sweat output for normal latency and volumes, artifacts, and/or medication effects, and document any abnormalities. Interpret sudomotor data, localize findings, and make a clinical correlation of the findings based on patient's history. Discuss and explain findings with the patient as needed. Document a report and interpretation for the patient's chart.

Description of Post-Service Work: Review and sign final report. Send a copy of the report to the referring physician and/or primary care provider and provide a verbal report of critical results directly to referring physician as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2025				
Presenter(s):	Melissa Cortez, DO; Kevin Fitzpatrick, MD; Charles Hamori, MD, FACP; Marianna V. Spanaki, MD, PhD; Meghan Ward, MD, FAAN;				
Specialty Society(ies):	American Academy of Neurology (AAN), American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM), American College of Physicians (ACP)				
CPT Code:	95923				
Sample Size:	2522	Resp N:	52		
Description of Sample:	AAN-a sample of current US members from the Autonomic Nervous System section. AANEM-current US neurologist members. American Autonomic Society-practicing US physician members. ACP-				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	50.00	228.00	1500.00
Survey RVW:	0.20	1.00	1.09	1.50	4.00
Pre-Service Evaluation Time:			8.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	1.00	5.00	15.00	25.00	90.00
Immediate Post Service-Time:	9.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00			
Other Hospital time/visit(s):	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
Discharge Day Mgmt:	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
Office time/visit(s):	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			

**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:	95923	Recommended Physician Work RVU: 0.90		
	Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time	
Pre-Service Evaluation Time:	8.00	0.00	8.00	
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:	15.00			
Please, pick the <u>post</u>-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) Select Post-Service Package				
	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time	
Immediate Post Service-Time:	9.00	0.00	9.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00

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
95907	XXX	1.00	RUC Time

CPT Descriptor Nerve conduction studies; 1-2 studies**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
95861	XXX	1.54	RUC Time

CPT Descriptor Needle electromyography; 2 extremities with or without related paraspinal areas**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
99212	XXX	0.70	RUC Time	7,439,551

CPT Descriptor 1 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.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95861	XXX	1.54	RUC Time	46,994

CPT Descriptor 2 Needle electromyography; 2 extremities with or without related paraspinal areas

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: 16 % of respondents: 30.7 %

Number of respondents who choose 2nd Key Reference Code: 10 % of respondents: 19.2 %

TIME ESTIMATES (Median)

	CPT Code: <u>95923</u>	Top Key Reference CPT Code: <u>95907</u>	2nd Key Reference CPT Code: <u>95861</u>
Median Pre-Service Time	8.00	10.00	10.00
Median Intra-Service Time	15.00	15.00	29.00
Median Immediate Post-service Time	9.00	10.00	10.00
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	32.00	35.00	49.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	6%	6%	56%	19%	13%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
13%	56%	31%

Technical Skill/Physical Effort

<u>Less</u>	<u>Identical</u>	<u>More</u>
13%	56%	31%
25%	56%	19%

Psychological Stress

- 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

<u>Less</u>	<u>Identical</u>	<u>More</u>
25%	50%	25%

**Survey Code Compared to
2nd Key Reference Code****Much
Less****Somewhat
Less****Identical****Somewhat
More****Much
More**

Overall intensity/complexity	0%	30%	40%	30%	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

30%

50%

20%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required	30%	50%	20%

Physical effort required	30%	40%	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

10%

60%

30%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In October 2019, the Relativity Assessment Workgroup identified 95921 as a code with Medicare utilization over 10,000 that was performed by one specialty and is now performed by a different specialty, which the RUC referred to CPT Assistant and an article was published in 2020. In January 2020, the RUC recommended referring codes 95921-95924 to CPT Assistant in 2020 to clarify correct coding on how to report these services and the Workgroup review the specialty mix again in 3 years of those reporting the services (Sept 2023). The Workgroup requested an action plan for Autonomic Function Testing for 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 due to the COVID-19 pandemic. The

Workgroup noted that these services are typically reported together and the code family should be referred to CPT to be restructured.

In February 2025, the CPT Editorial Panel approved 4 revised codes and 6 new codes to report autonomic function testing as outlined below. A coding table is provided to illustrate the appropriate code to report based on the systems tested (see appendix A). Codes 95921 – 95XX9 require interpretation and report by a physician or other qualified health care professional and should not be used for tests that include algorithmically aided diagnostic support tools. When autonomic function testing is performed without a separate interpretation and report by a physician or other qualified health care professional, use 95999.

Autonomic function tests assess parasympathetic and sympathetic functions of heart rate, blood pressure and sympathetic sweat gland (or sudomotor) control. For purposes of code selection one can think of the tests in three categories: parasympathetic, sympathetic and sudomotor. The tests can be performed independently or as a full battery of tests, which is reflected in the code language.

Code **95921** describes testing which evaluates **parasympathetic** (cardiovagal) function and includes electrocardiographic monitoring of heart rate derived from the variability in the time elapsing between two consecutive R waves in the electrocardiogram. A tilt table may be used but is not required for testing parasympathetic function. Code **95XX4** may be reported in addition to 95921 when a tilt table is used to perform the tests.

Code **95922** describes testing which evaluates **sympathetic** effects on heart rate and blood pressure control. Code 95922 requires continuous recording of beat-to-beat BP and heart rate, a period of supine rest of at least 20 minutes prior to testing, a minimum of two (2) Valsalva maneuvers, the performance of passive head-up tilt which must be performed using a tilt table.

Code **95924** is reported when both the parasympathetic (cardiovagal) function and the sympathetic adrenergic function as described in 95921, 95922 are tested together with the use of a tilt table.

The testing of **sudomotor** function is reported as follows:

95923 describes testing which evaluates sweat gland (sudomotor) function. Code 95923 should be reported only when performing quantitative evaluation of sweat gland function using the quantitative sudomotor axon reflex test (**QSART**), or silastic sweat imprint test.

95XX5 describes testing which evaluates sudomotor function using the thermoregulatory sweat test (**TST**) by recording sweat production and distribution during controlled heating of the whole body.

95XX6 describes testing which evaluates the sympathetic skin response (**SSR**) by recording surface electrical responses from the palmar or plantar surfaces after electrical stimulation of a nerve trunk of the limb being tested.

*QSART, TST and SSR testing were all previously reported with CPT code 95923. The revised coding structure established a unique CPT code for each test.

95XX7, 95XX8, 95XX9 represent various combinations of parasympathetic (cardiovagal), sympathetic, and sudomotor testing as described below:

95XX7 is reported when both the parasympathetic (cardiovagal) function and sweat gland function (sudomotor) QSART evaluation are performed. A tilt table may be used but is not required for testing parasympathetic function. Code 95XX4 may be reported in addition to 95XX7 when a tilt table is used to perform the tests.

95XX8 is reported when both the sympathetic function and sweat gland (sudomotor) function evaluation QSART are performed. 95XX8 requires the use of tilt table.

95XX9 is reported when the parasympathetic (cardiovagal) function, sympathetic function and sweat gland (sudomotor) function QSART are performed. 95XX9 requires the use of tilt table

Survey Process

The AAN surveyed a sample of current US members from the Autonomic Nervous System section. The AANEM surveyed current US neurologist members. The ACP surveyed a random sample of ACP members plus a Research Subcommittee-approved targeted survey sample of ACP members who are identified as providing these codes in the Medicare Physician & Other Practitioners — by Provider and Service data set. The survey was also distributed to practicing US physician members of the American Autonomic Society which was approved by Research Subcommittee. The survey had **52 responses** and **90% of respondents** found the vignette to be typical.

Compelling Evidence

We believe that there is compelling evidence to consider an increase in the value for CPT code family 95921-95XX9, specifically **changes in physician work due to technique and knowledge/technology**. For codes that include vasomotor testing and assessment of Valsalva responses, additional quantitative analyses are now typical, in addition to the semi-quantitative/qualitative analyses of Valsalva response, that were typical at the time of the last survey. The typical work now requires visualization of physiological data (including determination of wave form morphology, sources of artifact, and quantitative analysis) and correlation of available clinical data with test results. These newly implemented analyses add complexity and intensity in the physician work. In addition, for codes where interpretation is required for a combination of multiple test procedures [e.g., 95XX7, 95XX8, 95XX9, which includes combinations of sudomotor, cardiovagal and vasomotor adrenergic testing] the integration of multiple modality data is required, which increases physician work.

The specialties have provided literature to support this argument. "Normative Data on Phases of the Valsalva Maneuver" from Denq et al 1998 represents the standard analyses which were required at the time of the last survey and "Non-invasive measurement of baroreflex during Valsalva maneuver: Evaluation of alpha and beta-adrenergic components" from Palamarchuk et al 2016 represents the standard analyses required currently. Since 2012, the time these codes were last reviewed, additional quantitative analyses have been integrated into practice, which have increased the cognitive complexity, time, and effort required to interpret Valsalva testing. In addition to the "classic" elements outlined by Denq et al, which include phase I, II (early and late), III and IV, the metrics described by Palamarchuk et al, including pressure time recovery (PRT), sympathetic index (SI), and baroreflex sensitivity (BRS) are now also required. These metrics were validated since the time of the last survey and are now typically used in the analysis and interpretation of Valsalva responses. Beyond just 95922, when vasomotor testing is used in combination with the other autonomic testing procedures [as applies to 95924, 95XX8, 95XX9], these new metrics also come into play in the 'integrative' interpretation, by adding complexity to interpretation and analysis for the combined codes.

Work RVU and Time Recommendations

The expert panel recommends maintaining the current value of 0.90, which is below the survey 25th percentile value, and survey median times of 8 minutes pre-service, 15 minutes intra-service and 9 minutes post-service for a total of 32 minutes.

Key Reference Services

The recommendations for 95923 are supported by the relationship to the most chosen key reference service, CPT code 95907 *Nerve conduction studies; 1-2 studies* which has an identical intra service time of 15 as the survey median intra service time of 15. The IWPOT supports the current work RVU recommendation of 0.90 when compared to the similar work RVU of KRS code at 1.00. 75% of survey respondents rated 95923 as

identical or somewhat more intense which further supports the recommendation and is reflected in the IWP/PUT relationship

The second key reference service code, CPT code 95861 *Needle electromyography; 2 extremities with or without related paraspinal areas* supports the recommendation as well and is also an MPC code. Survey code 95923 has a lower intra service (15) and total (32) time than 95861 at 29 and 49 respectively, and a proportionally lower work RVU which results in an appropriately similar IWP/PUT for 95923 as compared to this MPC code.

CPT Code	Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWP/PUT	WPUT
95923	Testing of autonomic nervous system function, with interpretation and report; sudomotor, quantitative sudomotor axon reflex test (QSART), or silastic sweat imprint	0.90	8	15	9	32	0.035	0.028
95907	Nerve conduction studies; 1-2 studies	1.00	10	15	10	35	0.037	0.029
95861	Needle electromyography; 2 extremities with or without related paraspinal areas	1.54	10	29	10	49	0.038	0.031

MPC Codes

The recommendations for surveyed code 95923 are supported by the incremental increase of work RVU and times, and the appropriate decrease in IWP/PUT as you compare MPC codes 99212 to 95923 and 95861 as depicted below:

CPT Code	Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWP/PUT	WPUT
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.	0.70	2	11	3	16	0.053	0.044
95923	Testing of autonomic nervous system function, with interpretation and report; sudomotor, quantitative sudomotor axon reflex test (QSART), or silastic sweat imprint	0.90	8	15	9	32	0.035	0.028
95861	Needle electromyography; 2 extremities with or without related paraspinal areas	1.54	10	29	10	49	0.038	0.031

Summary

In summary, our expert panel recommends maintaining the current value at **0.90 work RVU** and a survey median time of **8 / 15 / 9 for a total time of 32**. The recommended value compares favorably with the key reference services and maintains relativity within the RBRVS.

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) 95923 is currently reported together with 95921 at 52.4%. The CPT Editorial Panel finalized a revised code set at the February 2025 meeting which includes parentheses limiting the reporting of the codes together.
- 95923 is currently reported together with an E/M at 53%. We anticipate this will remain stable.

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	'23 Utilization	Global	wRVU	Pre	Intra	Post	Reported with	% Reported together
95923	100,495	XXX	0.90	5	15	10	95921	52.4%
							Office E/M	53%

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 95923

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 Neurology 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? 30150

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The national estimate is the product of the estimate Medicare patient utilization (seen below) multiplied by three.

Specialty Neurology Frequency 24120 Percentage 80.00 %

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? 10,050 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The societies estimate 10% of the 2023 Medicare utilization from the RUC database of 95923 will continue to be reported as 95923.

Specialty Neurology	Frequency 8040	Percentage 80.00 %

Specialty	Frequency 0	Percentage 0.00 %

Specialty	Frequency 0	Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

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 95923

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: 95XX5 Tracking Number F5

Original Specialty Recommended RVU: **1.00**

Global Period: XXX Current Work RVU:

Presented Recommended RVU: **1.00**RUC Recommended RVU: **1.00**

CPT Descriptor: Testing of the autonomic nervous system function, with interpretation and report; sudomotor, thermoregulatory sweat test

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male presents with parkinsonism and heat intolerance. Testing of sudomotor function using the thermoregulatory sweat test is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 84%

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 referral information including medications and past medical history/comorbidities, which might impact test results.

Description of Intra-Service Work: Supervise patient preparation and performance of the test. For the thermoregulatory sweat test, the patient is placed in a closed infrared heat-controlled room or booth, skin is dusted with an indicator powder that changes color when the patient sweats. The patient is gradually warmed to target core temperature and distribution of sweat output and areas of anhidrosis over the entire body are assessed. Evaluate the patient during testing and/or confirm the technologist's impression as needed. Visualize evoked sweat output, which is displayed on a monitor and stored for analysis and review. Communicate any technical issues, and any required modification to the technologist when necessary. Review patient-reported symptoms, clinical notes, referral documents, and patient history. Review results of sweat output, distribution, and/or medication effects, and document any abnormalities. Interpret sudomotor data, localize findings, and make a clinical correlation of the findings based on patient's history. Discuss and explain findings with the patient as needed. Document a report and interpretation for the patient's chart.

Description of Post-Service Work: Review and sign final report. Send a copy of the report to the referring physician and/or primary care provider and provide a verbal report of critical results directly to referring physician as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2025				
Presenter(s):	Melissa Cortez, DO; Kevin Fitzpatrick, MD; Charles Hamori, MD, FACP; Marianna V. Spanaki, MD, PhD; Meghan Ward, MD, FAAN;				
Specialty Society(ies):	American Academy of Neurology (AAN), American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM), American College of Physicians (ACP)				
CPT Code:	95XX5				
Sample Size:	2522	Resp N:	31		
Description of Sample:	AAN-a sample of current US members from the Autonomic Nervous System section. AANEM-current US neurologist members. American Autonomic Society-practicing US physician members. ACP-				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	0.00	23.00	1000.00
Survey RVW:	0.70	1.00	1.25	1.80	4.00
Pre-Service Evaluation Time:			10.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	2.00	11.00	20.00	30.00	120.00
Immediate Post Service-Time:	10.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00			
Other Hospital time/visit(s):	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
Discharge Day Mgmt:	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
Office time/visit(s):	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			

**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:	95XX5	Recommended Physician Work RVU: 1.00		
	Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time	
Pre-Service Evaluation Time:	10.00	0.00	10.00	
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)				
XXX Global Code				
	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time	
Immediate Post Service-Time:	10.00	0.00	10.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
95819	XXX	1.08	RUC Time

CPT Descriptor Electroencephalogram (EEG); including recording awake and asleep**SECOND HIGHEST KEY REFERENCE SERVICE:**

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
99213	XXX	1.30	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 low level of medical decision making. When using total time on the date of the encounter for code selection, 20 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.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
99212	XXX	0.70	RUC Time	7,439,551

CPT Descriptor 1 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

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
93351	XXX	1.75	RUC Time	176,732

CPT Descriptor 2 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

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO 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: 5 % of respondents: 16.1 %

Number of respondents who choose 2nd Key Reference Code: 4 % of respondents: 12.9 %

TIME ESTIMATES (Median)

	CPT Code: <u>95XX5</u>	Top Key Reference CPT Code: <u>95819</u>	2nd Key Reference CPT Code: <u>99213</u>
Median Pre-Service Time	10.00	5.00	5.00
Median Intra-Service Time	20.00	15.00	20.00
Median Immediate Post-service Time	10.00	6.00	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	40.00	26.00	30.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	60%	40%	0%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
0%	60%	40%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	20%	20%	60%
Physical effort required	0%	60%	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%

60%

40%

**Survey Code Compared to
2nd Key Reference Code****Much
Less****Somewhat
Less****Identical****Somewhat
More****Much
More****Overall intensity/complexity**

0%

25%

25%

25%

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

0%

25%

75%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

25%

0%

75%

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
- Estimated risk of malpractice suit with poor outcome

25%

0%

75%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In October 2019, the Relativity Assessment Workgroup identified 95921 as a code with Medicare utilization over 10,000 that was performed by one specialty and is now performed by a different specialty, which the RUC referred to CPT Assistant and an article was published in 2020. In January 2020, the RUC recommended referring codes 95921-95924 to CPT Assistant in 2020 to

clarify correct coding on how to report these services and the Workgroup review the specialty mix again in 3 years of those reporting the services (Sept 2023). The Workgroup requested an action plan for Autonomic Function Testing for September 2023.

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The testing of **sudomotor** function is reported as follows:

95923 describes testing which evaluates sweat gland (sudomotor) function. Code 95923 should be reported only when performing quantitative evaluation of sweat gland function using the quantitative sudomotor axon reflex test (**QSART**), or silastic sweat imprint test.

95XX5 describes testing which evaluates sudomotor function using the thermoregulatory sweat test (**TST**) by recording sweat production and distribution during controlled heating of the whole body.

95XX6 describes testing which evaluates the sympathetic skin response (**SSR**) by recording surface electrical responses from the palmar or plantar surfaces after electrical stimulation of a nerve trunk of the limb being tested.

*QSART, TST and SSR testing were all previously reported with CPT code 95923. The revised coding structure established a unique CPT code for each test.

95XX7, 95XX8, 95XX9 represent various combinations of parasympathetic (cardiovagal), sympathetic, and sudomotor testing as described below:

95XX7 is reported when both the parasympathetic (cardiovagal) function and sweat gland function (sudomotor) QSART evaluation are performed. A tilt table may be used but is not required for testing parasympathetic function. Code 95XX4 may be reported in addition to 95XX7 when a tilt table is used to perform the tests.

95XX8 is reported when both the sympathetic function and sweat gland (sudomotor) function evaluation QSART are performed. 95XX8 requires the use of tilt table.

95XX9 is reported when the parasympathetic (cardiovagal) function, sympathetic function and sweat gland (sudomotor) function QSART are performed. 95XX9 requires the use of tilt table

Survey Process

The AAN surveyed a sample of current US members from the Autonomic Nervous System section. The AANEM surveyed current US neurologist members. The ACP surveyed a random sample of ACP members plus a Research Subcommittee-approved targeted survey sample of ACP members who are identified as providing these codes in the Medicare Physician & Other Practitioners — by Provider and Service data set. The survey was also distributed to practicing US physician members of the American Autonomic Society which was approved by Research Subcommittee. The survey had **31 responses** and **84% of respondents** found the vignette to be typical. 95XX5 is a new CPT code to report the thermoregulatory sweat test (TST) and was previously reported as one of the components of CPT code 95923.

Compelling Evidence

We believe that there is compelling evidence to consider an increase in the value for CPT code family 95921-95XX9, specifically **changes in physician work due to technique and knowledge/technology**. For codes that include vasomotor testing and assessment of Valsalva responses, additional quantitative analyses are now typical, in addition to the semi-quantitative/qualitative analyses of Valsalva response, that were typical at the time of the last survey. The typical work now requires visualization of physiological data (including determination of wave form morphology, sources of artifact, and quantitative analysis) and correlation of available clinical data with test results. These newly implemented analyses add complexity and intensity in the physician work. In addition, for codes where interpretation is required for a combination of multiple test procedures [e.g., 95XX7, 95XX8, 95XX9, which includes combinations of sudomotor, cardiovagal and vasomotor adrenergic testing] the integration of multiple modality data is required, which increases physician work.

The specialties have provided literature to support this argument. "Normative Data on Phases of the Valsalva Maneuver" from Denq et al 1998 represents the standard analyses which were required at the time of the last survey and "Non-invasive measurement of baroreflex during Valsalva maneuver: Evaluation of alpha and beta-adrenergic components" from Palamarchuk et al 2016 represents the standard analyses required currently. Since 2012, the time these codes were last reviewed, additional quantitative analyses have been integrated into practice, which have increased the cognitive complexity, time, and effort required to interpret Valsalva testing. In addition to the "classic" elements outlined by Denq et al, which include phase I, II (early and late), III and IV, the metrics described by Palamarchuk et al, including pressure time recovery (PRT), sympathetic index (SI), and baroreflex sensitivity (BRS) are now also required. These metrics were validated since the time of the last survey and are now typically used in the analysis and interpretation of Valsalva responses. Beyond just 95922, when vasomotor testing is used in combination with the other autonomic testing procedures [as applies to 95924, 95XX8, 95XX9], these new metrics also come into play in the 'integrative' interpretation, by adding complexity to interpretation and analysis for the combined codes.

Work RVU and Time Recommendations

The expert panel recommends the survey 25th percentile value at 1.00 work RVU and survey median times of 10 minutes pre-service, 20 minutes intra-service and 10 minutes post-service for a total time of 40 minutes.

Key Reference Services

Our recommended work RVU of 1.00 is supported by the key reference service, CPT code 95819 (Electroencephalogram (EEG); including recording awake and asleep) which has times of 5/15/6/26 as compared to survey code 95XX5 which has median survey times of 10/20/10/40. The recommended 25th percentile wRVU at 1.00 reflects an appropriate IWPUT compared to the KRS given the shorter times and relatively similar RVUs

The second key reference service code, CPT code 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 total time on the date of the encounter for code selection, 20 minutes must be met or exceeded* supports the recommendation as well and is also an MPC code. While the intra service time of 99213 (20 minutes) is the same as the recommended median survey time for the surveyed code, the recommended 1.00 work RVU for the surveyed code is appropriately lower than that of the 2nd KRS 99213 at 1.30 work RVU and has an appropriately lower IWPUT.

CPT Code	Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	WPUT
95XX5	Testing of autonomic nervous system function, with interpretation and report; sudomotor, thermoregulatory sweat test	1.00	10	20	10	40	0.028	0.025
95819	Electroencephalogram (EEG); including recording awake and asleep	1.08	5	15	6	26	0.056	0.042
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 total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	1.30	5	20	5	30	0.054	0.043

MPC Codes

Our recommendation for surveyed code 95XX5 compares favorably to the MPC codes depicted in the table below. This includes CPT code 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.*) Survey code 95XX5 has a greater intra service (20) and total (40) time than 99212 at 11 intra and 16 total minutes which results in an appropriate IWPUT for 95XX5 as compared to this MPC code.

The recommended 25th RVU is further supported by MPC code 93351 *Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional*. While the intra service time of 93351 (20 minutes) is the same as the recommended median survey time for the surveyed code, the recommended 1.00 work RVU for the surveyed code is appropriately lower than that of the MPC code 93351 at 1.75 work RVU and has an appropriately lower IWP/PUT.

CPT Code	Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWP/PUT	WPUT
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.	0.70	2	11	3	16	0.053	0.044
95XX5	Testing of autonomic nervous system function, with interpretation and report; sudomotor, thermoregulatory sweat test	1.00	10	20	10	40	0.028	0.025
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	1.75	10	20	10	40	0.065	0.044

Summary

In summary, our expert panel recommends the survey 25th percentile value at **1.00 work RVU** and a survey median time of **10 /20 /10 for a total time of 40**. The recommended value

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) 95XX5 is a new code

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) 95923

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 Neurology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 15075

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The national estimate is the product of the estimate Medicare patient utilization (seen below) multiplied by three.

Specialty Neurology Frequency 12060 Percentage 80.00 %

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? 5,025

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The societies estimate 5% of the 2023 Medicare utilization from the RUC database of 95923 will be reported as 95XX5.

Specialty Neurology Frequency 4020 Percentage 80.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? No

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. 95816

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

CPT Code: 95XX6 Tracking Number F6

Original Specialty Recommended RVU: **0.50**

Global Period: XXX Current Work RVU:

Presented Recommended RVU: **0.50**RUC Recommended RVU: **0.50**

CPT Descriptor: Testing of autonomic nervous system function, with interpretation and report; sudomotor, assessing the sympathetic skin response (SSR) potential. (Do not report 95XX6 in conjunction with 95921, 95922, 95923, 95924, 95XX7, 95XX8, 95XX9)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old female diabetic presents with numbness and burning of the feet which is interfering with her ability to function normally. Standard laboratory tests, examination and nerve conduction studies are nondiagnostic. Neither quantitative sudomotor axon reflex test (QSART) nor thermoregulatory testing equipment is not available. Sympathetic skin responses (SSR) are performed.

Percentage of Survey Respondents who found Vignette to be Typical: 74%

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 referral information including medications and past medical history/comorbidities, which might impact test results

Description of Intra-Service Work: Supervise patient preparation and performance of sympathetic skin potential recordings which are evoked over the palmar and plantar surfaces by standard nerve conduction study electrodes. Evaluate the patient during testing and confirm the technologist's impression as needed. Visualize evoked sweat response, which is displayed on a monitor and stored for analysis and review. Communicate any technical issues, and any required modification to the technologist when necessary. Review patient-reported symptoms, clinical notes, referral documents, and patient history. Review results of sweat response and/or medication effects, and document any abnormalities. Interpret sudomotor data and make a clinical correlation of the findings based on patient's history. Discuss and explain findings with the patient as needed. Document a report and interpretation for the patient's chart.

Description of Post-Service Work: Review and sign final report. Send a copy of the report to the referring physician and/or primary care provider and provide a verbal report of critical results directly to referring physician as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2025				
Presenter(s):	Melissa Cortez, DO; Kevin Fitzpatrick, MD; Charles Hamori, MD, FACP; Marianna V. Spanaki, MD, PhD; Meghan Ward, MD, FAAN;				
Specialty Society(ies):	American Academy of Neurology (AAN), American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM), American College of Physicians (ACP)				
CPT Code:	95XX6				
Sample Size:	2522	Resp N:	35		
Description of Sample:	AAN-a sample of current US members from the Autonomic Nervous System section. AANEM-current US neurologist members. American Autonomic Society-practicing US physician members. ACP-				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	1.00	28.00	200.00
Survey RVW:	0.12	0.50	1.00	1.48	4.00
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	10.00	18.00	90.00
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:	95XX6	Recommended Physician Work RVU: 0.50		
	Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time	
Pre-Service Evaluation Time:	5.00	0.00	5.00	
Pre-Service Positioning Time:	0.00	0.00	0.00	
Pre-Service Scrub, Dress, Wait Time:	0.00	0.00	0.00	
Intra-Service Time:	10.00			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
XXX Global Code				
	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time	
Immediate Post Service-Time:	5.00	0.00	5.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00

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
95907	XXX	1.00	RUC Time

CPT Descriptor Nerve conduction studies; 1-2 studies

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93224	XXX	0.39	RUC Time

CPT Descriptor 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

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
93224	XXX	0.39	RUC Time	140,499

CPT Descriptor 1 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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76830	XXX	0.69	RUC Time	369,833

CPT Descriptor 2 Ultrasound, transvaginal

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: 10 % of respondents: 28.5 %

Number of respondents who choose 2nd Key Reference Code: 8 % of respondents: 22.8 %

TIME ESTIMATES (Median)

	CPT Code: <u>95XX6</u>	Top Key Reference CPT Code: <u>95907</u>	2nd Key Reference CPT Code: <u>93224</u>
Median Pre-Service Time	5.00	10.00	2.00
Median Intra-Service Time	10.00	15.00	8.00
Median Immediate Post-service Time	5.00	10.00	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	20.00	35.00	15.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	10%	70%	20%	0%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

Less Identical More

20% 80% 0%

Technical Skill/Physical Effort

Less Identical More

Technical skill required 30% 70% 0%

Physical effort required 10% 90% 0%

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

10% 40% 50%

Survey Code Compared to 2nd Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	25%	38%	25%	12%	0%

<u>Mental Effort and Judgment</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
- 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	63%	25%	12%

<u>Technical Skill/Physical Effort</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	75%	13%	12%
Physical effort required	37%	38%	25%

<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
- 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	63%	25%	12%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In October 2019, the Relativity Assessment Workgroup identified 95921 as a code with Medicare utilization over 10,000 that was performed by one specialty and is now performed by a different specialty, which the RUC referred to CPT Assistant and an article was published in 2020. In January 2020, the RUC recommended referring codes 95921-95924 to CPT Assistant in 2020 to clarify correct coding on how to report these services and the Workgroup review the specialty mix again in 3 years of those reporting the services (Sept 2023). The Workgroup requested an action plan for Autonomic Function Testing for 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 due to the COVID-19 pandemic. The Workgroup noted that these services are typically reported together and the code family should be referred to CPT to be restructured.

In February 2025, the CPT Editorial Panel approved 4 revised codes and 6 new codes to report autonomic function testing as outlined below. A coding table is provided to illustrate the appropriate code to report based on the systems tested (see appendix A). Codes 95921 – 95XX9 require interpretation and report by a physician or other qualified health care professional and should not be used for tests that include algorithmically aided diagnostic support tools. When autonomic function testing is performed without a separate interpretation and report by a physician or other qualified health care professional, use 95999.

Autonomic function tests assess parasympathetic and sympathetic functions of heart rate, blood pressure and sympathetic sweat gland (or sudomotor) control. For purposes of code selection one can think of the tests in three categories: parasympathetic, sympathetic and sudomotor. The tests can be performed independently or as a full battery of tests, which is reflected in the code language.

Code **95921** describes testing which evaluates **parasympathetic** (cardiovagal) function and includes electrocardiographic monitoring of heart rate derived from the variability in the time elapsing between two consecutive R waves in the electrocardiogram. A tilt table may be used but is not required for testing parasympathetic function. Code **95XX4** may be reported in addition to 95921 when a tilt table is used to perform the tests.

Code **95922** describes testing which evaluates **sympathetic** effects on heart rate and blood pressure control. Code 95922 requires continuous recording of beat-to-beat BP and heart rate, a period of supine rest of at least 20 minutes prior to testing, a minimum of two (2) Valsalva maneuvers, the performance of passive head-up tilt which must be performed using a tilt table.

Code **95924** is reported when both the parasympathetic (cardiovagal) function and the sympathetic adrenergic function as described in 95921, 95922 are tested together with the use of a tilt table.

The testing of **sudomotor** function is reported as follows:

95923 describes testing which evaluates sweat gland (sudomotor) function. Code 95923 should be reported only when performing quantitative evaluation of sweat gland function using the quantitative sudomotor axon reflex test (**QSART**), or silastic sweat imprint test.

95XX5 describes testing which evaluates sudomotor function using the thermoregulatory sweat test (**TST**) by recording sweat production and distribution during controlled heating of the whole body.

95XX6 describes testing which evaluates the sympathetic skin response (**SSR**) by recording surface electrical responses from the palmar or plantar surfaces after electrical stimulation of a nerve trunk of the limb being tested.

*QSART, TST and SSR testing were all previously reported with CPT code 95923. The revised coding structure established a unique CPT code for each test.

95XX7, 95XX8, 95XX9 represent various combinations of parasympathetic (cardiovagal), sympathetic, and sudomotor testing as described below:

95XX7 is reported when both the parasympathetic (cardiovagal) function and sweat gland function (sudomotor) QSART evaluation are performed. A tilt table may be used but is not required for testing parasympathetic function. Code 95XX4 may be reported in addition to 95XX7 when a tilt table is used to perform the tests.

95XX8 is reported when both the sympathetic function and sweat gland (sudomotor) function evaluation QSART are performed. 95XX8 requires the use of tilt table.

95XX9 is reported when the parasympathetic (cardiovagal) function, sympathetic function and sweat gland (sudomotor) function QSART are performed. 95XX9 requires the use of tilt table

Survey Process

The American Academy of Neurology (AAN), American Association of Neuromuscular and Electrodiagnostic Medicine (AANEM), and American College of Physicians (ACP) convened an expert panel familiar with these services to provide value and time recommendations for the April 2024 RUC meeting.

The AAN surveyed a sample of current US members from the Autonomic Nervous System section. The AANEM surveyed current US neurologist members. The ACP surveyed a random sample of ACP members plus a Research Subcommittee-approved targeted survey sample of ACP members who are identified as providing these codes in the Medicare Physician & Other Practitioners — by Provider and Service data set. The survey was also distributed to practicing US physician members of the American Autonomic Society which was approved by Research Subcommittee. The survey had **35 responses** and **74% of respondents** found the vignette to be typical. 95XX6 is a new CPT code to report testing sympathetic skin response (SSR) and was previously reported as one of the components of CPT code 95923.

Compelling Evidence

We believe that there is compelling evidence to consider an increase in the value for CPT code family 95921-95XX9, specifically **changes in physician work due to technique and knowledge/technology**. For codes that include vasomotor testing and assessment of Valsalva responses, additional quantitative analyses are now typical, in addition to the semi-quantitative/qualitative analyses of Valsalva response, that were typical at the time of the last survey. The typical work now requires visualization of physiological data (including determination of wave form morphology, sources of artifact, and quantitative analysis) and correlation of available clinical data with test results. These newly implemented analyses add complexity and intensity in the physician work. In addition, for codes where interpretation is required for a combination of multiple test procedures [e.g., 95XX7, 95XX8, 95XX9, which includes combinations of sudomotor, cardiovagal and vasomotor adrenergic testing] the integration of multiple modality data is required, which increases physician work.

The specialties have provided literature to support this argument. "Normative Data on Phases of the Valsalva Maneuver" from Denq et al 1998 represents the standard analyses which were required at the time of the last survey and "Non-invasive measurement of baroreflex during Valsalva maneuver: Evaluation of alpha and beta-adrenergic components" from Palamarchuk et al 2016 represents the standard analyses required currently. Since 2012, the time these codes were last reviewed, additional quantitative analyses have been integrated into practice, which have increased the cognitive complexity, time, and effort required to interpret Valsalva testing. In addition to the "classic" elements outlined by Denq et al, which include phase I, II (early and late), III and IV, the metrics described by Palamarchuk et al, including pressure time recovery (PRT), sympathetic index (SI), and baroreflex sensitivity (BRS) are now also required. These metrics were validated since the time of the last survey and are now typically used in the analysis and interpretation of Valsalva responses. Beyond just 95922, when vasomotor testing is used in combination with the other autonomic testing procedures [as applies to 95924, 95XX8, 95XX9], these new metrics also come into play in the 'integrative' interpretation, by adding complexity to interpretation and analysis for the combined codes.

Work RVU and Time Recommendations

The expert panel recommends the survey 25th percentile value at 0.50 work RVU and survey median times of 5 minutes pre-service, 10 minutes intra-service and 5 minutes post-service for a total time of 20 minutes.

Key Reference Services

Our recommended work RVU of 0.50 is supported by the key reference service, CPT code 95707 *Nerve conduction studies; 1-2 studies* which has an RVU of 1.00 and 5 minutes more of intra service time than the surveyed code resulting in an appropriately lower IWPUP for 95XX6.

The second key reference service code, 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* has clinically similar work and is an MPC code. 93224 supports the recommended 25th percentile given the near identical IWPUP resulting from the lower times and lower RVU of the MPC code in relation to survey code 95XX6.

CPT Code	Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUP	WPUT
92334	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	0.39	2	8	5	15	0.029	0.026
95XX6	Testing of autonomic nervous system function, with interpretation and report; sudomotor, assessing the sympathetic skin response (SSR) potential	0.50	5	10	5	20	0.028	0.025
95907	Nerve conduction studies; 1-2 studies	1.00	10	15	10	35	0.037	0.029

MPC Codes

Our recommended work RVU of 0.50 compares favorably to MPC, CPT code 95224 *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* as outlined above.

The recommended 25th RVU is further supported by MPC code 76830 *Ultrasound, transvaginal*. While the intra service time of 76830 10 minutes is the same as the recommended median survey time for the surveyed code, the recommended 0.50 work RVU for the surveyed code is appropriately lower than that of the MPC code 93351 at 0.69 work RVU and has an appropriately lower IWPUP.

CPT Code	Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUP	WPUT
92334	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	0.39	2	8	5	15	0.029	0.026
95XX6	Testing of autonomic nervous system function, with interpretation and report; sudomotor, assessing the sympathetic skin response (SSR) potential	0.50	5	10	5	20	0.028	0.025
76830	Ultrasound, transvaginal	0.69	5	10	8	23	0.040	0.30

Summary

In summary, our expert panel recommends the survey 25th percentile value at **0.50 work RVU** and a survey median time of **5 /10 /5 for a total time of 20**. The recommended value compares favorably with the key reference services and MPC codes and maintains relativity within the RBRVS and the surveyed code family.

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) 95XX6 is a new code

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) 95923

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 Neurology 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? 75372

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The national estimate is the product of the estimate Medicare patient utilization (seen below) multiplied by three.

Specialty Neurology Frequency 60298 Percentage 80.00 %

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? 25,124 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.

Please explain the rationale for this estimate. The societies estimate 25% of the 2023 Medicare utilization from the RUC database of 95923 will be reported as 95XX6.

Specialty Neurology	Frequency 20100	Percentage 80.00 %

Specialty	Frequency	Percentage	%

Specialty	Frequency	Percentage	%

Do many physicians perform this service across the United States?

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. 95870

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 95924 Tracking Number F7

Original Specialty Recommended RVU: **1.50**Global Period: XXX Current Work RVU: **1.73**Presented Recommended RVU: **1.50**RUC Recommended RVU: **1.50**

CPT Descriptor: Testing of autonomic nervous system function, with interpretation and report; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt (ie, tilt table). (Do not report 95924 in conjunction with 95921, or 95922, 95923, 95XX6, 95XX7, 95XX8, 95XX9)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old female presents with activity intolerance and repeated, unexplained episodes of fainting and orthostatic hypotension. Testing of the autonomic nervous system, for both parasympathetic (cardiovagal) function and sympathetic (vasomotor adrenergic) function using at least a 5-minute tilt with a passive tilt table, is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

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 referral information including medications and past medical history/comorbidities, which might impact test results.

Description of Intra-Service Work: Supervise patient preparation and performance of the test, as well as personally evaluate the patient during testing maneuvers and/or confirm the technologist's impression as needed. Visualize ECG monitoring of the heart rate, and continuous beat-to-beat recording of blood pressure, which is displayed on a monitor and stored for analysis and review. Communicate any electrode or recording issues, and any required modification to recording to the technologist when necessary. Review patient-reported symptoms, clinical notes, referral documents, and patient history. Review results of beat-to-beat blood pressure for normal morphology, reproducibility between trials, artifacts, medication effects and/or physiologic variants, and document any abnormalities of BP response to testing maneuvers (e.g., a series of Valsalva's with and without head-up tilt). Review results of R-R interval for normal morphology, reproducibility between trials, artifacts, medication effects, and/or pacemaker-induced abnormalities, and document any abnormalities of HR response to testing maneuvers (e.g., deep breathing, Valsalva and 30:15 ratio measures). Evaluate HR & BP during the tilt component. Interpret combined [cardiovagal and vasomotor adrenergic] data, integrate results of combined tests for enhanced localization of findings, and make a clinical correlation of the findings based on patient's history. Discuss and explain findings with the patient as needed. Document a report and interpretation for the patient's chart.

Description of Post-Service Work: Review and sign final report. Send a copy of the report to the referring physician and/or primary care provider and provide a verbal report of critical results directly to referring physician as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2025				
Presenter(s):	Melissa Cortez, DO; Kevin Fitzpatrick, MD; Charles Hamori, MD, FACP; Marianna V. Spanaki, MD, PhD; Meghan Ward, MD, FAAN;				
Specialty Society(ies):	American Academy of Neurology (AAN), American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM), American College of Physicians (ACP)				
CPT Code:	95924				
Sample Size:	2522	Resp N:	50		
Description of Sample:	AAN-a sample of current US members from the Autonomic Nervous System section. AANEM-current US neurologist members. American Autonomic Society-practicing US physician members. ACP-				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	4.00	64.00	175.00	1100.00
Survey RVW:	0.20	1.50	1.80	2.08	4.00
Pre-Service Evaluation Time:			10.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	1.00	13.00	25.00	56.00	125.00
Immediate Post Service-Time:	12.00				
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:	95924	Recommended Physician Work RVU: 1.50		
	Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time	
Pre-Service Evaluation Time:	10.00	0.00	10.00	
Pre-Service Positioning Time:	0.00	0.00	0.00	
Pre-Service Scrub, Dress, Wait Time:	0.00	0.00	0.00	
Intra-Service Time:	25.00			
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:	12.00	0.00	12.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00

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
95717	XXX	2.00	RUC Time

CPT Descriptor 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

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99214	XXX	1.92	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 moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 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
93015	XXX	0.75	RUC Time	816,351

CPT Descriptor 1 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99214	XXX	1.92	RUC Time	100,613,734

CPT Descriptor 2 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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

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: 11 % of respondents: 22.0 %

Number of respondents who choose 2nd Key Reference Code: 8 % of respondents: 16.0 %

TIME ESTIMATES (Median)

	CPT Code: 95924	Top Key Reference CPT Code: 95717	2nd Key Reference CPT Code: 99214
Median Pre-Service Time	10.00	8.00	7.00
Median Intra-Service Time	25.00	28.00	30.00
Median Immediate Post-service Time	12.00	10.00	10.00
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	47.00	46.00	47.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	18%	55%	27%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
0%	18%	82%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	0%	0%	100%
Physical effort required	0%	0%	100%

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%

9%

82%

**Survey Code Compared to
2nd Key Reference Code****Much
Less****Somewhat
Less****Identical****Somewhat
More****Much
More****Overall intensity/complexity**

0%

0%

57%

29%

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

14%

29%

57%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

28%

29%

43%

Physical effort required

0%

43%

57%

Psychological Stress**Less****Identical****More**

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with poor outcome

28%

29%

43%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In October 2019, the Relativity Assessment Workgroup identified 95921 as a code with Medicare utilization over 10,000 that was performed by one specialty and is now performed by a different specialty which the RUC referred to CPT Assistant and an article was published in 2020. In January 2020, the RUC recommended referring codes 95921-95924 to CPT Assistant in 2020 to

clarify correct coding on how to report these services and the Workgroup review the specialty mix again in 3 years of those reporting the services (Sept 2023). The Workgroup requested an action plan for Autonomic Function Testing for 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 due to the COVID-19 pandemic. The Workgroup noted that these services are typically reported together and the code family should be referred to CPT to be restructured.

In February 2025, the CPT Editorial Panel approved 4 revised codes and 6 new codes to report autonomic function testing as outlined below. A coding table is provided to illustrate the appropriate code to report based on the systems tested (see appendix A). Codes 95921 – 95XX9 require interpretation and report by a physician or other qualified health care professional and should not be used for tests that include algorithmically aided diagnostic support tools. When autonomic function testing is performed without a separate interpretation and report by a physician or other qualified health care professional, use 95999.

Autonomic function tests assess parasympathetic and sympathetic functions of heart rate, blood pressure and sympathetic sweat gland (or sudomotor) control. For purposes of code selection one can think of the tests in three categories: parasympathetic, sympathetic and sudomotor. The tests can be performed independently or as a full battery of tests, which is reflected in the code language.

Code **95921** describes testing which evaluates **parasympathetic** (cardiovagal) function and includes electrocardiographic monitoring of heart rate derived from the variability in the time elapsing between two consecutive R waves in the electrocardiogram. A tilt table may be used but is not required for testing parasympathetic function. Code **95XX4** may be reported in addition to 95921 when a tilt table is used to perform the tests.

Code **95922** describes testing which evaluates **sympathetic** effects on heart rate and blood pressure control. Code 95922 requires continuous recording of beat-to-beat BP and heart rate. a period of supine rest of at least 20 minutes prior to testing, a minimum of two (2) Valsalva maneuvers, the performance of passive head-up tilt which must be performed using a tilt table.

Code **95924** is reported when both the parasympathetic (cardiovagal) function and the sympathetic adrenergic function as described in 95921, 95922 are tested together with the use of a tilt table.

The testing of **sudomotor** function is reported as follows:

95923 describes testing which evaluates sweat gland (sudomotor) function. Code 95923 should be reported only when performing quantitative evaluation of sweat gland function using the quantitative sudomotor axon reflex test (**QSART**), or silastic sweat imprint test.

95XX5 describes testing which evaluates sudomotor function using the thermoregulatory sweat test (**TST**) by recording sweat production and distribution during controlled heating of the whole body.

95XX6 describes testing which evaluates the sympathetic skin response (**SSR**) by recording surface electrical responses from the palmar or plantar surfaces after electrical stimulation of a nerve trunk of the limb being tested.

*QSART, TST and SSR testing were all previously reported with CPT code 95923. The revised coding structure established a unique CPT code for each test.

95XX7, 95XX8, 95XX9 represent various combinations of parasympathetic (cardiovagal), sympathetic, and sudomotor testing as described below:

95XX7 is reported when both the parasympathetic (cardiovagal) function and sweat gland function (sudomotor) QSART evaluation are performed. A tilt table may be used but is not required for testing parasympathetic function. Code 95XX4 may be reported in addition to 95XX7 when a tilt table is used to perform the tests.

95XX8 is reported when both the sympathetic function and sweat gland (sudomotor) function evaluation QSART are performed. 95XX8 requires the use of tilt table.

95XX9 is reported when the parasympathetic (cardiovagal) function, sympathetic function and sweat gland (sudomotor) function QSART are performed. 95XX9 requires the use of tilt table

Survey Process

The American Academy of Neurology (AAN), American Association of Neuromuscular and Electrodiagnostic Medicine (AANEM), and American College of Physicians (ACP) convened an expert panel familiar with these services to provide value and time recommendations for the April 2024 RUC meeting.

The AAN surveyed a sample of current US members from the Autonomic Nervous System section. The AANEM surveyed current US neurologist members. The ACP surveyed a random sample of ACP members plus a Research Subcommittee-approved targeted survey sample of ACP members who are identified as providing these codes in the Medicare Physician & Other Practitioners — by Provider and Service data set. The survey was also distributed to practicing US physician members of the American Autonomic Society which was approved by Research Subcommittee. The survey had **50 responses** and **98% of respondents** found the vignette to be typical.

Compelling Evidence

We believe that there is compelling evidence to consider an increase in the value for CPT code family 95921-95XX9, specifically **changes in physician work due to technique and knowledge/technology**. For codes that include vasomotor testing and assessment of Valsalva responses, additional quantitative analyses are now typical, in addition to the semi-quantitative/qualitative analyses of Valsalva response, that were typical at the time of the last survey. The typical work now requires visualization of physiological data (including determination of wave form morphology, sources of artifact, and quantitative analysis) and correlation of available clinical data with test results. These newly implemented analyses add complexity and intensity in the physician work. In addition, for codes where interpretation is required for a combination of multiple test procedures [e.g., 95XX7, 95XX8, 95XX9, which includes combinations of sudomotor, cardiovagal and vasomotor adrenergic testing] the integration of multiple modality data is required, which increases physician work.

The specialties have provided literature to support this argument. "Normative Data on Phases of the Valsalva Maneuver" from Denq et al 1998 represents the standard analyses which were required at the time of the last survey and "Non-invasive measurement of baroreflex during Valsalva maneuver: Evaluation of alpha and beta-adrenergic components" from Palamarchuk et al 2016 represents the standard analyses required currently. Since 2012, the time these codes were last reviewed, additional quantitative analyses have been integrated into practice, which have increased the cognitive complexity, time, and effort required to interpret Valsalva testing. In addition to the "classic" elements outlined by Denq et al, which include phase I, II (early and late), III and IV, the metrics described by Palamarchuk et al, including pressure time recovery (PRT), sympathetic index (SI), and baroreflex sensitivity (BRS) are now also required. These metrics were validated since the time of the last survey and are now typically used in the analysis and interpretation of Valsalva responses. Beyond just 95922, when vasomotor testing is used in combination with the other autonomic testing procedures [as applies to 95924, 95XX8, 95XX9], these new metrics also come into play in the 'integrative' interpretation, by adding complexity to interpretation and analysis for the combined codes.

Work RVU and Time Recommendations

The expert panel recommends the survey 25th percentile value at 1.50 work RVU which is the current work RVU and survey median times of 10 minutes pre-service, 25 minutes intra-service and 10 minutes post-service for a total time of 45 minutes.

Key Reference Services

The most common chosen reference code 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 videos* supports the recommended survey 25th percentile RVU of 1.50. The recommendation results in an appropriate IWP/PUT when considering the near identical intra service times and lower RVU of survey code 95924.

The second key reference service code, CPT code 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 low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded* supports the recommendation as well and is also an MPC code. While total service time of 99214 (47 minutes) is nearly identical to that recommended for the surveyed code (45 minutes), the recommended 1.50 work RVU for the surveyed code is appropriately lower than that of key reference code 99214 at 1.92 work RVU and has an appropriately lower IWP/PUT.

CPT Code	Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWP/PUT	WPUT
95924	Testing of autonomic nervous system function, with interpretation and report; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt (ie, tilt table)	1.50	10	25	10	45	0.033	0.042
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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	1.92	7	30	10	47	0.051	0.041
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	2.00	8	28	10	46	0.057	0.043

MPC Codes

Our recommendation for surveyed code 95924 compares favorably to the MPC codes depicted in the table below. This includes 93015 *(Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report)*, which is a clinically similar testing code. 93015 has an appropriately lower IWP/PUT compared to the surveyed code as the cardiovascular testing code has 5 minutes greater intra-service time which is less intense during the service period.

The recommended 25th RVU is further supported by MPC code 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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.* While the intra (30) and total times (47) of 99214 are very similar to the recommended median survey intra time (25) and total time (45) of the surveyed code, the recommended 1.50 work RVU for the surveyed is appropriately lower than that of the MPC code at 1.92 work RVU and has an appropriately lower IWP/PUT.

CPT Code	Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWP/PUT	WPUT
93015	Electroencephalogram (EEG); including recording awake and asleep	0.75	2	20	4	26	0.031	0.029
95924	Testing of autonomic nervous system function, with interpretation and report; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt (ie, tilt table)	1.50	10	25	10	45	0.039	0.042
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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	1.92	7	30	10	47	0.051	0.041

Summary

In summary, our expert panel recommends the survey 25th percentile value at **1.50 work RVU** and a survey median time of **10 /25 /10 for a total time of 45**. The recommended value compares favorably with the key reference services and maintains relativity within the RBRVS.

SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: 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) 95924 is currently reported together with 95923 at 79.8%. The CPT Editorial Panel finalized a revised code set at the February 2025 meeting which includes parentheses limiting the reporting of the codes together.
95924 is currently reported together with an E/M at 53.1%. We anticipate this will remain stable.

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	'23 Utilization	Global	wRVU	Pre	Intra	Post	Reported with	% Reported together
95924	21,874	XXX	1.73	15	30	15	95923	79.8%
							Office E/M	53.1%

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 95924

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 Neurology How often? Sometimes

Specialty Neurology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 19686

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The national estimate is the product of the estimate Medicare patient utilization (seen below) multiplied by three.

Specialty Neurology Frequency 3741 Percentage 19.00 %

Specialty Internal Medicine Frequency 3544 Percentage 18.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 6,562

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The societies estimate 30% of the 2023 Medicare utilization from the RUC database of 95924 will continue to be reported as 95924.

Specialty Neurology Frequency 1247 Percentage 19.00 %

Specialty Internal Medicine Frequency 1182 Percentage 18.01 %

Specialty Frequency 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:

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 95924

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: 95XX7 Tracking Number F8

Original Specialty Recommended RVU: **1.02**Presented Recommended RVU: **1.20**

Global Period: XXX Current Work RVU:

RUC Recommended RVU: **1.20**

CPT Descriptor: Testing of autonomic nervous system function, with interpretation and report; combined parasympathetic and sudomotor testing, quantitative sudomotor axon reflex test (QSART) or silastic sweat imprint. (Do not report 95XX7 in conjunction with 95921, 95922, 95923, 95924, 95XX6, 95XX8, 95XX9)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male presents with poorly controlled diabetes, significant orthostatic hypotension, and heat intolerance which is interfering with his ability to walk and complete activities of daily living. Testing of the autonomic nervous system, including cardiovagal, adrenergic, and sudomotor function is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 85%

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 referral information including medications and past medical history/comorbidities, which might impact test results.

Description of Intra-Service Work: Supervise patient preparation and performance of the test, as well as personally evaluate the patient during testing maneuvers and/or confirm the technologist's impression as needed. Visualize ECG monitoring of the heart rate-based R-R interval, which is displayed on a monitor and stored for analysis and review. Visualize evoked sweat output, which is displayed on a monitor and stored for analysis and review. Communicate any electrode or recording issues, and any required modification to recording to the technologist when necessary. Review patient-reported symptoms, clinical notes, referral documents, and patient history. Review results of R-R interval for normal morphology, reproducibility between trials, artifacts, medication effects, and/or pacemaker-induced abnormalities, and document any abnormalities of HR response to testing maneuvers (e.g., deep breathing, Valsalva and 30:15 ratio measures). Review results of sweat output for normal latency and volumes, artifacts, and/or medication effects, and document any abnormalities. Interpret combined [cardiovagal and sudomotor] data, integrate results of combined tests for enhanced localization of findings, and make a clinical correlation of the findings results based on patient's history. Discuss and explain findings with the patient as needed. Document a report and interpretation for the patient's chart.

Description of Post-Service Work: Review and sign final report. Send a copy of the report to the referring physician and/or primary care provider and provide a verbal report of critical results directly to referring physician as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2025				
Presenter(s):	Melissa Cortez, DO; Kevin Fitzpatrick, MD; Charles Hamori, MD, FACP; Marianna V. Spanaki, MD, PhD; Meghan Ward, MD, FAAN;				
Specialty Society(ies):	American Academy of Neurology (AAN), American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM), American College of Physicians (ACP)				
CPT Code:	95XX7				
Sample Size:	2522	Resp N:	34		
Description of Sample:	AAN-a sample of current US members from the Autonomic Nervous System section. AANEM-current US neurologist members. American Autonomic Society-practicing US physician members. ACP-				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	2.00	53.00	1000.00
Survey RVW:	0.80	1.02	1.50	2.00	4.00
Pre-Service Evaluation Time:			10.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	1.00	12.00	20.00	40.00	120.00
Immediate Post Service-Time:	10.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00			
Other Hospital time/visit(s):	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
Discharge Day Mgmt:	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
Office time/visit(s):	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			

**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:	95XX7	Recommended Physician Work RVU: 1.20		
	Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time	
Pre-Service Evaluation Time:	10.00	0.00	10.00	
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)				
XXX Global Code				
	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time	
Immediate Post Service-Time:	10.00	0.00	10.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00

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
95861	XXX	1.54	RUC Time

CPT Descriptor Needle electromyography; 2 extremities with or without related paraspinal areas**SECOND HIGHEST KEY REFERENCE SERVICE:**

Key CPT Code	Global	Work RVU	Time Source
95819	XXX	1.08	RUC Time

CPT Descriptor Electroencephalogram (EEG); including recording awake and asleaps**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
95971	XXX	0.78	RUC Time	18,091

CPT Descriptor 1 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

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95819	XXX	1.08	RUC Time	153,233

CPT Descriptor 2 Electroencephalogram (EEG); including recording awake and asleep

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: 5 % of respondents: 14.7 %

Number of respondents who choose 2nd Key Reference Code: 4 % of respondents: 11.7 %

TIME ESTIMATES (Median)

	CPT Code: <u>95XX7</u>	Top Key Reference CPT Code: <u>95861</u>	2nd Key Reference CPT Code: <u>95819</u>
Median Pre-Service Time	10.00	10.00	5.00
Median Intra-Service Time	20.00	29.00	15.00
Median Immediate Post-service Time	10.00	10.00	6.00
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	40.00	49.00	26.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	20%	60%	20%	0%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

Less Identical More

20% 20% 60%

Technical Skill/Physical Effort

Less Identical More

Technical skill required 20% 60% 20%

Physical effort required 40% 40% 20%

Psychological Stress

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with

Less Identical More

0% 80% 20%

Survey Code Compared to 2nd Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	25%	50%	25%

<u>Mental Effort and Judgment</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
- 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%	0%	100%

<u>Technical Skill/Physical Effort</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	0%	0%	100%
Physical effort required	0%	0%	100%

<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
- 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%	0%	75%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In October 2019, the Relativity Assessment Workgroup identified 95921 as a code with Medicare utilization over 10,000 that was performed by one specialty and is now performed by a different specialty, which the RUC referred to CPT Assistant and an article was published in 2020. In January 2020, the RUC recommended referring codes 95921-95924 to CPT Assistant in 2020 to clarify correct coding on how to report these services and the Workgroup review the specialty mix again in 3 years of those reporting the services (Sept 2023). The Workgroup requested an action plan for Autonomic Function Testing for 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 due to the COVID-19 pandemic. The Workgroup noted that these services are typically reported together and the code family should be referred to CPT to be restructured.

In February 2025, the CPT Editorial Panel approved 4 revised codes and 6 new codes to report autonomic function testing as outlined below. A coding table is provided to illustrate the appropriate code to report based on the systems tested (see appendix A). Codes 95921 – 95XX9 require interpretation and report by a physician or other qualified health care professional and should not be used for tests that include algorithmically aided diagnostic support tools. When autonomic function testing is performed without a separate interpretation and report by a physician or other qualified health care professional, use 95999.

Autonomic function tests assess parasympathetic and sympathetic functions of heart rate, blood pressure and sympathetic sweat gland (or sudomotor) control. For purposes of code selection one can think of the tests in three categories: parasympathetic, sympathetic and sudomotor. The tests can be performed independently or as a full battery of tests, which is reflected in the code language.

Code **95921** describes testing which evaluates **parasympathetic** (cardiovagal) function and includes electrocardiographic monitoring of heart rate derived from the variability in the time elapsing between two consecutive R waves in the electrocardiogram. A tilt table may be used but is not required for testing parasympathetic function. Code **95XX4** may be reported in addition to 95921 when a tilt table is used to perform the tests.

Code **95922** describes testing which evaluates **sympathetic** effects on heart rate and blood pressure control. Code 95922 requires continuous recording of beat-to-beat BP and heart rate, a period of supine rest of at least 20 minutes prior to testing, a minimum of two (2) Valsalva maneuvers, the performance of passive head-up tilt which must be performed using a tilt table.

Code **95924** is reported when both the parasympathetic (cardiovagal) function and the sympathetic adrenergic function as described in 95921, 95922 are tested together with the use of a tilt table.

The testing of **sudomotor** function is reported as follows:

95923 describes testing which evaluates sweat gland (sudomotor) function. Code 95923 should be reported only when performing quantitative evaluation of sweat gland function using the quantitative sudomotor axon reflex test (**QSART**), or silastic sweat imprint test.

95XX5 describes testing which evaluates sudomotor function using the thermoregulatory sweat test (**TST**) by recording sweat production and distribution during controlled heating of the whole body.

95XX6 describes testing which evaluates the sympathetic skin response (**SSR**) by recording surface electrical responses from the palmar or plantar surfaces after electrical stimulation of a nerve trunk of the limb being tested.

*QSART, TST and SSR testing were all previously reported with CPT code 95923. The revised coding structure established a unique CPT code for each test.

95XX7, 95XX8, 95XX9 represent various combinations of parasympathetic (cardiovagal), sympathetic, and sudomotor testing as described below:

95XX7 is reported when both the parasympathetic (cardiovagal) function and sweat gland function (sudomotor) QSART evaluation are performed. A tilt table may be used but is not required for testing parasympathetic function. Code 95XX4 may be reported in addition to 95XX7 when a tilt table is used to perform the tests.

95XX8 is reported when both the sympathetic function and sweat gland (sudomotor) function evaluation QSART are performed. 95XX8 requires the use of tilt table.

95XX9 is reported when the parasympathetic (cardiovagal) function, sympathetic function and sweat gland (sudomotor) function QSART are performed. 95XX9 requires the use of tilt table

Survey Process

The American Academy of Neurology (AAN), American Association of Neuromuscular and Electrodiagnostic Medicine (AANEM), and American College of Physicians (ACP) convened an expert panel familiar with these services to provide value and time recommendations for the April 2024 RUC meeting.

The AAN surveyed a sample of current US members from the Autonomic Nervous System section. The AANEM surveyed current US neurologist members. The ACP surveyed a random sample of ACP members plus a Research Subcommittee-approved targeted survey sample of ACP members who are identified as providing these codes in the Medicare Physician & Other Practitioners — by Provider and Service data set. The survey was also distributed to practicing US physician members of the American Autonomic Society which was approved by Research Subcommittee. The survey had **34 responses** and **85% of respondents** found the vignette to be typical.

Compelling Evidence

We believe that there is compelling evidence to consider an increase in the value for CPT code family 95921-95XX9, specifically **changes in physician work due to technique and knowledge/technology**. For codes that include vasomotor testing and assessment of Valsalva responses, additional quantitative analyses are now typical, in addition to the semi-quantitative/qualitative analyses of Valsalva response, that were typical at the time of the last survey. The typical work now requires visualization of physiological data (including determination of wave form morphology, sources of artifact, and quantitative analysis) and correlation of available clinical data with test results. These newly implemented analyses add complexity and intensity in the physician work. In addition, for codes where interpretation is required for a combination of multiple test procedures [e.g., 95XX7, 95XX8, 95XX9, which includes combinations of sudomotor, cardiovagal and vasomotor adrenergic testing] the integration of multiple modality data is required, which increases physician work.

The specialties have provided literature to support this argument. "Normative Data on Phases of the Valsalva Maneuver" from Denq et al 1998 represents the standard analyses which were required at the time of the last survey and "Non-invasive measurement of baroreflex during Valsalva maneuver: Evaluation of alpha and beta-adrenergic components" from Palamarchuk et al 2016 represents the standard analyses required currently. Since 2012, the time these codes were last reviewed, additional quantitative analyses have been integrated into practice, which have increased the cognitive complexity, time, and effort required to interpret Valsalva testing. In addition to the "classic" elements outlined by Denq et al, which include phase I, II (early and late), III and IV, the metrics described by Palamarchuk et al, including pressure time recovery (PRT), sympathetic index (SI), and baroreflex sensitivity (BRS) are now also required. These metrics were validated since the time of the last survey and are now typically used in the analysis and interpretation of Valsalva responses. Beyond just 95922, when vasomotor testing is used in combination with the other autonomic testing procedures [as applies to 95924, 95XX8, 95XX9], these new metrics also come into play in the 'integrative' interpretation, by adding complexity to interpretation and analysis for the combined codes.

Work RVU and Time Recommendations

The expert panel recommends a value at 1.20 work RVU which is based on a crosswalk to CPT code 76988, and survey median times of 10 minutes pre-service, 20 minutes intra-service and 10 minutes post-service for a total time of 40 minutes.

Key Reference Services

Our recommended work RVU of 1.20 is supported by the most commonly chosen key reference service, CPT code 95861 (*Needle electromyography; 2 extremities with or without related paraspinal areas*). CPT code 95861 has 29 minutes of intra-service time compared to the median survey time of 20 minutes for 95XX7. The recommended crosswalk value of 1.20, is supported by the identical IWPUT when compared to that of the KRS. The expert panel elected for a crosswalk recommendation as the panel asserts neither the 25th percentile nor the median RVU appropriately captures the work intensity or complexity.

The second key reference service code, 95819 *Electroencephalogram (EEG); including recording awake and asleep* supports the recommendation as well and is also an MPC code. The greater intra service time (20 min) and greater recommended RVU (1.20) of survey code 95XX7 as compared that of MPC code 95819, (15 minutes intra service time and wRVU of 1.08) result in an appropriately lower IWPUT as well.

CPT Code	Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	WPUT
95XX7	Testing of autonomic nervous system function, with interpretation and report; combined parasympathetic and sudomotor testing, quantitative sudomotor axon reflex test (QSART) or silastic sweat imprint	1.20	10	20	10	40	0.038	0.030
95819	Electroencephalogram (EEG); including recording awake and asleep	1.08	5	15	6	26	0.056	0.042
95861	Needle electromyography; 2 extremities with or without related paraspinal areas	1.54	10	29	10	49	0.038	0.031

MPC Codes

Our recommendation for surveyed code 95XX7 compares favorably to the MPC codes depicted in the table below. This includes CPT code 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*. The work RVU recommendation of 1.20 results in an appropriate IWPUT when compared to the wRVU of MPC code 95971 at 0.78 when considering identical intra-service time of 20 minutes.

MPC code 92604 *Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming* also supports the recommendation as survey code 95XX7 given the similar RVU and proportionally greater IWPUT for 95XX7 when compared to this MPC code.

CPT Code	Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	WPUT
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	0.78	8	20	5	33	0.024	0.024

	generator/transmitter programming by physician or other qualified health care professional							
95XX7	Testing of autonomic nervous system function, with interpretation and report; combined parasympathetic and sudomotor testing, quantitative sudomotor axon reflex test (QSART) or silastic sweat imprint	1.20	10	20	10	40	0.038	0.030
92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming	1.25	5	50	10	65	0.018	0.019

Summary

In summary, our expert panel recommends a crosswalk value at **1.20 work RVU** and a survey median time of **10 /20 /10 for a total time of 40**. The recommended value compares favorably with the key reference services and maintains relativity within the RBRVS

SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☒ Other reason (please explain) 95XX7 is a new code

- 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) 95921

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 Neurology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 9045

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The national estimate is the product of the estimate Medicare patient utilization (seen below) multiplied by three.

Specialty Neurology	Frequency 7236	Percentage 80.00 %

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? 3,015

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The societies estimate 3% of the 2023 Medicare utilization from the RUC database of 95923 will be reported as 95XX7.

Specialty Neurology	Frequency 2412	Percentage 80.00 %

Specialty	Frequency	Percentage %

Specialty	Frequency	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:

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. 95816

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

CPT Code: 95XX8 Tracking Number F9

Original Specialty Recommended RVU: **1.50**Presented Recommended RVU: **1.75**

Global Period: XXX Current Work RVU:

RUC Recommended RVU: **1.75**

CPT Descriptor: Testing of autonomic nervous system function, with interpretation and report; combined sympathetic adrenergic with at least 5 minutes of passive tilt (ie, tilt table) and sudomotor testing, quantitative sudomotor axon reflex test (QSART) or silastic sweat imprint. (Do not report 95XX8 in conjunction with 95921, 95922, 95923, 95924, 95XX6, 95XX7, 95XX9)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old female presents with repeated, unexplained episodes of fainting and heat intolerance. Testing of the autonomic nervous system, for sympathetic sudomotor and adrenergic (vasomotor) function using at least a 5-minute tilt with a passive tilt table, is performed.

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: Review referral information including medications and past medical history/comorbidities, which might impact test results.

Description of Intra-Service Work: Supervise patient preparation and performance of the test, as well as personally evaluate the patient during testing maneuvers and/or confirm the technologist's impression as needed. Visualize ECG monitoring of the heart rate-based R-R interval, which is displayed on a monitor and stored for analysis and review. Visualize evoked sweat output, which is displayed on a monitor and stored for analysis and review. Communicate any electrode or recording issues, and any required modification to recording to the technologist when necessary. Review patient-reported symptoms, clinical notes, referral documents, and patient history. Review results of beat-to-beat blood pressure for normal morphology, reproducibility between trials, artifacts, medication effects and/or physiologic variants, and document any abnormalities of BP response to testing maneuvers (e.g., a series of Valsalva's with and without head-up tilt). Evaluate HR & BP during the tilt component. Review results of sweat output for normal latency and volumes, artifacts, and/or medication effects, and document any abnormalities. Interpret combined [vasomotor adrenergic and sudomotor] data, integrate results of combined tests for enhanced localization of findings, and make a clinical correlation of the findings results based on patient's history. Discuss and explain findings with the patient as needed. Document a report and interpretation for the patient's chart.

Description of Post-Service Work: Review and sign final report. Send a copy of the report to the referring physician and/or primary care provider and provide a verbal report of critical results directly to referring physician as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2025				
Presenter(s):	Melissa Cortez, DO; Kevin Fitzpatrick, MD; Charles Hamori, MD, FACP; Marianna V. Spanaki, MD, PhD; Meghan Ward, MD, FAAN;				
Specialty Society(ies):	American Academy of Neurology (AAN), American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM), American College of Physicians (ACP)				
CPT Code:	95XX8				
Sample Size:	2522	Resp N:	32		
Description of Sample:	AAN-a sample of current US members from the Autonomic Nervous System section. AANEM-current US neurologist members. American Autonomic Society-practicing US physician members. ACP-				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	0.00	90.00	1000.00
Survey RVW:	1.00	1.50	1.75	2.35	4.00
Pre-Service Evaluation Time:			10.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	0.00	15.00	30.00	45.00	130.00
Immediate Post Service-Time:	<u>14.00</u>				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00 99292x 0.00			
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.00 99239x 0.00 99217x 0.00			
Office time/visit(s):	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			

**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:	95XX8	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:	10.00	0.00	10.00	
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)				
XXX Global Code				
	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time	
Immediate Post Service-Time:	10.00	0.00	10.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00

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
95717	XXX	2.00	RUC Time

CPT Descriptor 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

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
95813	XXX	1.63	RUC Time

CPT Descriptor Electroencephalogram (EEG) extended monitoring; 61-119 minutes

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
92604	XXX	1.25	RUC Time	28,087
<u>CPT Descriptor 1</u> Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming				
MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99214	XXX	0.00	RUC Time	100,613,734

CPT Descriptor 2 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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

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: 7 % of respondents: 21.8 %

Number of respondents who choose 2nd Key Reference Code: 7 % of respondents: 21.8 %

TIME ESTIMATES (Median)

	CPT Code: <u>95XX8</u>	Top Key Reference CPT Code: <u>95717</u>	2nd Key Reference CPT Code: <u>95813</u>
Median Pre-Service Time	10.00	8.00	5.00
Median Intra-Service Time	30.00	28.00	25.00
Median Immediate Post-service Time	10.00	10.00	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	50.00	46.00	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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	71%	29%	0%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
57%	29%	14%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	0%	43%	57%
Physical effort required	14%	29%	57%

Psychological Stress

- The risk of significant complications, morbidity and/or mortality
- Outcome depends on the skill and judgment of physician
- Estimated risk of malpractice suit with

<u>Less</u>	<u>Identical</u>	<u>More</u>
29%	57%	14%

Survey Code Compared to 2nd Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	29%	28%	43%

<u>Mental Effort and Judgment</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
- 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%	14%	86%

<u>Technical Skill/Physical Effort</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	0%	14%	86%
Physical effort required	0%	14%	86%

<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
- 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%	14%	72%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In October 2019, the Relativity Assessment Workgroup identified 95921 as a code with Medicare utilization over 10,000 that was performed by one specialty and is now performed by a different specialty, which the RUC referred to CPT Assistant and an article was published in 2020. In January 2020, the RUC recommended referring codes 95921-95924 to CPT Assistant in 2020 to clarify correct coding on how to report these services and the Workgroup review the specialty mix again in 3 years of those reporting the services (Sept 2023). The Workgroup requested an action plan for Autonomic Function Testing for 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 due to the COVID-19 pandemic. The Workgroup noted that these services are typically reported together and the code family should be referred to CPT to be restructured.

In February 2025, the CPT Editorial Panel approved 4 revised codes and 6 new codes to report autonomic function testing as outlined below. A coding table is provided to illustrate the appropriate code to report based on the systems tested (see appendix A). Codes 95921 – 95XX9 require interpretation and report by a physician or other qualified health care professional and should not be used for tests that include algorithmically aided diagnostic support tools. When autonomic function testing is performed without a separate interpretation and report by a physician or other qualified health care professional, use 95999.

Autonomic function tests assess parasympathetic and sympathetic functions of heart rate, blood pressure and sympathetic sweat gland (or sudomotor) control. For purposes of code selection one can think of the tests in three categories: parasympathetic, sympathetic and sudomotor. The tests can be performed independently or as a full battery of tests, which is reflected in the code language.

Code **95921** describes testing which evaluates **parasympathetic** (cardiovagal) function and includes electrocardiographic monitoring of heart rate derived from the variability in the time elapsing between two consecutive R waves in the electrocardiogram. A tilt table may be used but is not required for testing parasympathetic function. Code **95XX4** may be reported in addition to 95921 when a tilt table is used to perform the tests.

Code **95922** describes testing which evaluates **sympathetic** effects on heart rate and blood pressure control. Code 95922 requires continuous recording of beat-to-beat BP and heart rate. a period of supine rest of at least 20 minutes prior to testing, a minimum of two (2) Valsalva maneuvers, the performance of passive head-up tilt which must be performed using a tilt table.

Code **95924** is reported when both the parasympathetic (cardiovagal) function and the sympathetic adrenergic function as described in 95921, 95922 are tested together with the use of a tilt table.

The testing of **sudomotor** function is reported as follows:

95923 describes testing which evaluates sweat gland (sudomotor) function. Code 95923 should be reported only when performing quantitative evaluation of sweat gland function using the quantitative sudomotor axon reflex test (**QSART**), or silastic sweat imprint test.

95XX5 describes testing which evaluates sudomotor function using the thermoregulatory sweat test (**TST**) by recording sweat production and distribution during controlled heating of the whole body.

95XX6 describes testing which evaluates the sympathetic skin response (**SSR**) by recording surface electrical responses from the palmar or plantar surfaces after electrical stimulation of a nerve trunk of the limb being tested.

*QSART, TST and SSR testing were all previously reported with CPT code 95923. The revised coding structure established a unique CPT code for each test.

95XX7, 95XX8, 95XX9 represent various combinations of parasympathetic (cardiovagal), sympathetic, and sudomotor testing as described below:

95XX7 is reported when both the parasympathetic (cardiovagal) function and sweat gland function (sudomotor) QSART evaluation are performed. A tilt table may be used but is not required for testing

parasympathetic function. Code 95XX4 may be reported in addition to 95XX7 when a tilt table is used to perform the tests.

95XX8 is reported when both the sympathetic function and sweat gland (sudomotor) function evaluation QSART are performed. 95XX8 requires the use of tilt table.

95XX9 is reported when the parasympathetic (cardiovagal) function, sympathetic function and sweat gland (sudomotor) function QSART are performed. 95XX9 requires the use of tilt table

Survey Process

The American Academy of Neurology (AAN), American Association of Neuromuscular and Electrodiagnostic Medicine (AANEM), and American College of Physicians (ACP) convened an expert panel familiar with these services to provide value and time recommendations for the April 2024 RUC meeting.

The AAN surveyed a sample of current US members from the Autonomic Nervous System section. The AANEM surveyed current US neurologist members. The ACP surveyed a random sample of ACP members plus a Research Subcommittee-approved targeted survey sample of ACP members who are identified as providing these codes in the Medicare Physician & Other Practitioners — by Provider and Service data set. The survey was also distributed to practicing US physician members of the American Autonomic Society which was approved by Research Subcommittee. The survey had **32 responses** and **90% of respondents** found the vignette to be typical.

Compelling Evidence

We believe that there is compelling evidence to consider an increase in the value for CPT code family 95921-95XX9, specifically **changes in physician work due to technique and knowledge/technology**. For codes that include vasomotor testing and assessment of Valsalva responses, additional quantitative analyses are now typical, in addition to the semi-quantitative/qualitative analyses of Valsalva response, that were typical at the time of the last survey. The typical work now requires visualization of physiological data (including determination of wave form morphology, sources of artifact, and quantitative analysis) and correlation of available clinical data with test results. These newly implemented analyses add complexity and intensity in the physician work. In addition, for codes where interpretation is required for a combination of multiple test procedures [e.g., 95XX7, 95XX8, 95XX9, which includes combinations of sudomotor, cardiovagal and vasomotor adrenergic testing] the integration of multiple modality data is required, which increases physician work.

The specialties have provided literature to support this argument. "Normative Data on Phases of the Valsalva Maneuver" from Denq et al 1998 represents the standard analyses which were required at the time of the last survey and "Non-invasive measurement of baroreflex during Valsalva maneuver: Evaluation of alpha and beta-adrenergic components" from Palamarchuk et al 2016 represents the standard analyses required currently. Since 2012, the time these codes were last reviewed, additional quantitative analyses have been integrated into practice, which have increased the cognitive complexity, time, and effort required to interpret Valsalva testing. In addition to the "classic" elements outlined by Denq et al, which include phase I, II (early and late), III and IV, the metrics described by Palamarchuk et al, including pressure time recovery (PRT), sympathetic index (SI), and baroreflex sensitivity (BRS) are now also required. These metrics were validated since the time of the last survey and are now typically used in the analysis and interpretation of Valsalva responses. Beyond just 95922, when vasomotor testing is used in combination with the other autonomic testing procedures [as applies to 95924, 95XX8, 95XX9], these new metrics also come into play in the 'integrative' interpretation, by adding complexity to interpretation and analysis for the combined codes.

Work RVU and Time Recommendations

The expert panel recommends the survey median value at 1.75 work RVU which is the current work RVU and survey median times of 10 minutes pre-service, 30 minutes intra-service and 14 minutes post-service for a total time of 54 minutes.

Key Reference Services

The recommended median work RVU is supported similarly by both the first and second most frequently chosen reference service codes which are both clinically similar work to survey code 95XX8:

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*

95813 *Electroencephalogram (EEG), Electroencephalogram (EEG) extended monitoring; 61-119 minutes* The recommended work RVU of 1.75 is relatively appropriate in terms of clinical work and intensity when compared to the two reference codes. The majority of survey respondents reported the overall intensity and complexity of the survey code to be greater than that of the reference codes. The median RVU brings the survey codes into more appropriate proximity of the reference code RVUs.

CPT Code	Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	WPUT
95813	Electroencephalogram (EEG), Electroencephalogram (EEG) extended monitoring; 61-119 minutes	1.63	5	25	5	35	0.056	0.047
95XX8	Testing of autonomic nervous system function, with interpretation and report; combined sympathetic adrenergic with at least 5 minutes of passive tilt (ie, tilt table) and sudomotor testing, quantitative sudomotor axon reflex test (QSART) or silastic sweat imprint	1.75	10	30	14	54	0.040	0.032
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	2.00	8	28	10	46	0.057	0.043

MPC Codes

Our recommendation for surveyed code 95XX8 compares favorably to the MPC codes depicted in the table below. This includes 92604 *Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming*. Survey code 95XX8 has a lower intra service (25) and total (45) time than 92604 at 50 and 65 respectively, and a proportionally higher work RVU which results in an appropriate IWPUT for 95XX8 when compared to this MPC code.

The recommended 25th RVU is further supported by MPC code 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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded*. While intra service time of 99214 is identical to the survey median time, the recommended 1.75 work RVU for the surveyed code is appropriately lower than that of key reference code 99213 at 1.92 work RVU and has an appropriately lower IWPUT

CPT Code	Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUT	WPUT
92604	Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming	1.25	5	50	10	65	0.018	0.019
95XX8	Testing of autonomic nervous	1.75	10	25	10	45	0.040	0.032

	system function, with interpretation and report; combined sympathetic adrenergic with at least 5 minutes of passive tilt (ie, tilt table) and sudomotor testing, quantitative sudomotor axon reflex test (QSART) or silastic sweat imprint							
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 total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	1.92	7	30	10	47	0.051	0.041

Summary

In summary, our expert panel recommends the survey median value at **1.75 work RVU** and a survey median time of **10 /30 /14 for a total time of 54**. The recommended value compares favorably with the key reference services and maintains relativity within the RBRVS.

SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☒ Other reason (please explain) 95XX8 is a new code

- 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) 95923

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 Neurology

How often? Sometimes

Specialty Neurology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 9045

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The national estimate is the product of the estimate Medicare patient utilization (seen below) multiplied by three.

Specialty Neurology	Frequency 7236	Percentage 80.00 %

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? 3,015

If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The societies estimate 3% of the 2023 Medicare utilization from the RUC database of 95923 will be reported as 95XX8.

Specialty Neurology	Frequency 2412	Percentage 80.00 %

Specialty	Frequency 0	Percentage 0.00 %

Specialty	Frequency	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:

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. 95816

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS SUMMARY OF RECOMMENDATION

CPT Code: 95XX9 Tracking Number F10

Original Specialty Recommended RVU: **1.91**

Global Period: XXX Current Work RVU:

Presented Recommended RVU: **1.91**RUC Recommended RVU: **1.91**

CPT Descriptor: Testing of autonomic nervous system function, with interpretation and report; combined parasympathetic, sympathetic adrenergic function with at least 5 minutes of passive tilt (ie, tilt table), and sudomotor testing, quantitative sudomotor axon reflex test (QSART) or silastic sweat imprint. (Do not report 95XX9 in conjunction with 95921, 95922, 95923, 95924, 95XX6, 95XX7, 95XX8)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old female presents with activity intolerance, repeated, unexplained episodes of fainting and heat intolerance. Testing of the autonomic nervous system, for sudomotor, parasympathetic (cardiovagal), and sympathetic (vasomotor adrenergic) function using at least a 5-minute tilt with a passive tilt table, 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 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 referral information including medications and past medical history/comorbidities, which might impact test results.

Description of Intra-Service Work: Supervise patient preparation and performance of the test, as well as personally evaluate the patient during testing maneuvers and/or confirm the technologist's impression as needed. Visualize ECG monitoring of the heart rate, and continuous beat-to-beat recording of blood pressure, which displayed on a monitor and stored for analysis and review. Communicate any electrode or recording issues, and any required modification to recording to the technologist when necessary. Review patient-reported symptoms, clinical notes, referral documents, and patient history. Review results of beat-to-beat blood pressure for normal morphology, reproducibility between trials, artifacts, medication effects and/or physiologic variants, and document any abnormalities of BP response to testing maneuvers (e.g., a series of Valsalva's with and without head-up tilt). Review results of R-R interval for normal morphology, reproducibility between trials, artifacts, medication effects, and/or pacemaker-induced abnormalities, and document any abnormalities of HR response to testing maneuvers (e.g., deep breathing, Valsalva and 30:15 ratio measures). Evaluate HR & BP during the tilt component. Review results of sweat output for normal latency and volumes, artifacts, and/or medication effects, and document any abnormalities. Interpret combined [sudomotor, cardiovagal and vasomotor adrenergic] data, integrate results of combined tests for enhanced localization of findings, and make a clinical correlation of the findings results based on patient's history. Discuss and explain findings with the patient as needed. Document a report and interpretation for the patient's chart.

Description of Post-Service Work: Review and sign final report. Send a copy of the report to the referring physician and/or primary care provider and provide a verbal report of critical results directly to referring physician as appropriate.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2025				
Presenter(s):	Melissa Cortez, DO; Kevin Fitzpatrick, MD; Charles Hamori, MD, FACP; Marianna V. Spanaki, MD, PhD; Meghan Ward, MD, FAAN;				
Specialty Society(ies):	American Academy of Neurology (AAN), American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM), American College of Physicians (ACP)				
CPT Code:	95XX9				
Sample Size:	2522	Resp N:	35		
Description of Sample:	AAN-a sample of current US members from the Autonomic Nervous System section. AANEM-current US neurologist members. American Autonomic Society-practicing US physician members. ACP-				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	1.00	130.00	1000.00
Survey RVW:	0.40	1.91	2.10	2.90	4.25
Pre-Service Evaluation Time:			10.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	1.00	15.00	30.00	60.00	100.00
Immediate Post Service-Time:	<u>12.00</u>				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00 99292x 0.00			
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00			
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.00 99239x 0.00 99217x 0.00			
Office time/visit(s):	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			

**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:	95XX9	Recommended Physician Work RVU: 1.91		
	Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time	
Pre-Service Evaluation Time:	10.00	0.00	10.00	
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)				
XXX Global Code				
	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time	
Immediate Post Service-Time:	12.00	0.00	12.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00

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
99239	XXX	2.15	RUC Time

CPT Descriptor Hospital inpatient or observation discharge day management; more than 30 minutes on the date of the encounter

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
95717	XXX	2.00	RUC Time

CPT Descriptor 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

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
95819	XXX	1.08	RUC Time	153,233

CPT Descriptor 1 Electroencephalogram (EEG); including recording awake and asleep

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99239	XXX	2.15	RUC Time	5,238,389

CPT Descriptor 2 Hospital inpatient or observation discharge day management; more than 30 minutes on the date of the encounter

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: 8 % of respondents: 22.8 %

Number of respondents who choose 2nd Key Reference Code: 8 % of respondents: 22.8 %

TIME ESTIMATES (Median)

	CPT Code: <u>95XX9</u>	Top Key Reference CPT Code: <u>99239</u>	2nd Key Reference CPT Code: <u>95717</u>
Median Pre-Service Time	10.00	0.00	8.00
Median Intra-Service Time	30.00	45.00	28.00
Median Immediate Post-service Time	12.00	19.00	10.00
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	52.00	64.00	46.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	38%	37%	25%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

Less Identical More

0%	25%	75%

Technical Skill/Physical Effort

Less Identical More

Technical skill required	0%	13%	87%

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
- Estimated risk of malpractice suit with

25%	25%	50%

Survey Code Compared to 2nd Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	25%	63%	12%

<u>Mental Effort and Judgment</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
- 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%

<u>Technical Skill/Physical Effort</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	0%	13%	87%
Physical effort required	25%	25%	50%

<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
- 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%	13%	62%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In October 2019, the Relativity Assessment Workgroup identified 95921 as a code with Medicare utilization over 10,000 that was performed by one specialty and is now performed by a different specialty, which the RUC referred to CPT Assistant and an article was published in 2020. In January 2020, the RUC recommended referring codes 95921-95924 to CPT Assistant in 2020 to clarify correct coding on how to report these services and the Workgroup review the specialty mix again in 3 years of those reporting the services (Sept 2023). The Workgroup requested an action plan for Autonomic Function Testing for 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 due to the COVID-19 pandemic. The Workgroup noted that these services are typically reported together and the code family should be referred to CPT to be restructured.

In February 2025, the CPT Editorial Panel approved 4 revised codes and 6 new codes to report autonomic function testing as outlined below. A coding table is provided to illustrate the appropriate code to report based on the systems tested (see appendix A). Codes 95921 – 95XX9 require interpretation and report by a physician or other qualified health care professional and should not be used for tests that include algorithmically aided diagnostic support tools. When autonomic function testing is performed without a separate interpretation and report by a physician or other qualified health care professional, use 95999.

Autonomic function tests assess parasympathetic and sympathetic functions of heart rate, blood pressure and sympathetic sweat gland (or sudomotor) control. For purposes of code selection one can think of the tests in three categories: parasympathetic, sympathetic and sudomotor. The tests can be performed independently or as a full battery of tests, which is reflected in the code language.

Code **95921** describes testing which evaluates **parasympathetic** (cardiovagal) function and includes electrocardiographic monitoring of heart rate derived from the variability in the time elapsing between two consecutive R waves in the electrocardiogram. A tilt table may be used but is not required for testing parasympathetic function. Code **95XX4** may be reported in addition to 95921 when a tilt table is used to perform the tests.

Code **95922** describes testing which evaluates **sympathetic** effects on heart rate and blood pressure control. Code 95922 requires continuous recording of beat-to-beat BP and heart rate, a period of supine rest of at least 20 minutes prior to testing, a minimum of two (2) Valsalva maneuvers, the performance of passive head-up tilt which must be performed using a tilt table.

Code **95924** is reported when both the parasympathetic (cardiovagal) function and the sympathetic adrenergic function as described in 95921, 95922 are tested together with the use of a tilt table.

The testing of **sudomotor** function is reported as follows:

95923 describes testing which evaluates sweat gland (sudomotor) function. Code 95923 should be reported only when performing quantitative evaluation of sweat gland function using the quantitative sudomotor axon reflex test (**QSART**), or silastic sweat imprint test.

95XX5 describes testing which evaluates sudomotor function using the thermoregulatory sweat test (**TST**) by recording sweat production and distribution during controlled heating of the whole body.

95XX6 describes testing which evaluates the sympathetic skin response (**SSR**) by recording surface electrical responses from the palmar or plantar surfaces after electrical stimulation of a nerve trunk of the limb being tested.

*QSART, TST and SSR testing were all previously reported with CPT code 95923. The revised coding structure established a unique CPT code for each test.

95XX7, 95XX8, 95XX9 represent various combinations of parasympathetic (cardiovagal), sympathetic, and sudomotor testing as described below:

95XX7 is reported when both the parasympathetic (cardiovagal) function and sweat gland function (sudomotor) QSART evaluation are performed. A tilt table may be used but is not required for testing parasympathetic function. Code 95XX4 may be reported in addition to 95XX7 when a tilt table is used to perform the tests.

95XX8 is reported when both the sympathetic function and sweat gland (sudomotor) function evaluation QSART are performed. 95XX8 requires the use of tilt table.

95XX9 is reported when the parasympathetic (cardiovagal) function, sympathetic function and sweat gland (sudomotor) function QSART are performed. 95XX9 requires the use of tilt table

Survey Process

The American Academy of Neurology (AAN), American Association of Neuromuscular and Electrodiagnostic Medicine (AANEM), and American College of Physicians (ACP) convened an expert panel familiar with these services to provide value and time recommendations for the April 2024 RUC meeting.

The AAN surveyed a sample of current US members from the Autonomic Nervous System section. The AANEM surveyed current US neurologist members. The ACP surveyed a random sample of ACP members plus a Research Subcommittee-approved targeted survey sample of ACP members who are identified as providing these codes in the Medicare Physician & Other Practitioners — by Provider and Service data set. The survey was also distributed to practicing US physician members of the American Autonomic Society which was approved by Research Subcommittee. The survey had **35 responses** and **94% of respondents** found the vignette to be typical.

Compelling Evidence

We believe that there is compelling evidence to consider an increase in the value for CPT code family 95921-95XX9, specifically **changes in physician work due to technique and knowledge/technology**. For codes that include vasomotor testing and assessment of Valsalva responses, additional quantitative analyses are now typical, in addition to the semi-quantitative/qualitative analyses of Valsalva response, that were typical at the time of the last survey. The typical work now requires visualization of physiological data (including determination of wave form morphology, sources of artifact, and quantitative analysis) and correlation of available clinical data with test results. These newly implemented analyses add complexity and intensity in the physician work. In addition, for codes where interpretation is required for a combination of multiple test procedures [e.g., 95XX7, 95XX8, 95XX9, which includes combinations of sudomotor, cardiovagal and vasomotor adrenergic testing] the integration of multiple modality data is required, which increases physician work.

The specialties have provided literature to support this argument. "Normative Data on Phases of the Valsalva Maneuver" from Denq et al 1998 represents the standard analyses which were required at the time of the last survey and "Non-invasive measurement of baroreflex during Valsalva maneuver: Evaluation of alpha and beta-adrenergic components" from Palamarchuk et al 2016 represents the standard analyses required currently. Since 2012, the time these codes were last reviewed, additional quantitative analyses have been integrated into practice, which have increased the cognitive complexity, time, and effort required to interpret Valsalva testing. In addition to the "classic" elements outlined by Denq et al, which include phase I, II (early and late), III and IV, the metrics described by Palamarchuk et al, including pressure time recovery (PRT), sympathetic index (SI), and baroreflex sensitivity (BRS) are now also required. These metrics were validated since the time of the last survey and are now typically used in the analysis and interpretation of Valsalva responses.

Beyond just 95922, when vasomotor testing is used in combination with the other autonomic testing procedures [as applies to 95924, 95XX8, 95XX9], these new metrics also come into play in the 'integrative' interpretation, by adding complexity to interpretation and analysis for the combined codes.

Work RVU and Time Recommendations

The expert panel recommends the survey 25th percentile value at 1.91 work RVU which is the current work RVU and survey median times of 10 minutes pre-service, 30 minutes intra-service and 12 minutes post-service for a total time of 52 minutes.

Key Reference Services

Our recommended work RVU of 1.91 compares favorably to the most commonly chosen key reference service, CPT code 99239 *Hospital inpatient or observation discharge day management; more than 30 minutes on the date of the encounter* which is also an MPC code. The recommended 25th wRVU is supported by the greater IWPUR of the survey code 95XX9, resulting from less interservice time compared to that of the KRS code. Additionally, 62% of respondents ranked 95XX9 as somewhat or much more intense than 99239 which further supports our recommendation.

The recommended median 25th work RVU is supported by the 2nd most frequently chosen reference service codes 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* which has clinically similar work to 95XX9. 95717 has a near identical intra service time of 28 minutes as the survey median intra service time of 30. The work RVU recommendation of 1.91 results in an appropriately higher IWPUR when compared to the work RVU of code 95717 at 2.00 when considering intra service time.

CPT Code	Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUR	WPUR
95XX9	Testing of autonomic nervous system function, with interpretation and report; combined parasympathetic, sympathetic adrenergic function with at least 5 minutes of passive tilt (ie, tilt table), and sudomotor testing, quantitative sudomotor axon reflex test (QSART) or silastic sweat imprint	1.91	10	30	12	52	0.047	0.037
99239	Hospital inpatient or observation discharge day management; more than 30 minutes on the date of the encounter	2.15		45	19	64	0.038	0.034
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	2.00	8	28	10	46	0.057	0.043

MPC Codes

Our recommendation for surveyed code 95XX9 compares favorably to the MPC codes depicted in the table below. This includes 95819 *Electroencephalogram (EEG); including recording awake and asleep* which is a clinically similar testing code. Survey code 95XX9 has a greater intra service (30) and total (52) time than 95819 at 15 intra and 26 total minutes which results in an appropriate IWPUR for 95XX9 as compared to this MPC code, when considering the recommended 25th percentile RVU

The recommended 25th RVU is further supported by MPC code 99239 *Hospital inpatient or observation discharge day management; more than 30 minutes on the date of the encounter* as outlined above as the 2nd most common chosen reference code and respondents' intensity ratings compared to survey code 95XX9.

CPT Code	Descriptor	Work RVU	Pre	Intra	Post	Total Time	IWPUR	WPUR
95819	Electroencephalogram (EEG);	1.08	5	15	6	26	0.056	0.042

	including recording awake and asleep							
95XX9	Testing of autonomic nervous system function, with interpretation and report; combined parasympathetic, sympathetic adrenergic function with at least 5 minutes of passive tilt (ie, tilt table), and sudomotor testing, quantitative sudomotor axon reflex test (QSART) or silastic sweat imprint	1.91	10	30	12	52	0.047	0.037
99239	Hospital inpatient or observation discharge day management; more than 30 minutes on the date of the encounter	2.15		45	19	64	0.038	0.034

Summary

In summary, our expert panel recommends the survey 25th percentile value at **1.91 work RVU** and a survey median time of **10 /30 /12 for a total time of 52**. The recommended value compares favorably with the key reference services and maintains relativity within the RBRVS.

SERVICES REPORTED WITH MULTIPLE CPT CODES

- Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☒ Other reason (please explain) 95XX9 is a new code

- 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) 95924 and 95923

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 Neurology 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? 166530

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The national estimate is the product of the estimate Medicare patient utilization (seen below) multiplied by three.

Specialty Neurology Frequency 99918 Percentage 60.00 %

Specialty Internal Medicine Frequency 16653 Percentage 10.00 %

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? 55,510 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The societies estimate 70% of the 2023 Medicare utilization from the RUC database of 95924, and 40% of the 2023 Medicare utilization of 95923 will be reported as 95XX9.

Specialty Neurology Frequency 33306 Percentage 60.00 %

Specialty Internal Medicine Frequency 5551 Percentage 10.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:

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. 95924

SS Rec Summary

	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	S	T	U	V	W	X	AS	AT	AU	AV	AW	
1	ISSUE: Autonomic Function Testing																										
2	TAB: 9																										
3					RUC Review Year				RVW					Total		INTRA-TIME/TOTAL TIME						SURVEY EXPERIENCE					
4	Source	CPT	Global	DESC		Resp	IWPUT	WPUT	MIN	25th	MED	75th	MAX	Time	PRE	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX	
5	1st REF	95907	XXX	Nerve conduction studies; 1-2 studies	April 2012	10	0.037	0.029			1.00			35	10			15			10						
6	2nd REF	99213	XXX	Office or other outpatient visit for the evaluation and management of an established patient, which requires a	April 2019	8	0.054	0.043			1.30			30	5			20			5						
7	CURRENT	95921	XXX	Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function),	April 2012		0.033	0.027			0.90			33	8			15			10						
8	SVY-Combined	95921	XXX	Testing of autonomic nervous system function, with interpretation and report; cardiovagal innervation		54	0.047	0.035	0.20	0.90	1.04	1.50	4.00	30	5	1	7	15	25	90	10	0	1	10	67	1150	
9	SVY-AAN	95921	XXX			16	0.061	0.042	0.30	0.50	1.25	1.83	3.00	30	5	1	7	15	25	90	10	0	1	10	67	1150	
10	SVY-AANEM	95921	XXX			21	0.061	0.042	0.20	0.90	1.25	1.35	2.00	30	5	1	7	15	25	90	10	0	1	10	67	1150	
11	SVY-ACP	95921	XXX			3	0.044	0.033	0.90	0.95	1.00	1.00	1.00	30	5	1	7	15	25	90	10	0	1	10	67	1150	
12	SVY-Target AAS	95921	XXX			14	0.059	0.041	0.35	1.00	1.23	1.50	4.00	30	5	1	7	15	25	90	10	0	1	10	67	1150	
13	REC	95921	XXX	Testing of autonomic nervous system function, with interpretation and report; cardiovagal innervation			0.045	0.036	0.90					25	5			15			5						
14																											
17																											
18	1st REF	95885	ZZZ	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve	April 2011	9	0.023	0.023			0.35			15				15									
19	2nd REF	95886	ZZZ	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve	April 2011	7	0.029	0.029			0.86			30				30									
20	SVY-Combined	95XX4	ZZZ	Testing of autonomic nervous system function use of tilt table (List separately in addition to code for primary		34	0.063	0.063	0.05	0.50	0.95	1.53	4.00	15		1	10	15	34	63		0	0	9	79	1000	
21	SVY-AAN	95XX4	ZZZ			12	0.051	0.051	0.15	0.47	1.00	1.95	3.00	20		1	10	20	33	50		0	1	48	138	300	
22	SVY-AANEM	95XX4	ZZZ			11	0.033	0.033	0.25	0.50	1.00	1.52	1.80	30		5	13	30	38	63		0	0	0	8	27	
23	SVY-ACP	95XX4	ZZZ			0	-	-	0.00	0.00	0.00	0.00	0.00	0		0	0	0	0	0		0	0	0	0	0	
24	SVY-Target AAS	95XX4	ZZZ			11	0.070	0.070	0.05	0.43	0.70	1.20	4.00	10		3	5	10	18	60		0	3	15	118	1000	
25	XWALK	95885	ZZZ	Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve			0.023	0.023	0.35					15				15									
26	REC	95XX4	ZZZ	Testing of autonomic nervous system function use of tilt table (List separately in addition to code for primary			0.023	0.023	0.35					15				15									
27																											
28																											
29	1st REF	99213	XXX	Office or other outpatient visit for the evaluation and management of an established patient, which requires a	April 2019	7	0.054	0.043			1.30			30	5			20			5						
30	2nd	95819	XXX	Electroencephalogram (EEG); including recording awake and asleep	Oct 2012	6	0.056	0.042			1.08			26	5			15			6						
31	CURRENT	95922	XXX	Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic	April 2012		0.026	0.024			0.96			40	10			20			10						
32	SVY-Combined	95922	XXX	Testing of autonomic nervous system function, with interpretation and report; vasomotor adrenergic		46	0.055	0.041	0.20	1.02	1.45	1.89	4.00	36	6	1	10	20	30	90	10	0	2	20	97	1120	
33	SVY-AAN	95922	XXX			17	0.076	0.058	0.62	1.21	1.75	2.20	3.00	30	5	1	12	20	25	90	5	0	3	30	250	1120	
34	SVY-AANEM	95922	XXX			14	0.044	0.033	0.20	1.02	1.33	1.68	2.00	40	10	1	6	20	34	65	10	0	0	7	28	100	
35	SVY-ACP	95922	XXX			1	0.031	0.025	1.92	1.92	1.92	1.92	1.92	76	15	26	26	26	26	26	35	0	0	0	0	0	
36	SVY-Target AAS	95922	XXX			14	0.049	0.036	0.70	1.00	1.25	1.65	4.00	35	8	3	10	18	30	66	10	0	5	34	139	1000	
37	REC	95922	XXX	Testing of autonomic nervous system function, with interpretation and report; vasomotor adrenergic innervation (sympathetic adrenergic function), including			0.030	0.027	0.96					36	6			20			10						
38																											
39																											

	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	S	T	U	V	W	X	AS	AT	AU	AV	AW	
3					RUC Review Year				RVW					Total		INTRA-TIME/TOTAL TIME						SURVEY EXPERIENCE					
4	Source	CPT	Global	DESC		Resp	IWPUT	WPUT	MIN	25th	MED	75th	MAX	Time	PRE	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX	
41	1st REF	95907	XXX	Nerve conduction studies; 1-2 studies	April 2012	16	0.037	0.029			1.00			35	10			15			10						
42	2nd REF	95861	XXX	Needle electromyography; 2 extremities with or without related paraspinal areas	April 2012	10	0.038	0.031			1.54			49	10			29			10						
43	CURRENT	95923	XXX	Testing of autonomic nervous system function; sudomotor, including 1 or more of the following:			0.038	0.030			0.90			30	5			15			10						
44	SVY-Combined	95923	XXX	Testing of autonomic nervous system function, with interpretation and report; sudomotor, quantitative		52	0.047	0.034	0.20	1.00	1.09	1.50	4.00	32	8	1	5	15	25	90	9	0	2	50	228	1500	
45	SVY-AAN	95923	XXX			15	0.052	0.040	0.50	1.00	1.00	1.50	3.00	25	5	2	7	15	20	90	5	0	14	100	275	1140	
46	SVY-AANEM	95923	XXX			19	0.042	0.031	0.20	0.95	1.08	1.60	2.00	35	10	1	5	15	30	65	10	0	1	25	94	385	
47	SVY-ACP	95923	XXX			4	0.040	0.031	0.90	0.94	0.98	1.23	1.92	32	7	6	9	15	23	32	10	0	15	121	266	400	
48	SVY-Target AAS	95923	XXX			14	0.083	0.050	0.30	1.00	1.20	1.38	4.00	24	7	2	5	11	29	60	7	0	4	50	304	1500	
49	REC	95923	XXX	Testing of autonomic nervous system function, with interpretation and report; sudomotor, quantitative sudomotor axon reflex test (QSART), or silastic sweat imprint			0.035	0.028	0.90					32	8			15			9						
50																											
51																											
52	1st REF	95819	XXX	Electroencephalogram (EEG); including recording awake and asleep	Oct 2012	5	0.056	0.042			1.08			26	5			15			6						
53	2nd REF	99213	XXX	Office or other outpatient visit for the evaluation and management of an established patient, which requires a	April 2019	4	0.054	0.043			1.30			30	5			20			5						
54	CURRENT	95923	XXX	Testing of autonomic nervous system function; sudomotor, including 1 or more of the following:			0.038	0.030			0.90			30	5			15			10						
55	SVY-Combined	95XX5	XXX	Testing of autonomic nervous system function, with interpretation and report; sudomotor, thermoregulatory		31	0.040	0.031	0.70	1.00	1.25	1.80	4.00	40	10	2	11	20	30	120	10	0	0	0	23	1000	
60	median performance rate=0	95XX5	XXX			16	0.040	0.031	0.70	1.00	1.25	1.68	3.00	40	10	2	11	20	30	120	10	0	0	0	21	1000	
61	median performance rate>0	95XX5	XXX			15	0.048	0.035	0.75	1.00	1.40	1.85	4.00	40	10	2	11	20	30	120	10	0	0	0	21	1000	
62	REC	95XX5	XXX	Testing of autonomic nervous system function, with interpretation and report; sudomotor, thermoregulatory sweat test			0.028	0.025	1.00					40	10			20			10						
63																											
64																											
65	1st REF	95907	XXX	Nerve conduction studies; 1-2 studies	April 2012	10	0.037	0.029			1.00			35	10			15			10						
66	2nd REF	93224	XXX	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes	Jan 2020	8	0.029	0.026			0.39			15	2			8			5						
67	CURRENT	95923	XXX	Testing of autonomic nervous system function; sudomotor, including 1 or more of the following:			0.038	0.030			0.90			30	5			15			10						
68	SVY-Combined																										

SS Rec Summary

	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	S	T	U	V	W	X	AS	AT	AU	AV	AW	
3					RUC Review Year				RVW					Total		INTRA-TIME/TOTAL TIME						SURVEY EXPERIENCE					
4	Source	CPT	Global	DESC		Resp	IWPUT	WPUT	MIN	25th	MED	75th	MAX	Time	PRE	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX	
76	1st REF	95717	XXX	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional	Oct 2018	11	0.057	0.043			2.00			46	8			28			10						
77	2nd REF	99214	XXX	Office or other outpatient visit for the evaluation and management of an established patient, which requires a	April 2019	8	0.051	0.041			1.92			47	7			30			10						
78	CURRENT	95924	XXX	Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic	Oct 2012		0.035	0.029			1.73			60	15			30			15						
79	SVY-Combined	95924	XXX	Testing of autonomic nervous system function, with interpretation and report; combined parasympathetic		50	0.053	0.039	0.20	1.50	1.80	2.08	4.00	47	10	1	13	25	56	125	12	0	4	64	175	1100	
80	SVY-AAN	95924	XXX			17	0.051	0.039	0.90	1.50	2.00	2.50	3.50	51	6	1	15	30	61	120	15	0	3	30	180	600	
81	SVY-AANEM	95924	XXX			17	0.048	0.035	0.20	1.50	1.75	1.92	2.20	50	10	2	10	25	40	125	15	0	0	27	100	386	
82	SVY-ACP	95924	XXX			1	0.015	0.020	1.92	1.92	1.92	1.92	1.92	98	15	38	38	38	38	38	45	400	400	400	400	400	
83	SVY-Target AAS	95924	XXX			15	0.068	0.045	1.20	1.26	1.80	2.00	4.00	40	10	6	13	20	50	86	10	0	20	115	270	1100	
84	REC	95924	XXX	Testing of autonomic nervous system function, with interpretation and report; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt (ie, tilt table)			0.040	0.032	1.50					47	10			25			12						
85																											
86																											
87	1st REF	95861	XXX	Needle electromyography; 2 extremities with or without related paraspinal areas	April 2012	5	0.038	0.031			1.54			49	10			29			10						
88	2nd REF	95819	XXX	Electroencephalogram (EEG); including recording awake and asleep	Oct 2012	4	0.056	0.042			1.08			26	5			15			6						
89	CURRENT	95921	XXX	Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function),	April 2012		0.033	0.027			0.90			33	8			15			10						
90	CURRENT	95923	XXX	Testing of autonomic nervous system function; sudomotor, including 1 or more of the following:			0.038	0.030			0.90			30	5			15			10						
91	SVY-Combined	95XX7	XXX	Testing of autonomic nervous system function, with interpretation and report; combined parasympathetic		34	0.053	0.038	0.80	1.02	1.50	2.00	4.00	40	10	1	12	20	40	120	10	0	0	2	53	1000	
92	SVY-AAN	95XX7	XXX			12	0.077	0.049	1.00	1.18	1.50	2.54	3.00	31	6	1	12	15	35	120	10	0	0	8	138	400	
93	SVY-AANEM	95XX7	XXX			13	0.048	0.034	0.80	1.00	1.50	1.80	2.10	44	12	2	10	20	30	63	12	0	0	3	12	100	
94	SVY-ACP	95XX7	XXX			0	-	-	0.00	0.00	0.00	0.00	0.00	0	0	0	0	0	0	0	0	0	0	0	0	0	
95	SVY-Target AAS	95XX7	XXX			9	0.026	0.025	0.90	1.00	1.60	2.00	4.00	65	15	4	13	40	50	60	10	0	0	0	50	1000	
96	XWALK	76988	XXX	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease,			0.043	0.034	1.20					35	10			20			5						
97	REC	95XX7	XXX	Testing of autonomic nervous system function, with interpretation and report; combined parasympathetic and sudomotor testing, quantitative sudomotor axon reflex test (QSART) or silastic sweat imprint			0.038	0.030	1.20					40	10			20			10						
98																											
99																											
100	1st REF	95717	XXX	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional	Oct 2018	7	0.057	0.043			2.00			46	8			28			10						
101	2nd REF	95813	XXX	Electroencephalogram (EEG) extended monitoring; 61-119 minutes	Jan 2016	7	0.056	0.047			1.63			35	5			25			5						
102	CURRENT	95922	XXX	Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic	April 2012		0.026	0.024			0.96			40	10			20			10						
103	CURRENT	95923	XXX	Testing of autonomic nervous system function; sudomotor, including 1 or more of the following:			0.038	0.030			0.90			30	5			15			10						
104	SVY-Combined	95XX8	XXX	Testing of autonomic nervous system function, with interpretation and report; combined sympathetic		32	0.041	0.033	1.00	1.50	1.75	2.35	4.00	54	10	0	15	30	45	130	14	0	0	0	90	1000	
109	median performance rate=0	95XX8	XXX			17	0.033	0.029	1.00	1.60	1.80	2.30	3.25	62	12	0	20	40	45	130	10	0	0	0	0	0	
110	median performance rate>0	95XX8	XXX			15	0.061	0.035	1.00	1.50	1.70	2.30	4.00	48	12	0	13	16	45	90	20	1	33	100	225	1000	
111	REC	95XX8	XXX	Testing of autonomic nervous system function, with interpretation and report; combined sympathetic adrenergic with at least 5 minutes of passive tilt (ie, tilt			0.043	0.035	1.75					50	10			30			10						

	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	S	T	U	V	W	X	AS	AT	AU	AV	AW
3					RUC Review Year				RVW					Total		INTRA-TIME/TOTAL TIME						SURVEY EXPERIENCE				
4	Source	CPT	Global	DESC		Resp	IWPUT	WPUT	MIN	25th	MED	75th	MAX	Time	PRE	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
112																										
113																										
114	1st REF	99239	XXX	Hospital inpatient or observation discharge day management; more than 30 minutes on the date of the	Jan 2022	8	0.038	0.034			2.15			64				45			19					
115	2nd REF	95717	XXX	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional	Oct 2018	8	0.057	0.043			2.00			46	8			28			10					
116	CURRENT	95923	XXX	Testing of autonomic nervous system function; sudomotor, including 1 or more of the following:			0.038	0.030			0.90			30	5			15			10					
117	CURRENT	95924	XXX	Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic	Oct 2012		0.035	0.029			1.73			60	15			30			15					
118	SVY-Combined	95XX9	XXX	Testing of autonomic nervous system function, with interpretation and report; combined parasympathetic,		35	0.054	0.040	0.40	1.91	2.10	2.90	4.25	52	10	1	15	30	60	100	12	0	0	1	130	1000
119	SVY-AAN	95XX9	XXX			13	0.103	0.063	0.40	2.00	2.50	3.00	3.50	40	10	1	15	20	77	100	10	0	0	30	250	800
120	SVY-AANEM	95XX9	XXX			12	0.050	0.037	1.00	1.65	2.00	2.10	2.90	55	11	2	15	29	53	63	15	0	0	0	23	100
121	SVY-ACP	95XX9	XXX			0	-	-	0.00	0.00	0.00	0.00	0.00	0	0	0	0	0	0	0	0	0	0	0	0	
122	SVY-Target AAS	95XX9	XXX			10	0.031	0.028	1.20	1.93	2.05	2.75	4.25	73	13	9	13	48	58	60	13	0	0	15	295	1000
123	REC	95XX9	XXX	Testing of autonomic nervous system function, with interpretation and report; combined parasympathetic, sympathetic adrenergic function with at least 5 minutes of passive tilt (ie, tilt table), and sudomotor testing,			0.047	0.037	1.91					52	10			30			12					
124																										
125																										

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 95921

SPECIALTY SOCIETIES: AAN, AANEM, ACP

PRESENTER(S): Marianna Spanaki MD, PhD; Meghan Ward, MD, FAAN; Melissa Cortez, DO;
Kevin Fitzpatrick, MD; Charles Hamori, MD, FACP

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: April 2025
Revised 4-23-2025

CPT Code	Long Descriptor	Global Period
95921	Testing of autonomic nervous system function, with interpretation and report; 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	XXX
95XX4	Testing of autonomic nervous system function, with interpretation and report; use of tilt table (List separately in addition to code for primary procedure)	ZZZ
95922	Testing of autonomic nervous system function, with interpretation and report; 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 (ie, tilt table)	XXX
95923	Testing of autonomic nervous system function, with interpretation and report; sudomotor, quantitative sudomotor axon reflex test (QSART), or silastic sweat imprint	XXX
95XX5	Testing of autonomic nervous system function, with interpretation and report; sudomotor, thermoregulatory sweat test	XXX
95XX6	Testing of autonomic nervous system function, with interpretation and report; sudomotor, assessing the sympathetic skin response (SSR) potential	XXX
95924	Testing of autonomic nervous system function, with interpretation and report; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt (ie, tilt table)	XXX
95XX7	Testing of autonomic nervous system function, with interpretation and report; combined parasympathetic and sudomotor testing, quantitative sudomotor axon reflex test (QSART) or silastic sweat imprint	XXX
95XX8	Testing of autonomic nervous system function, with interpretation and report; combined sympathetic adrenergic with at least 5 minutes of passive tilt (ie, tilt table) and sudomotor testing, quantitative sudomotor axon reflex test (QSART) or silastic sweat imprint	XXX
95XX9	Testing of autonomic nervous system function, with interpretation and report; combined parasympathetic, sympathetic adrenergic function with at least 5 minutes of passive tilt (ie, tilt table), and sudomotor testing, quantitative sudomotor axon reflex test (QSART) or silastic sweat imprint	XXX

CPT Code	Vignette
95921	A 65-year-old male with poorly controlled diabetes, significant orthostatic hypotension, and heat intolerance which is interfering with his ability to walk and complete activities of daily living. Testing of the autonomic nervous system is performed to evaluate for possible primary autonomic disorder.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 95921

SPECIALTY SOCIETIES: AAN, AANEM, ACP

PRESENTER(S): Marianna Spanaki MD, PhD; Meghan Ward, MD, FAAN; Melissa Cortez, DO; Kevin Fitzpatrick, MD; Charles Hamori, MD, FACP

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

95XX4	A 65-year-old male is undergoing testing of the autonomic nervous system. Tilt table testing is performed to enhance results of Valsalva testing. [Note: This is an add-on service. Only consider the additional work related to the use of the tilt table.]
95922	A 65-year-old male presents with parkinsonism, significant orthostatic hypotension, and heat intolerance. Autonomic testing with head up tilt is performed.
95923	A 45-year-old female who has diabetes presents with numbness and burning of the feet. Standard laboratory tests, examination and nerve conduction studies are nondiagnostic. Testing of sudomotor function is performed.
95XX5	A 65-year-old male presents with parkinsonism and heat intolerance. Testing of sudomotor function using the thermoregulatory sweat test is performed.
95XX6	A 45-year-old female diabetic presents with numbness and burning of the feet which is interfering with her ability to function normally. Standard laboratory tests, examination and nerve conduction studies are nondiagnostic. Neither quantitative sudomotor axon reflex test (QSART) nor thermoregulatory testing equipment is not available. Sympathetic skin responses (SSR) are performed.
95924	A 45-year-old female presents with activity intolerance and repeated, unexplained episodes of fainting and orthostatic hypotension. Testing of the autonomic nervous system, for both parasympathetic (cardiovagal) function and sympathetic (vasomotor adrenergic) function using at least a 5-minute tilt with a passive tilt table, is performed.
95XX7	A 65-year-old male presents with poorly controlled diabetes, significant orthostatic hypotension, and heat intolerance which is interfering with his ability to walk and complete activities of daily living. Testing of the autonomic nervous system, including cardiovagal and sudomotor function is performed.
95XX8	A 45-year-old female presents with repeated, unexplained episodes of fainting and heat intolerance. Testing of the autonomic nervous system, for sympathetic sudomotor and adrenergic (vasomotor) function using at least a 5-minute tilt with a passive tilt table, is performed.
95XX9	A 45-year-old female presents with activity intolerance, repeated, unexplained episodes of fainting and heat intolerance. Testing of the autonomic nervous system, for sudomotor, parasympathetic (cardiovagal), and sympathetic (vasomotor adrenergic) function using at least a 5-minute tilt with a passive tilt table, is performed.

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 American Academy of Neurology, American Association of Neuromuscular and Electrodiagnostic Medicine, and the American College of Physicians convened a panel that included experts familiar with these services to evaluate the direct practice expense inputs for autonomic function testing.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 95921

SPECIALTY SOCIETIES: AAN, AANEM, ACP

PRESENTER(S): Marianna Spanaki MD, PhD; Meghan Ward, MD, FAAN; Melissa Cortez, DO; Kevin Fitzpatrick, MD; Charles Hamori, MD, FACP

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

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:

The societies are providing the current code as the reference code for 95921, 95922, 95923 and 95924.

95XX4: The societies are providing current code 95922 PE inputs on the PE spreadsheet as new code 95XX4 is an add on code for use of a tilt table, and has similar equipment inputs to 95222. Societies are also providing 95885 as a reference code taken from the ZZZ Reference Service List.

95XX5 and 95XX6: The societies are providing current code 95923 PE inputs on the PE spreadsheet as the new codes were previously reported as 95923. Societies are also providing 93224 as a reference code. 93224 is taken from the Reference Service List and has similar clinical staff inputs.

95XX7, 95XX8, 95XX9: The societies are providing current code 95921- 95923 PE inputs on the PE spreadsheet as the new codes were previously reported as 95921, 95922 and 95923. Societies are also providing 93224 as a reference code. 93224 is taken from the Reference Service List and has similar clinical staff inputs.

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?

95921 is typically reported with an E/M service at 52.1%.

95921 is typically reported with an E/M service in the non-facility at 52.4%.

95XX4 is an add on code that will be reported in conjunction with primary procedure code 95921 or 95XX7, both of which we anticipate will typically be reported with an E/M service. When code 95XX4 is reported with an E/M code, it will typically be in the non-facility.

95922 is typically reported with an E/M service at 51.4%.

95922 is typically reported with an E/M service in the non-facility at 50%.

95923 is typically reported with an E/M service at 53%.

95923 is typically reported with an E/M service in the non-facility at 53.7%.

95924 is typically reported with an E/M service at 53.1%.

95924 is typically reported with an E/M service in the non-facility at 57.1%.

95XX5, 95XX6, 95XX7, 95XX8, 95XX9 are new codes which we anticipate will typically be reported with an E/M service. When reported with an E/M code, it will typically be in the non-facility.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 95921

SPECIALTY SOCIETIES: AAN, AANEM, ACP

PRESENTER(S): Marianna Spanaki MD, PhD; Meghan Ward, MD, FAAN; Melissa Cortez, DO;
Kevin Fitzpatrick, MD; Charles Hamori, MD, FACP

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

4. 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.

According to the RUC database in the non-facility (Global & 26) the dominant provider of: 95921 is Internal medicine at 22.9%. The dominant provider is the same for the global. 95922 is Independent diagnostic testing facility at 35.1%. The dominant provider is the same for the global. 95923 is Internal medicine at 20.4%. The dominant provider is the same for the global. 95924 is Internal medicine at 19.7%. The dominant provider for the global is Neurology.

The expert panel believes that the dominant provider of 95XX4, 95XX5, 95XX6, 95XX7, 95XX8, 95XX9 will be Neurology.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

The societies are citing a change in equipment or practice expense cost as compelling evidence for the increase in aggregate cost for specifically the supply costs as detailed below:

SD099, mouthpiece respiratory is an outdated supply that is no longer used during the Valsalva test. SD099 price \$0.24 per item

Post Covid-19 pandemic, the current standards require a hepa-filtered single use mouthpiece.

The updated supply used for Valsalva testing is provided below with a paid invoice attached and is used in codes 95921, 95922, 95924, 95XX7, 95XX8, 95XX9

- Filtered Mouthpiece (Price \$86.00 for 50 items = \$1.72 per item)

NEW	Filtered Mouthpiece (NEW)	1.72	item

SA014 kit, electrode, iontophoresis is an outdated supply that is no longer used for QSART testing. SA014 price \$3.93 per kit

kit, electrode, iontophoresis	SA014		kit
<i>drug delivery electrode (1.5-2.0 cc)</i>		12	item
<i>return electrode</i>		1	item
<i>alcohol prep</i>		1	item
<i>silver chloride disk</i>		1	item

The current supplies used for QSART testing are provided below with paid invoice attached and are used in codes 95923, 95XX7, 95XX8, 95XX9.

- Gel Trode 2x2 Return Electrode (Price \$99.00 for 20 items = \$4.95 per item)

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 95921

SPECIALTY SOCIETIES: AAN, AANEM, ACP

PRESENTER(S): Marianna Spanaki MD, PhD; Meghan Ward, MD, FAAN; Melissa Cortez, DO; Kevin Fitzpatrick, MD; Charles Hamori, MD, FACP

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

- Meridian Electrode w/Expanding Foam (Price \$265.00 for 20 items = \$13.25 per item)

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:

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

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:

No time is currently allocated to CA010 - obtain vital signs for 95921-95XX9.

10. Please provide a brief description of the clinical staff work for the following:

- a. Pre-Service period:

Complete pre-procedure phone calls and prescription (CA005) - Patient phone call with instructions for testing visit: guidance on food, caffeine and alcohol intake, smoking cessation, avoid any constrictive/compression clothing, review of medication list and counsel on which should be withheld prior to testing, plan for driving as test may causes dizziness or fainting. Perform medical screening for pacemakers or anything that may contraindicate test. **2 minutes**

- b. Service period (includes pre, intra and post):

Pre-service Clinical Labor Activities (for all XXX codes)

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 95921

SPECIALTY SOCIETIES: AAN, AANEM, ACP

PRESENTER(S): Marianna Spanaki MD, PhD; Meghan Ward, MD, FAAN; Melissa Cortez, DO; Kevin Fitzpatrick, MD; Charles Hamori, MD, FACP

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

- Prepare room, equipment and supplies (CA013) - Set up and calibrate equipment to adjust for patient, including entry of clinical information into testing software. Mix acetylcholine – (only for codes 95923, 95XX7, 95XX8, 95XX9). - **2 minutes**

Service period Clinical Labor Activities

- Perform procedure/service---NOT directly related to physician work time (CA021)

Post-service period Clinical Labor Activities (for all XXX codes)

- Monitor patient following procedure (CA023) Remove arm and finger cuff and any additional monitoring equipment. If patient needs additional recuperation time (due to dizziness or lightheadedness) monitor vital signs before assisting the patient with ambulating from the testing room. **2 minutes**
- Clean room/equipment (CA024) **3 minutes**

c. Post-service period:

No clinical staff activities currently allocated to the post-service period

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*:

95921: 35 minutes

- Apply EKG stickers and chest bellows to measure chest expansion and relaxation. Apply finger blood pressure cuff, and attach brachial blood pressure cuff, wait ~3 minutes for machine to calibrate and take brachial blood pressure. Enter baseline information into test software and start recording for at least 1 minute prior to test. **10 minutes**
- Begin heart rate response to deep breathing (HRBD) test which consists of multiple cycles of inhalation and exhalation totaling 80-seconds followed by 2-minute rest period. The test is repeated a minimum of two times. The technologist instructs the patient in baseline breathing and coaches the patient through deep breathing maneuvers, giving feedback on the number of seconds left in each test period. The technologist notes patient symptoms or any other complications as well as patient effort during testing. Record for at least one minute after the last maneuver. Ensure data was properly captured in testing software before concluding test. **10 minutes**
- Begin Valsalva test with patient in the supine position. Instruct the patient to blow into a mouthpiece for 15 seconds maintaining a target expiratory pressure, followed by a 3-minute rest period. The test is repeated until adequate test result is obtained, typically 3-4 trials. The technologist ensures the patient understands and complies with test specific instructions and assesses the patient for any reactions during testing, and notes symptoms felt during exercise, including blood pressure response to the Valsalva maneuver. Record

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EKG for at least one minute after the last maneuver. Obtain resting blood pressure reading. Ensure data was properly captured in testing software before concluding test. **15 minutes**

95XX4 (20 minutes)

- Perform Valsalva with passive tilt (tilt table): **20 minutes**
 - Assist patient onto tilt table into supine position. Review series of symptoms on a 0-10 scale to determine baseline (lightheadedness, dizziness, headache, nausea, or other self-reported symptoms at the time.)
 - Apply straps and ensure patient is secure on tilt table, recalibrate equipment settings if necessary. Adjust table to 70% tilt. Begin Valsalva test by instructing the patient to blow into a mouthpiece for 15 seconds, followed by a 3-minute rest period. Repeat the test until adequate result is obtained, typically 3-4 trials. Ensure the patient understands and complies with test instructions, assess blood pressure response to the Valsalva maneuver and monitor patient reported symptoms. Observe the patient for any adverse effects.
 - Ensure continuous blood pressure monitoring on finger cuff and adjust as necessary to record and calibrate properly. Beat-to-beat recording of the blood pressure and heart rate is being recorded concurrently via the finger cuff as well as an EKG, and a measurement of chest expansion and relaxation.
 - Return table and patient to supine position and record for an additional 3 minutes where the technologist obtains a final brachial blood pressure, heart rate, and review of symptoms. Remove straps, unhook equipment and ensure data was properly captured in testing software.

95922: 30 minutes

- Apply EKG stickers and chest bellows to measure chest expansion and relaxation. Apply finger blood pressure cuff, and attach brachial blood pressure cuff, wait ~3 minutes for machine to calibrate and take brachial blood pressure. Enter baseline information into test software and start recording for at least 1 minute prior to test. **10 minutes**
- Perform Valsalva with passive tilt (tilt table): **20 minutes**
 - Assist patient onto tilt table into supine position. Review series of symptoms on a 0-10 scale to determine baseline (lightheadedness, dizziness, headache, nausea, or other self-reported symptoms at the time.)
 - Apply straps and ensure patient is secure on tilt table, recalibrate equipment settings if necessary. Adjust table to 70% tilt. Begin Valsalva test by instructing the patient to blow into a mouthpiece for 15 seconds, followed by a 3-minute rest period. Repeat the test until adequate result is obtained, typically 3-4 trials. Ensure the patient understands and complies with test instructions, assess blood pressure response to the Valsalva maneuver and monitor patient reported symptoms. Observe the patient for any adverse effects.
 - Ensure continuous blood pressure monitoring on finger cuff and adjust as necessary to record and calibrate properly. Beat-to-beat recording of the blood pressure and heart rate is being recorded concurrently via the finger cuff as well as an EKG, and a measurement of chest expansion and relaxation.
 - Return table and patient to supine position and record for an additional 3 minutes where the technologist obtains a final brachial blood pressure, heart rate, and review

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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

of symptoms. Remove straps, unhook equipment and ensure data was properly captured in testing software.

95923: 31 minutes

Perform Quantitative Sudomotor Axon Reflex Test (QSART)

- Prep skin at each recording site (4 total- forearm, knee, ankle, foot): sandpaper first to rough the skin, site is then wiped with acetone to remove any oils or creams, followed with an alcohol wipe, then wiped with water, and patted dry with gauze to ensure recording site is fully dry per protocol and ensure integrity of recording. **2 minutes**
- Prepare and apply stimulating/recording capsules, which are later filled with mixture of acetylcholine and water, on skin at recording site using a silicone strap. Apply a gel-trode pad near each site, attach leads to gel-trode and connect to Iontophor machine. **8 minutes**
- Start Iontophor machine on and ensure all channels are recording. Attach 4 syringes with acetylcholine mixture to stimulating/recording capsules, and push liquid through capsule so it is in contact with patient's skin. Open recording software and run baseline for 2 minutes to verify there are no leaks in the capsules, the baseline recording is stable and to check impedences that may impact signal. **6 minutes**
- Mark the start of test in recording and turn on iontophoresis for 5 minutes to elicit the sweat response. During stimulation, review latency and volume throughout. Once stimulation is complete, place another marker in recording to indicate the end of the stimulus, and continue to monitor the nerves for 5 minutes of additional recording. Ensure data was properly captured in testing software. **15 minutes**

95XX5: 35 minutes

Perform thermoregulatory sweat test (TST)

- Apply powder to the patient's entire body and place a thermal probe on the skin and in the patient's mouth. Assist patient into the exam room with a heat box and assist into supine position on exam table. Observe throughout the testing for increased body temperature and sweat production. Monitor probes used to control the heat lamps in the box. Observe patient for signs of distress.
- Remove patient from heat box at a rate slow enough to ensure the body has time to adjust to temperature changes. Take photos and perform computer scan to map the areas of increased sweat production. Patient's weight is recorded. Brush loose powder off patient and provide shower instructions to ensure the powder is washed off safely.

95XX6: 10 minutes

Perform Sympathetic Skin Response (SSR) Test

- Take initial blood pressure with brachial cuff. Apply finger blood pressure cuff, wait 1 minute to ensure correctly placed to read HR. Enter baseline information into test software and start recording. **2 minutes**
- Prep skin at each recording site (on hand and foot), with an alcohol wipe and assess skin temperature of recording site. **2 minutes**

NON-FACILITY DIRECT PE INPUTS

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- Apply electrodes to skin and connect recording equipment. The nerve is stimulated electrically to generate electrical potential changes in the skin. If patient is unable to tolerate stimulus, instruct patient to perform deep gasp (which will also trigger response). Monitor response for 1 minute and review amplitude. Repeat test 3-4 times. **6 minutes**

95924: 55 minutes

- Apply EKG stickers and chest bellows to measure chest expansion and relaxation. Apply finger blood pressure cuff, and attach brachial blood pressure cuff, wait ~3 minutes for machine to calibrate and take brachial blood pressure. Enter baseline information into test software and start recording for at least 1 minute prior to test. **10 minutes**
- Begin heart rate response to deep breathing (HRBD) test which consists of multiple cycles of inhalation and exhalation totaling 80-seconds followed by 2-minute rest period. The test is repeated a minimum of two times. The technologist instructs the patient in baseline breathing and coaches the patient through deep breathing maneuvers, giving feedback on the number of seconds left in each test period. The technologist notes patient symptoms or any other complications as well as patient effort during testing. Record for at least one minute after the last maneuver. Ensure data was properly captured in testing software before concluding test. **10 minutes**
- Perform Valsalva without tilt:
 - Begin Valsalva test with patient in the supine position. Instruct the patient to blow into a mouthpiece for 15 seconds maintaining a target expiratory pressure, followed by a 3-minute rest period. The test is repeated until adequate test result is obtained, typically 3-4 trials. The technologist ensures the patient understands and complies with test specific instructions and assesses the patient for any reactions during testing, and notes symptoms felt during exercise, including blood pressure response to the Valsalva maneuver. Record EKG for at least one minute after the last maneuver. Obtain resting blood pressure reading. Ensure data was properly captured in testing software before concluding test. **15 minutes**
- Perform Valsalva with passive tilt (tilt table) **20 minutes**
 - Assist patient onto tilt table into supine position. Review series of symptoms on a 0-10 scale to determine baseline (lightheadedness, dizziness, headache, nausea, or other self-reported symptoms at the time.) Perform 1 series of Valsalva without passive tilt activated.
 - Apply straps and ensure patient is secure on tilt table, recalibrate equipment settings if necessary. Adjust table to 70% tilt. Begin Valsalva test by instructing the patient to blow into a mouthpiece for 15 seconds, followed by a 3-minute rest period. Repeat the test until adequate result is obtained, typically 3-4 times. Ensure the patient understands and complies with test instructions, assess blood pressure response to the Valsalva maneuver and monitor patient reported symptoms. Observe the patient for any adverse effects.
 - Ensure continuous blood pressure monitoring on finger cuff and adjust as necessary to record and calibrate properly. Beat-to-beat recording of the blood pressure and heart rate is being recorded concurrently via the finger cuff as well as an EKG, and a measurement of chest expansion and relaxation.

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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

- Return table and patient to supine position and record for an additional 3 minutes where the technologist obtains a final brachial blood pressure, heart rate, and review of symptoms. Remove straps, unhook equipment and ensure data was properly captured in testing software.

95XX7: 66 minutes

- Apply EKG stickers and chest bellows to measure chest expansion and relaxation. Apply finger blood pressure cuff, and attach brachial blood pressure cuff, wait ~3 minutes for machine to calibrate and take brachial blood pressure. Enter baseline information into test software and start recording for at least 1 minute prior to test. **10 minutes**
- Begin heart rate response to deep breathing (HRBD) test which consists of multiple cycles of inhalation and exhalation totaling 80-seconds followed by 2-minute rest period. The test is repeated a minimum of two times. The technologist instructs the patient in baseline breathing and coaches the patient through deep breathing maneuvers, giving feedback on the number of seconds left in each test period. The technologist notes patient symptoms or any other complications as well as patient effort during testing. Record for at least one minute after the last maneuver. Ensure data was properly captured in testing software before moving to next test. **10 minutes**
- Begin Valsalva test with patient in the supine position. Instruct the patient to blow into a mouthpiece for 15 seconds, maintaining a target expiratory pressure, followed by a 3-minute rest period. The test is repeated until adequate test result is obtained, typically 3-4 trials. The technologist ensures the patient understands and complies with test specific instructions and assesses the patient for any reactions during testing, and notes symptoms felt during exercise, including blood pressure response to the Valsalva maneuver. Record for at least one minute after the last maneuver. Obtain resting blood pressure reading. Ensure data was properly captured in testing software before moving to next test. **15 minutes**
- Perform Quantitative Sudomotor Axon Reflex Test (QSART)
 - Prep skin at each recording site (4 total- forearm, knee, ankle, foot): sandpaper first to rough the skin, site is then wiped with acetone to remove any oils or creams, followed with an alcohol wipe, then wiped with water, and patted dry with gauze to ensure recording site is fully dry per protocol and ensure integrity of recording. **2 minutes**
 - Prepare and apply stimulating/recording capsules, which are later filled with mixture of acetylcholine and water, on skin at recording site using a silicone strap. Apply a gel-trode pad near each site, attach leads to gel-trode and connect to Iontophor machine. **8 minutes**
 - Start Iontophor machine on and ensure all channels are recording. Attach 4 syringes with acetylcholine mixture to stimulating/recording capsules, and push liquid through capsule so it is in contact with patient's skin. Open recording software and run baseline for 2 minutes to verify there are no leaks in the capsules, the baseline recording is stable and to check impedances that may impact signal. **6 minutes**
 - Mark the start of test in recording and turn on iontophoresis for 5 minutes to elicit the sweat response. During stimulation, review latency and volume throughout. Once stimulation is complete, place another marker in recording to indicate the end of the

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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

stimulus, and continue to monitor the nerves for 5 minutes of additional recording.

Ensure data was properly captured in testing software. **15 minutes**

95XX8: 61 minutes

- Apply EKG stickers and chest bellows to measure chest expansion and relaxation. Apply finger blood pressure cuff, and attach brachial blood pressure cuff, wait ~3 minutes for machine to calibrate and take brachial blood pressure. Enter baseline information into test software and start recording for at least 1 minute prior to test. **10 minute**
- Perform Quantitative Sudomotor Axon Reflex Test (QSART)
 - Prep skin at each recording site (4 total- forearm, knee, ankle, foot): sandpaper first to rough the skin, site is then wiped with acetone to remove any oils or creams, followed with an alcohol wipe, then wiped with water, and patted dry with gauze to ensure recording site is fully dry per protocol and ensure integrity of recording. **2 minutes**
 - Prepare and apply stimulating/recording capsules, which are later filled with mixture of acetylcholine and water, on skin at recording site using a silicone strap. Apply a gel-trode pad near each site, attach leads to gel-trode and connect to Iontophor machine. **8 minutes**
 - Start Iontophor machine on and ensure all channels are recording. Attach 4 syringes with acetylcholine mixture to stimulating/recording capsules, and push liquid through capsule so it is in contact with patient's skin. Open recording software and run baseline for 2 minutes to verify there are no leaks in the capsules, the baseline recording is stable and to check impedences that may impact signal. **6 minutes**
 - Mark the start of test in recording and turn on iontophoresis for 5 minutes to elicit the sweat response. During stimulation, review latency and volume throughout. Once stimulation is complete, place another marker in recording to indicate the end of the stimulus, and continue to monitor the nerves for 5 minutes of additional recording. Ensure data was properly captured in testing software. **15 minutes**
- Perform Valsalva with passive tilt (tilt table) procedure: **20 minutes**
 - Assist patient onto tilt table into supine position. Review series of symptoms on a 0-10 scale to determine baseline (lightheadedness, dizziness, headache, nausea, or other self-reported symptoms at the time.)
 - Apply straps and ensure patient is secure on tilt table, recalibrate equipment settings if necessary. Adjust table to 70% tilt. Begin Valsalva test by instructing the patient to blow into a mouthpiece for 15 seconds, followed by a 3-minute rest period. Repeat the test until adequate result is obtained, typically 3-4 times. Ensure the patient understands and complies with test instructions, assess blood pressure response to the Valsalva maneuver and monitor patient reported symptoms. Observe the patient for any adverse effects.
 - Ensure continuous blood pressure monitoring on finger cuff and adjust as necessary to record and calibrate properly. Beat-to-beat recording of the blood pressure and heart rate is being recorded concurrently via the finger cuff as well as an EKG, and a measurement of chest expansion and compression.

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- Return table and patient to supine position and record for an additional 3 minutes where the technologist obtains a final brachial blood pressure, heart rate, and review of symptoms. Remove straps, unhook equipment and ensure data was properly captured in testing software.

95XX9: 86 minutes

- Apply EKG stickers and chest bellows to measure chest expansion and relaxation. Apply finger blood pressure cuff, and attach brachial blood pressure cuff, wait ~3 minutes for machine to calibrate and take brachial blood pressure. Enter baseline information into test software and start recording for at least 1 minute prior to test. **10 minutes**
- Begin heart rate response to deep breathing (HRBD) test which consists of multiple cycles of inhalation and exhalation totaling 80-seconds followed by 2-minute rest period. The test is repeated a minimum of two times. The technologist instructs the patient in baseline breathing and coaches the patient through deep breathing maneuvers, giving feedback on the number of seconds left in each test period. The technologist notes patient symptoms or any other complications as well as patient effort during testing. Record for at least one minute after the last maneuver. Ensure data was properly captured in testing software before moving to next test. **10 minutes**
- Perform Valsalva without passive tilt (tilt table) procedure: **15 minutes**
 - Begin Valsalva test with patient in the supine position. Instruct the patient to blow into a mouthpiece for 15 seconds maintaining a target expiratory pressure, followed by a 3-minute rest period. The test is repeated until adequate test result is obtained, typically 3-4 trials. The technologist ensures the patient understands and complies with test specific instructions and assesses the patient for any reactions during testing, and notes symptoms felt during exercise, including blood pressure response to the Valsalva maneuver. Record EKG for at least one minute after the last maneuver. Obtain resting blood pressure reading. Ensure data was properly captured in testing software before concluding test.
- Perform Valsalva with passive tilt (tilt table) procedure: **20 minutes**
 - Assist patient onto tilt table into supine position. Review series of symptoms on a 0-10 scale to determine baseline (lightheadedness, dizziness, headache, nausea, or other self-reported symptoms at the time.)
 - Apply straps and ensure patient is secure on tilt table, recalibrate equipment settings if necessary. Adjust table to 70% tilt. Begin Valsalva test by instructing the patient to blow into a mouthpiece for 15 seconds, followed by a 3-minute rest period. Repeat the test until adequate result is obtained, typically 3-4 times. Ensure the patient understands and complies with test instructions, assess blood pressure response to the Valsalva maneuver and monitor patient reported symptoms. Observe the patient for any adverse effects.
 - Ensure continuous blood pressure monitoring on finger cuff and adjust as necessary to record and calibrate properly. Beat-to-beat recording of the blood pressure and

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heart rate is being recorded concurrently via the finger cuff as well as an EKG, and a measurement of chest expansion and compression.
○ Return table and patient to supine position and record for an additional 3 minutes where the technologist obtains a final brachial blood pressure, heart rate, and review
● Perform Quantitative Sudomotor Axon Reflex Test (QSART)
○ Prep skin at each recording site (4 total- forearm, knee, ankle, foot): sandpaper first to rough the skin, site is then wiped with acetone to remove any oils or creams, followed with an alcohol wipe, then wiped with water, and patted dry with gauze to ensure recording site is fully dry per protocol and ensure integrity of recording. 2 minutes
○ Prepare and apply stimulating/recording capsules, which are later filled with mixture of acetylcholine and water, on skin at recording site using a silicone strap. Apply a gel-trode pad near each site, attach leads to gel-trode and connect to Iontophor machine. 8 minutes
○ Start Iontophor machine on and ensure all channels are recording. Attach 4 syringes with acetylcholine mixture to stimulating/recording capsules, and push liquid through capsule so it is in contact with patient's skin. Open recording software and run baseline for 2 minutes to verify there are no leaks in the capsules, the baseline recording is stable and to check impedences that may impact signal. 6 minutes
○ Mark the start of test in recording and turn on iontophoresis for 5 minutes to elicit the sweat response. During stimulation, review latency and volume throughout. Once stimulation is complete, place another marker in recording to indicate the end of the stimulus, and continue to monitor the nerves for 5 minutes of additional recording. Ensure data was properly captured in testing software. 15 minutes

12. If you have used a percentage of the physician intra-service work time other than 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

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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:

SA014 kit, electrode, iontophoresis is an outdated supply that is no longer used for QSART testing. The current supplies used for QSART testing are listed below with paid invoice attached. - Gel Trode 2x2 Return Electrode (Price \$99.00 for 20 items = \$4.95 per item) - Meridian Electrode w/Expanding Foam (Price \$265.00 for 20 items = \$13.25 per item)			
Gel Trode 2x2 Return Electrode (NEW)			
Meridian Electrode w/Expanding Foam (NEW)			
SD099, mouthpiece respiratory is an outdated supply that is no longer used during the Valsalva test. SD099 price \$0.24 per item			
Post Covid-19 pandemic, the current standards require a hepa-filtered single use mouthpiece. The updated supply used for Valsalva testing is listed below with a paid invoice attached. Filtered Mouthpiece (Price \$86.00 for 50 items = \$1.72 per item)			
NEW	Filtered Mouthpiece (NEW)	1.72	item

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

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22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038?
- If yes, please explain how the computer is used for this service(s).
 - 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?
 - 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:

- Arterial tonometry acquisition system (WR Testworks) (EQ051) = default formula
- Table, tilt (w-trendelenberg) (EF032) = default formula
- Arterial tonometry monitor (Colin Pilot) (EQ052) = default formula
- QSART acquisition system (Q-sweat) (EQ035) = default formula
- Stimulator, constant current, w-stimulating and grounding electrodes (Grass Telefactor) (EQ124) = default formula
- Light, infra-red, ceiling mount (EQ171) = default formula
- Table, exam (EF023) = default 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:

Background: For 2014, the PE Inputs of 95923 were reviewed as part of a CMS OPPS/ASC cap proposal. Although the CMS OPPS/ASC cap proposal was not implemented in the final rule for 2014, the RUC forwarded PE recommendations to CMS to illustrate that the RUC's review of practice expense is based on clinical necessity of the associated costs and payment should not be arbitrarily limited based on separate payment systems. 95923 was reviewed independent of the rest of the code family and the specialty societies' 2025 recommendations are in line with typical current practice and the rest of the code family.

The clinical staff activities for the intra-service period (of the service period) of 95923 are currently allocated to CA018 Assist physician—directly related to physician work time (100%) which the

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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

societies believe was done incorrectly as part of the CMS OPPS/ASC cap review in 2014. CAO21 more accurately reflects the activities of the clinical staff and aligns with the rest of the code family.

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 specialty made the following modifications following the PE Subcommittee meeting:

PE SOR:

- o Added language to question 11 (indicated in red text) to clarify what the gauze pads are used for in all of the codes that include QSART testing (95923, 95XX7, 95XX8, 95XX9)

PE Spreadsheet: (all revisions noted in red text on spreadsheet)

- o Removed SG055 gauze, sterile 4in x 4in (row 104) from the codes which do not require wiping recording site with gauze (95921, 95922, 95XX6, 95924)

- o Added SB022, gloves, non-sterile (row 124) 1 pair to each code that includes acetylcholine: (95923, 95XX7, 95XX8, 95XX9)

- o Added SC029, needle 18-27 g (row 125) 1 item each to each code that include acetylcholine: 95923, 95XX7, 95XX8, 95XX9 (only 1 is needed, vs 4 that was suggested as this is a non-sterile process and the needle is only used for transferring acetylcholine from the mixing container into each syringe – a new sterile needle is not required for each)

- o Added SC052, syringe 1ml (row 126) 4 items to each code that includes acetylcholine: 95923, 95XX7, 95XX8, 95XX9

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

[illegible]

A	B		D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T	U
1	RUC Practice	Expense Spreadsheet				CURRENT		RECOMMENDED		REFERENCE CODE		RECOMMENDED		CURRENT		RECOMMENDED		CUR
2						95921		95921		95885		95XX4		95922		95922		95
3		RUC Collaboration Website				Testing of		Testing of		Needle		Testing of		Testing of		Testing of		Testi
4	Clinical Activity Code	Meeting Date: April 2025	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	autonomic nervous		autonomic nervous		electromyography,		autonomic nervous		autonomic nervous		autonomic nervous		autonomi
		system function;				system function,		each extremity, with		system function,		system function;		system function,		system f		
		cardiovagal				with interpretation		related paraspinal		with interpretation		vasomotor		with interpretation		and report;		
		innervation				and report;		areas, when		and report; use of		adrenergic		and report;		including		
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac
6		GLOBAL PERIOD				XXX		XXX		ZZZ		ZZZ		XXX		XXX		XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				\$ 39.27	\$ -	\$ 29.22	\$ -	\$ 22.86	\$ -	\$ 9.70	\$ -	\$ 49.38	\$ -	\$ 27.66	\$ -	\$ 69.49
8		TOTAL CLINICAL STAFF TIME	L037A	Electrodiagnostic Technologist	0.44	55.0	0.0	44.0	0.0	8.0	0.0	20.0	0.0	70.0	0.0	39.0	0.0	45.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037A	Electrodiagnostic Technologist	0.44	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	0.0	0.0	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0	0.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037A	Electrodiagnostic Technologist	0.44	55.0	0.0	42.0	0.0	8.0	0.0	20.0	0.0	70.0	0.0	37.0	0.0	43.0
12		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037A	Electrodiagnostic Technologist	0.44	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
98	Supply Code	MEDICAL SUPPLIES	PRICE	UNIT														
99		TOTAL COST OF SUPPLY QUANTITY x PRICE				\$ 1.50	\$ -	\$ 2.11	\$ -	\$ 18.29	\$ -	\$ -	\$ -	\$ 1.50	\$ -	\$ 2.11	\$ -	\$ 44.43
100	SB006	drape, non-sterile, sheet 40in x 60in	0.13	item		1		1						1		1		1
101	SD053	electrode, ECG (single)	0.06	item		6		3						6		3		
102	SD099	mouthpiece, respiratory	0.24	item		1								1				1
103	NEW	Filtered Mouthpiece (NEW)	1.72	item				1								1		
104	SG055	gauze, sterile 4in x 4in	0.19	item		2		0		4				2		0		2
105	SG079	tape, surgical paper 1in (Micropore)	0.01	inch		6				6				6				6
106	SJ020	electrode conductive gel	0.05	ml		5				5				5				
107	SJ053	swab-pad, alcohol	0.04	item		2		2		4				2		2		2
108	SH002	acetylcholine (for patient use)	0.53	gm														50
109	SA014	kit, electrode, iontophoresis	3.93	kit														4
110	NEW	Gel Trode 2x2 Return Electrode (NEW)	4.95	item														
111	NEW	Meridian Electrode w/Expanding Foam (NEW)	13.25	item														
112	SG049	eye shield, non-fog	0.66	item														2
113	SD276	Indicator powder	0	item														10
114	SK072	sandpaper (per sheet)	0.81	item														
115	SD049	electrode needle, concentric EMG w-lead	11.42	item						1								
116	SD059	electrode, ground	1.28	item						1								
117	SD165	electrode, EEG (single)	2.54	item						1								
118	SG021	bandage, strip 0.75in x 3in (Bandaid)	0.41	item						4								
119	SK059	paper, recording (per sheet)	0.06	item						3								
120	SK057	paper, laser printing (each sheet)	0.02	item														
121	SA002	kit, ambulatory Holter	4.7	kit														
122	SB022	gloves, non-sterile	0.3	pair														
123	SK062	patient education booklet	2.8	item														
124	SB022	gloves, non-sterile	0.3	pair														
125	SC029	needle, 18-27g	0.04	item														
126	SC052	syringe 1ml	0.26	item														
129																		
130	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute													
131		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				\$ 13.57	\$ -	\$ 7.55	\$ -	\$ 1.05	\$ -	\$ 0.90	\$ -	\$ 17.08	\$ -	\$ 8.19	\$ -	\$ 5.26
132	EQ051	arterial tonometry acquisition system (WR Testworks)	44396.5	Default	0.13943652	58		40						73		35		
133	EF032	table, tilt (w-trendelenberg)	20305.73	Default	0.04516795	58						20		73		35		
134	EQ052	arterial tonometry monitor (Colin Pilot)	15275.22	Default	0.04930279	58		40						73		35		
135	EQ035	QSART acquisition system (Q-Sweat)	28000	Default	0.10850356													43
136	EQ124	stimulator, constant current, w-stimulating and grounding electrodes (Grass Telefactor)	888	Default	0.00179793													43
137	EQ171	light, infra-red, ceiling mount	555	Default	0.00147282													43
138	EF023	table, exam	4737.727	Default	0.01053857					15								43
139	EQ024	EMG-NCV-EP system, 8 channel	22352.82	Default	0.05931826					15								
140	EQ309	holter analysis system (w-workstation and back-end cost	16908.01	Default	0.06699287													
141	EQ127	holter monitor	2184.051	Default	0.00865364													

A		B				V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL			
1	RUC Practice	Expense Spreadsheet				RENT	RECOMMENDED		REFERENCE CODE		RECOMMENDED		REFERENCE CODE		RECOMMENDED		CURRENT		RECOMMENDED		REFERENCE CODE				
2						923	95923		93224		95XX5		93224		95XX6		95924		95924		93224				
3		RUC Collaboration Website				ing of	Testing of autonomic		External		Testing of		External		Testing of		Testing of		Testing of		External				
4	Clinical Activity Code	Meeting Date: April 2025				t nervous function; motor, 1 or more	nervous system function, with interpretation and report: sudomotor.		electrocardiographic recording up to 48 hours by continuous rhythm recording		autonomic nervous system function, with interpretation and report:		electrocardiographic recording up to 48 hours by continuous rhythm recording		autonomic nervous system function, with interpretation and report:		autonomic nervous system function; combined parasympathetic		autonomic nervous system function, with interpretation and report:		electrocardiographic recording up to 48 hours by continuous rhythm recording				
		Revision Date April 23, 2025																							
		Tab: 9																							
		Specialty: AAN, AANEM, ACP																							
5		LOCATION				Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility			
6		GLOBAL PERIOD					XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				\$ -	\$ 128.81	\$ -	\$ 65.66	\$ -	\$ 21.60	\$ -	\$ 65.66	\$ -	\$ 9.69	\$ -	\$ 53.42	\$ -	\$ 44.50	\$ -	\$ 65.66	\$ -			
8		TOTAL CLINICAL STAFF TIME				0.0	42.0	0.0	93.0	0.0	49.0	0.0	93.0	0.0	21.0	0.0	76.0	0.0	66.0	0.0	93.0	0.0			
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME				0.0	2.0	0.0	5.0	0.0	2.0	0.0	5.0	0.0	2.0	0.0	0.0	0.0	2.0	0.0	5.0	0.0			
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME				0.0	2.0	0.0	0.0	0.0	2.0	0.0	0.0	0.0	2.0	0.0	0.0	0.0	2.0	0.0	0.0	0.0			
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME				0.0	38.0	0.0	88.0	0.0	45.0	0.0	88.0	0.0	17.0	0.0	76.0	0.0	62.0	0.0	88.0	0.0			
12		TOTAL POST-SERVICE CLINICAL STAFF TIME				0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0			
13		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE				\$ -	\$ 17.80	\$ -	\$ 40.92	\$ -	\$ 20.88	\$ -	\$ 40.92	\$ -	\$ 8.56	\$ -	\$ 33.44	\$ -	\$ 28.36	\$ -	\$ 40.92	\$ -			
14	PRE-SERVICE PERIOD																								
15	Start: Following visit when decision for surgery/procedure made																								
16	CA001	Complete pre-service diagnostic and referral forms							5				5								5				
17	CA002	Coordinate pre-surgery services (including test results)																							
18	CA003	Schedule space and equipment in facility																							
19	CA004	Provide pre-service education/obtain consent																							
20	CA005	Complete pre-procedure phone calls and prescription					2				2				2				2						
21	CA006	Confirm availability of prior images/studies																							
22	CA007	Review patient clinical extant information and questionnaire																							
23	CA008	Perform regulatory mandated quality assurance activity (pre-service)																							
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 available							6		3		6				3				6				
34	CA010	Obtain vital signs															3								
35	CA011	Provide education/obtain consent					0		5				5		0		3		0		5				
36	CA012	Review requisition, assess for special needs																							
37	CA013	Prepare room, equipment and supplies					2		4		2		4		2		2		2		4				
38	CA014	Confirm order, protocol exam							1				1								1				
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																							
48	Intra-service (of service period)																								
49	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)																							
50	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)																							
51	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)																							
52	CA021	Perform procedure/service---NOT directly related to physician work time					31		64		35		64		10		60		55		64				
58	Post-Service (of service period)																								
59	CA022	Monitor patient following procedure/service, multitasking 1:4																							
60	CA023	Monitor patient following procedure/service, no multitasking					2				2				2		2		2						
61	CA024	Clean room/equipment by clinical staff					3		6		3		6		3		3		3		6				
62	CA025	Clean scope																							
63	CA026	Clean surgical instrument package																							
64	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions																							
65	CA028	Review/read post-procedure x-ray, lab and pathology reports																							
66	CA029	Check dressings, catheters, wounds																							
67	CA030	Technologist QC's images in PACS, checking for all images, reformats,																							
68	CA031	Review examination with interpreting MD/DO																							
69	CA032	Scan exam documents into PACS. Complete exam in RIS system to																							
70	CA033	Perform regulatory mandated quality assurance activity (service period)																							
71	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry																							
72	CA035	Review home care instructions, coordinate visits/prescriptions							2				2								2				
73	CA036	Discharge day management					n/a		n/a		n/a		n/a		n/a		n/a		n/a		n/a				
79	End: Patient leaves office/facility																								
80	POST-SERVICE PERIOD																								
81	Start: Patient leaves office/facility																								
82	CA037	Conduct patient communications																							
83	CA038	Coordinate post-procedure services																							

[illegible]

A		B				V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	
1	RUC Practice	Expense Spreadsheet				RENT	RECOMMENDED		REFERENCE CODE		RECOMMENDED		REFERENCE CODE		RECOMMENDED		CURRENT		RECOMMENDED		REFERENCE CODE		
2						923	95923		93224		95XX5		93224		95XX6		95924		95924		93224		
3		RUC Collaboration Website				ing of	Testing of autonomic		External		Testing of		External		Testing of		Testing of		Testing of		External		
4	Clinical Activity Code	Meeting Date: April 2025				c nervous function; motor, 1 or more	nervous system function, with interpretation and report: sudomotor.		electrocardiographic recording up to 48 hours by continuous rhythm recording		autonomic nervous system function, with interpretation and report:		electrocardiographic recording up to 48 hours by continuous rhythm recording		autonomic nervous system function, with interpretation and report:		autonomic nervous system function; combined parasympathetic		autonomic nervous system function, with interpretation and report:		electrocardiographic recording up to 48 hours by continuous rhythm recording		
		Revision Date April 23, 2025																					
		Tab: 9																					
		Specialty: AAN, AANEM, ACP																					
5		LOCATION				Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	
6		GLOBAL PERIOD					XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				\$ -	\$ 128.81	\$ -	\$ 65.66	\$ -	\$ 21.60	\$ -	\$ 65.66	\$ -	\$ 9.69	\$ -	\$ 53.42	\$ -	\$ 44.50	\$ -	\$ 65.66	\$ -	
8		TOTAL CLINICAL STAFF TIME				0.0	42.0	0.0	93.0	0.0	49.0	0.0	93.0	0.0	21.0	0.0	76.0	0.0	66.0	0.0	93.0	0.0	
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME				0.0	2.0	0.0	5.0	0.0	2.0	0.0	5.0	0.0	2.0	0.0	0.0	0.0	2.0	0.0	5.0	0.0	
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME				0.0	2.0	0.0	0.0	0.0	2.0	0.0	0.0	0.0	2.0	0.0	0.0	0.0	2.0	0.0	0.0	0.0	
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME				0.0	38.0	0.0	88.0	0.0	45.0	0.0	88.0	0.0	17.0	0.0	76.0	0.0	62.0	0.0	88.0	0.0	
12		TOTAL POST-SERVICE CLINICAL STAFF TIME				0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
98	Supply Code	MEDICAL SUPPLIES																					
99		TOTAL COST OF SUPPLY QUANTITY x PRICE				\$ -	\$ 102.08	\$ -	\$ 8.50	\$ -	\$ 0.13	\$ -	\$ 8.50	\$ -	\$ 0.39	\$ -	\$ 1.50	\$ -	\$ 2.11	\$ -	\$ 8.50	\$ -	
100	SB006	drape, non-sterile, sheet 40in x 60in					1				1				1		1		1				
101	SD053	electrode, ECG (single)													3		6		3				
102	SD099	mouthpiece, respiratory															1						
103	NEW	Filtered Mouthpiece (NEW)																	1				
104	SG055	gauze, sterile 4in x 4in					2								0		2		0				
105	SG079	tape, surgical paper 1in (Micropore)															6						
106	SJ020	electrode conductive gel															5						
107	SJ053	swab-pad, alcohol					2								2		2		2				
108	SH002	acetylcholine (for patient use)					50																
109	SA014	kit, electrode, iontophoresis																					
110	NEW	Gel Trode 2x2 Return Electrode (NEW)					4																
111	NEW	Meridian Electrode w/Expanding Foam (NEW)					4																
112	SG049	eye shield, non-fog																					
113	SD276	Indicator powder									10												
114	SK072	sandpaper (per sheet)					1																
115	SD049	electrode needle, concentric EMG w-lead																					
116	SD059	electrode, ground																					
117	SD165	electrode, EEG (single)																					
118	SG021	bandage, strip 0.75in x 3in (Bandaid)																					
119	SK059	paper, recording (per sheet)																					
120	SK057	paper, laser printing (each sheet)							20				20								20		
121	SA002	kit, ambulatory Holter							1				1							1			
122	SB022	gloves, non-sterile							2				2							2			
123	SK062	patient education booklet							1				1							1			
124	SB022	gloves, non-sterile					1																
125	SC029	needle, 18-27g					1																
126	SC052	syringe 1ml					4																
129																							
130	Equipment Code	EQUIPMENT																					
131		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				\$ -	\$ 8.93	\$ -	\$ 16.24	\$ -	\$ 0.59	\$ -	\$ 16.24	\$ -	\$ 0.74	\$ -	\$ 18.48	\$ -	\$ 14.03	\$ -	\$ 16.24	\$ -	
132	EQ051	arterial tonometry acquisition system (WR Testworks)					36										79		60				
133	EF032	table, tilt (w-trendelenberg)															79		60				
134	EQ052	arterial tonometry monitor (Colin Pilot)													15		79		60				
135	EQ035	QSART acquisition system (Q-Sweat)					36																
136	EQ124	stimulator, constant current, w-stimulating and grounding electrodes (Grass Telefactor)									43												
137	EQ171	light, infra-red, ceiling mount									43												
138	EF023	table, exam									43												
139	EQ024	EMG-NCV-EP system, 8 channel																					
140	EQ309	holter analysis system (w-workstation and back-end cost							52				52								52		
141	EQ127	holter monitor							1474				1474								1474		

	A	B	AM	AN	AQ	AR	AU	AV
1	RUC Practice	Expense Spreadsheet	RECOMMENDED		RECOMMENDED		RECOMMENDED	
2			95XX7		95XX8		95XX9	
3		RUC Collaboration Website	Testing of autonomic nervous system function, with interpretation and report: combined		Testing of autonomic nervous system function, with interpretation and report: combined		Testing of autonomic nervous system function, with interpretation and report: combined	
	Clinical	Meeting Date: April 2025						
	Activity Code	Revision Date April 23, 2025						
4		Tab: 9						
		Specialty: AAN, AANEM, ACP						
5		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	XXX				XXX	
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	\$ 158.28	\$ -	\$ 157.58	\$ -	\$ 177.14	\$ -
8		TOTAL CLINICAL STAFF TIME	77.0	0.0	72.0	0.0	97.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	2.0	0.0	2.0	0.0	2.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	2.0	0.0	2.0	0.0	2.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	73.0	0.0	68.0	0.0	93.0	0.0
12		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0
13		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	\$ 33.20	\$ -	\$ 31.00	\$ -	\$ 42.00	\$ -
14		PRE-SERVICE PERIOD						
15		Start: Following visit when decision for surgery/procedure made						
16	CA001	Complete pre-service diagnostic and referral forms						
17	CA002	Coordinate pre-surgery services (including test results)						
18	CA003	Schedule space and equipment in facility						
19	CA004	Provide pre-service education/obtain consent						
20	CA005	Complete pre-procedure phone calls and prescription	2		2		2	
21	CA006	Confirm availability of prior images/studies						
22	CA007	Review patient clinical extant information and questionnaire						
23	CA008	Perform regulatory mandated quality assurance activity (pre-service)						
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 available						
34	CA010	Obtain vital signs						
35	CA011	Provide education/obtain consent	0		0		0	
36	CA012	Review requisition, assess for special needs						
37	CA013	Prepare room, equipment and supplies	2		2		2	
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						
48		Intra-service (of service period)						
49	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)						
50	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)						
51	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)						
52	CA021	Perform procedure/service---NOT directly related to physician work time	66		61		86	
58		Post-Service (of service period)						
59	CA022	Monitor patient following procedure/service, multitasking 1:4						
60	CA023	Monitor patient following procedure/service, no multitasking	2		2		2	
61	CA024	Clean room/equipment by clinical staff	3		3		3	
62	CA025	Clean scope						
63	CA026	Clean surgical instrument package						
64	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions						
65	CA028	Review/read post-procedure x-ray, lab and pathology reports						
66	CA029	Check dressings, catheters, wounds						
67	CA030	Technologist QC's images in PACS, checking for all images, reformats,						
68	CA031	Review examination with interpreting MD/DO						
69	CA032	Scan exam documents into PACS. Complete exam in RIS system to						
70	CA033	Perform regulatory mandated quality assurance activity (service period)						
71	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry						
72	CA035	Review home care instructions, coordinate visits/prescriptions						
73	CA036	Discharge day management	n/a		n/a		n/a	
79		End: Patient leaves office/facility						
80		POST-SERVICE PERIOD						
81		Start: Patient leaves office/facility						
82	CA037	Conduct patient communications						
83	CA038	Coordinate post-procedure services						

	A	B	AM	AN	AQ	AR	AU	AV
1	RUC Practice	Expense Spreadsheet	RECOMMENDED		RECOMMENDED		RECOMMENDED	
2			95XX7		95XX8		95XX9	
3		<u>RUC Collaboration Website</u>	Testing of autonomic nervous system function, with interpretation and report: combined		Testing of autonomic nervous system function, with interpretation and report: combined		Testing of autonomic nervous system function, with interpretation and report: combined	
	Clinical	Meeting Date: April 2025						
	Activity Code	Revision Date April 23, 2025						
4		Tab: 9						
		Specialty: AAN, AANEM, ACP						
5		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	XXX				XXX	
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	\$ 158.28	\$ -	\$ 157.58	\$ -	\$ 177.14	\$ -
8		TOTAL CLINICAL STAFF TIME	77.0	0.0	72.0	0.0	97.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	2.0	0.0	2.0	0.0	2.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	2.0	0.0	2.0	0.0	2.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	73.0	0.0	68.0	0.0	93.0	0.0
12		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0
84		Office visits: List Number and Level of Office Visits	# visits	# visits	# visits	# visits	# visits	# visits
85		99211 16 minutes						
86		99212 27 minutes						
87		99213 36 minutes						
88		99214 53 minutes						
89		99215 63 minutes						
90	CA039	Post-operative visits (total time)	0.0	0.0	0.0	0.0	0.0	0.0
91								
92								
97		End: with last office visit before end of global period						

	A	B	AM	AN	AQ	AR	AU	AV
1	RUC Practice	Expense Spreadsheet	RECOMMENDED		RECOMMENDED		RECOMMENDED	
2			95XX7		95XX8		95XX9	
3		RUC Collaboration Website	Testing of autonomic nervous system function, with interpretation and report: combined		Testing of autonomic nervous system function, with interpretation and report: combined		Testing of autonomic nervous system function, with interpretation and report: combined	
	Clinical Activity Code	Meeting Date: April 2025						
4		Revision Date April 23, 2025						
		Tab: 9						
		Specialty: AAN, AANEM, ACP						
5		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	XXX				XXX	
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	\$ 158.28	\$ -	\$ 157.58	\$ -	\$ 177.14	\$ -
8		TOTAL CLINICAL STAFF TIME	77.0	0.0	72.0	0.0	97.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	2.0	0.0	2.0	0.0	2.0	0.0
10		TOTAL PRE-SERVICE CLINICAL STAFF TIME	2.0	0.0	2.0	0.0	2.0	0.0
11		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	73.0	0.0	68.0	0.0	93.0	0.0
12		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0
98	Supply Code	MEDICAL SUPPLIES						
99		TOTAL COST OF SUPPLY QUANTITY x PRICE	\$ 103.98	\$ -	\$ 103.98	\$ -	\$ 103.98	\$ -
100	SB006	drape, non-sterile, sheet 40in x 60in	1		1		1	
101	SD053	electrode, ECG (single)	3		3		3	
102	SD099	mouthpiece, respiratory						
103	NEW	Filtered Mouthpiece (NEW)	1		1		1	
104	SG055	gauze, sterile 4in x 4in	2		2		2	
105	SG079	tape, surgical paper 1in (Micropore)						
106	SJ020	electrode conductive gel						
107	SJ053	swab-pad, alcohol	2		2		2	
108	SH002	acetylcholine (for patient use)	50		50		50	
109	SA014	kit, electrode, iontophoresis						
110	NEW	Gel Trode 2x2 Return Electrode (NEW)	4		4		4	
111	NEW	Meridian Electrode w/Expanding Foam (NEW)	4		4		4	
112	SG049	eye shield, non-fog						
113	SD276	Indicator powder						
114	SK072	sandpaper (per sheet)	1		1		1	
115	SD049	electrode needle, concentric EMG w-lead						
116	SD059	electrode, ground						
117	SD165	electrode, EEG (single)						
118	SG021	bandage, strip 0.75in x 3in (Bandaid)						
119	SK059	paper, recording (per sheet)						
120	SK057	paper, laser printing (each sheet)						
121	SA002	kit, ambulatory Holter						
122	SB022	gloves, non-sterile						
123	SK062	patient education booklet						
124	SB022	gloves, non-sterile	1		1		1	
125	SC029	needle, 18-27g	1		1		1	
126	SC052	syringe 1ml	4		4		4	
129								
130	Equipment Code	EQUIPMENT						
131		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	\$ 21.10	\$ -	\$ 22.60	\$ -	\$ 31.16	\$ -
132	EQ051	arterial tonometry acquisition system (WR Testworks)	71		66		91	
133	EF032	table, tilt (w-trendelenberg)			66		91	
134	EQ052	arterial tonometry monitor (Colin Pilot)	71		66		91	
135	EQ035	QSART acquisition system (Q-Sweat)	71		66		91	
136	EQ124	stimulator, constant current, w-stimulating and grounding electrodes (Grass Telefactor)						
137	EQ171	light, infra-red, ceiling mount						
138	EF023	table, exam						
139	EQ024	EMG-NCV-EP system, 8 channel						
140	EQ309	holter analysys system (w-workstation and back-end cost						
141	EQ127	holter monitor						

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2025

Laser Treatment for Psoriasis – Tab 10

In October 2015, CPT codes 96920, 96921 and 96922 were identified via the high-volume growth screen with Medicare utilization of 10,000 or more that increased by at least 100% from 2008 through 2013. At that time, the RUC recommended that the specialty societies develop a CPT Assistant article to ensure the codes were being used correctly, which was published in September 2016. This was the third article created for this code set, with articles also published in June 2012 and May 2013.

In January 2022, the Relativity Assessment Workgroup (RAW) reviewed these services again, noting that their utilization continued to steadily increase, specifically CPT code 96920. Use of 96920 peaked at 117,256 in 2016, dropped to 79,671 in 2020, and increased to 88,673 in 2021. The specialty societies indicated that they believed the growth is appropriate due to changes in treatment and medication for psoriasis. However, due to the continued growth, the RAW recommended, and the RUC agreed, that CPT codes 96920, 96921 and 96922 be surveyed for work and practice expense at the April 2022 RUC meeting.

In April 2022, CPT codes 96920-96922 were referred to the CPT Editorial Panel for editorial review. Since the CPT descriptor was established in 2002, psoriasis was the only approved indication and use for this treatment modality. The specialty societies stated the indications had expanded beyond those noted in the code descriptors to include laser treatment for other inflammatory skin disorders. At the September 2022 CPT meeting, the tab was withdrawn when it was determined that the specialties' proposed changes were beyond editorial. This issue was deferred to the February 2023 CPT meeting and subsequently withdrawn as it was determined that existing literature was insufficient and did not support expanded indications at that time.

The presenters described the recent history of this code set and its route back to the RUC. This issue was surveyed for the April 2023 RUC meeting, without any revisions to the code descriptors, since the available 2021 Medicare data indicated that the typical patient was being treated for psoriasis (96920, psoriasis = 79.3%). At the April 2023 meeting, the RUC voted to recommend an editorial change to CPT to add “(ie, excimer)” after “Laser treatment” for clarity in codes 96920-96922. The codes were also flagged as “Do Not Use to Validate for Physician Work” as the times were not representative. At the May 2023 CPT Editorial Panel meeting, the CPT Executive Committee voted to editorially revise the code family parent code 96920 to align with the intended use of these services exclusively for psoriasis using an “Excimer” laser. These editorial revisions for the CPT 2024 code set did not involve a change in physician work. However, despite a CPT Assistant article, concern resulted from the addition of the term “excimer” to the descriptor for those using other types of appropriate ultraviolet lasers. Subsequently, at the February 2025 CPT Editorial Panel meeting, the codes were further revised to remove “Excimer” from the code descriptor and specify the wavelengths for other lasers that treat psoriasis that are not excimer lasers.

In preparation for the April 2025 RUC meeting, the specialty society submitted a letter to the RUC that detailed the revisions to the code family (removing “excimer” and specifying a wavelength range for treatment “308-312 nanometers”) and stated that the specialty considers these updates

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editorial in nature. The typical patient, typical laser equipment, typical treatment procedure, and its associated work are unchanged. The specialty explained that an excimer laser delivers UV light energy within the range specified by the revised code descriptors and, while it is not the only laser that may be used in the phototherapy treatment of psoriasis, it is still the typical device. The excimer laser is the dominant laser with about 85% share of the ultraviolet lasers currently in use.

The specialty society also acknowledged that the code family will return to the CPT Editorial Panel in May 2025 with a new code change application (CCA) proposing to expand the laser codes beyond the treatment of psoriasis to include other inflammatory skin disorders. If approved by the CPT Editorial Panel, a RUC survey will be required to evaluate physician work and practice expense for any expanded indications. For these reasons, the specialty society requested that the RUC affirm the current values and CMS inputs for CPT codes 96920-96922.

Upon consideration at the April 2025 RUC meeting, the RUC concurred that the code descriptor changes since the laser codes were last reviewed in 2023 are editorial in nature. Furthermore, a new CCA is being considered by the CPT Editorial Panel with expanded indications that will require a RUC survey. In addition, it was noted that the codes are included in the “Do not use to validate physician work” screen that will also require resurvey for the September 2025 RUC meeting.

The RUC agreed with the specialty society’s request to affirm the current CMS values for CPT codes 96920, 96921 and 96922. **The RUC concurs that the current CMS values be maintained and therefore recommends a work RVU of 0.83 for CPT code 96920, 0.90 for CPT code 96921, and 1.15 for CPT code 96922.**

Practice Expense

The specialty society requested that the Practice Expense (PE) Subcommittee affirm the current CMS inputs for CPT codes 96920, 96921 and 96922 as the code descriptor revisions do not change the current work or PE inputs. The American Academy of Dermatology Association confirmed that the excimer laser remains the typical equipment used for the code family. It was acknowledged that CMS did not accept the change in business model for excimer lasers to a per-use rental (subscription model), as recommended at the April 2023 RUC meeting, since the equipment item EQ161 *laser, excimer* is available for purchase and already accounted for under its equipment methodology. The PE Subcommittee agreed to maintain the direct practice inputs without modification. **The RUC recommends the current CMS direct practice expense inputs be maintained as affirmed by the Practice Expense Subcommittee.**

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Medicine Special Dermatological Procedures				
▲96920	G1	~~Excimer Laser treatment, 308-312 nanometer wavelengths, for psoriasis; total area less than 250 sq cm~~	000	0.83 (No Change) (2025 Work RVU = 0.83)
▲96921	G2	250 sq cm to 500 sq cm	000	0.90 (No Change) (2025 Work RVU = 0.90)
▲96922	G3	over 500 sq cm (For laser destruction of premalignant lesions, see 17000-17004) (For laser destruction of cutaneous vascular proliferative lesions, see 17106-17108) (For laser destruction of benign lesions, see 17110-17111) (For laser destruction of malignant lesions, see 17260-17286)	000	1.15 (No Change) (2025 Work RVU = 1.15)

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April 1, 2025

Ezequiel Silva III, MD
Chair, AMA/Specialty Society Relative Value Scale Update Committee
American Medical Association
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611-5885

RE: Tab 10 – Laser Treatment for Psoriasis AADA Recommendations

Dear Dr. Silva,

In February 2025, the CPT Editorial Panel approved minor revisions to the descriptors for CPT codes 96920, 96921, and 96922, which describe laser treatment for psoriasis. These revisions removed “excimer” and specified a wavelength range for treatment (308-312 nanometers).

The American Academy of Dermatology Association (AADA) considers these updates editorial in nature, as confirmed by AMA CPT staff. The procedure itself remains unchanged, and the revised descriptors continue to accurately reflect the typical physician work and practice expense (PE) inputs for these services. We recommend that the RUC reaffirm the current values and CMS inputs for CPT codes 96920, 96921, and 96922.

Background

These laser codes were most recently reviewed by the RUC in April 2023. At that time, the AADA received approval to conduct a targeted survey using vendor-supplied lists as this service is not typically taught in training and is only performed by a small subset of dermatologists with the proper equipment. AADA reached out to the only two manufacturers, Strata (XTRAC) and LASEROPTEK Americas (PALLAS). The XTRAC laser is an excimer laser that delivers a focused, high-intensity ultraviolet B (UVB) laser beam at 308nm. The PALLAS laser is a non-excimer solid-state UVB laser operating at 311nm.

Strata held the majority of the market, providing 225 names, while LASEROPTEK Americas provided 25 names—all were surveyed. At the April 2023 RUC meeting, AADA recommended, and the RUC approved, physician work and PE inputs based on the typical device, the excimer laser.

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After the tab passed, the RUC voted to recommend an editorial change to CPT to add a parenthetical, “(i.e., excimer)” to the code descriptors, indicating that the recommendation was made for clarity.

In May 2023, the CPT Executive Committee recommended broader editorial revisions to the code descriptors for 96920-96922, adding the term “excimer,” not as a parenthetical, and removing both the term “inflammatory skin disease” and the parenthetical around the term “psoriasis.” At the time, the AADA submitted a letter to the CPT Executive Committee disagreeing with the changes as they were brought forward. The CPT Editorial Panel ultimately approved these changes as a technical correction for the CPT 2024 code set.

Despite publication of a *CPT Assistant* article, the aforementioned changes to the code descriptor, particularly the inclusion of the term “excimer”, created confusion. As a result, the AADA was advised by the AMA CPT leadership team to submit an editorial code change application (CCA) for the February 2025 CPT Panel meeting requesting removal of the term “excimer” from the code descriptors. AMA CPT staff indicated that:

“Since there are only two players in this space and the device costs are equivalent, removing the term ‘Excimer’ should clear up the confusion. We could then work to handle the CPT Assistant Q&A to clarify that the laser can be generated by either pulsed gas or crystal. It’s unlikely that any new RUC work would need to be done since the typical patient would remain the same.”

In February 2025, the CPT Editorial Panel approved the following changes the descriptors for CPT codes 96920, 96921, and 96922, effective for CPT 2027:

- ▲ 96920 ~~Excimer~~ Laser treatment, 308-312 nanometer wavelengths, for psoriasis; total area less than 250 sq cm
- ▲ 96921 250 sq cm to 500 sq cm
- ▲ 96922 over 500 sq cm

Recommendations Rationale

The AADA maintains that the February 2025 revisions to the CPT descriptors for the laser treatment of psoriasis codes are editorial and do not change the current values, physician work, or PE associated with CPT codes 96920, 96921, and 96922. The excimer UV laser—used to value these codes in April 2023—remains the typical device for these services. Excimer lasers deliver UV light energy within the range specified by the revised code descriptor and, while it is not the only laser that may be used in the phototherapy treatment of psoriasis, it is still the typical device.

Although “excimer” is not a trade name, the term refers to a specific type of laser technology. CPT codes are typically crafted to be product-agnostic and not device-specific; therefore, the February 2025 CPT

changes, specifically the removal of “excimer,” appear to be consistent with AMA CPT’s conventions for code descriptor language.

The AADA acknowledges that CMS did not accept the RUC-recommended work relative values for CPT codes 96920, 96921, and 96922. Further, while the RUC recommended that the typical business model for excimer lasers is a per-use rental (subscription model), CMS stated that a rental, subscription, or per-use fee for equipment that is still available for purchase and already accounted for under its equipment methodology is not appropriate, particularly given its impact on direct PE costs for these CPT codes.¹ Indeed, CMS has historically considered rental and licensing fees as indirect PE under its methodology.

That said, CMS did recognize the excimer laser as the typical device and, while the agency did not accept the subscription model, CMS did indicate that the “excimer laser is appropriately and adequately accounted for in the equipment formula, which accounts for years of useful life, utilization rate, purchase price, interest rate, maintenance, and minutes per year of use”.¹

The AADA believes that resurveying these codes now would be premature. Since the April 2023 RUC review, there have been no changes in the physician work or technology that would warrant a rereview by the RUC at this time.

Additionally, there are new efforts to broaden the scope of these codes beyond their current indications. An industry-led CCA was submitted for the May 2025 CPT Editorial Panel Meeting, proposing to expand these codes beyond psoriasis to include additional inflammatory skin conditions, such as vitiligo, atopic dermatitis, and alopecia areata. If these changes are approved by CPT, a RUC resurvey would be required to evaluate physician work and PE for any expanded indications.

The AADA maintains that the February 2025 revisions to the code descriptors for 96920, 96921, and 96922 are editorial and do not change the current physician work or PE inputs. Further, given the industry-led CCA under review for the May 2025 CPT Editorial Panel Meeting, the AADA believes a resurvey is premature.

For the reasons stated, the AADA respectfully requests the RUC reaffirm the current values and CMS inputs for CPT codes 96920, 96921, and 96922.

Sincerely,



Howard Rogers, MD, PhD
AADA RUC Advisor

¹ 89 FR 97710

TAB: 10

[illegible]

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	RUC Practice Expense Spreadsheet					April 2023 RUC Recommendation (CMS did not accept)		CURRENT		RECOMMENDATION Maintain CMS Inputs		April 2023 RUC Recommendation (CMS did not accept)		CURRENT		RECOMMENDATION Maintain CMS Inputs
2						96920		96920		96920		96921		96921		96921
3		RUC Collaboration Website Meeting Date: 04/2025				Excimer laser treatment for psoriasis; total area less than 250 sq cm		Excimer laser treatment for psoriasis; total area less than 250 sq cm		Excimer laser treatment for psoriasis; total area less than 250 sq cm		Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm		Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm		Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm
4	Clinical Activity Code	Revision Date (if applicable): Tab: 10 Specialty: AADA	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute											
5		LOCATION					Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				000	000	000	000	000	000	000	000	000	000	000
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				\$ 148.43	\$ -	\$ 90.83	\$ -	\$ 90.83	\$ -	\$ 156.07	\$ -	\$ 96.65	\$ -	\$ 96.65
8		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	38.0	0.0	38.0	0.0	38.0	0.0	40.0	0.0	40.0	0.0	40.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	38.0	0.0	38.0	0.0	38.0	0.0	40.0	0.0	40.0	0.0	40.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE				\$ 20.52	\$ -	\$ 20.52	\$ -	\$ 20.52	\$ -	\$ 21.60	\$ -	\$ 21.60	\$ -	\$ 21.60
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	0.54											
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54											
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54											
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54											
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54											
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.54											
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.54											
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.54											
23			L037D	RN/LPN/MTA	0.54											
24			L037D	RN/LPN/MTA	0.54											
25			L037D	RN/LPN/MTA	0.54											
26		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54											
27		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54											
28		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54											
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	0.54	3		3		3		3		3		3
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.54	5		5		5		5		5		5
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.54	2		2		2		2		2		2
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.54											
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.54	5		5		5		5		5		5
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.54											
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.54											
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.54	2		2		2		2		2		2
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.54											
42			L037D	RN/LPN/MTA	0.54											
43			L037D	RN/LPN/MTA	0.54											
44			L037D	RN/LPN/MTA	0.54											
45		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54											
46		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54											
47		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54											
48		Intra-service (of service period)														
49	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54	10		10		10		12		12		12
50	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54											
51	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54											
52	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.54											
53			L037D	RN/LPN/MTA	0.54											
54			L037D	RN/LPN/MTA	0.54											
55			L037D	RN/LPN/MTA	0.54											
56		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54											
57		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54											
58		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54											
59		Post-Service (of service period)														
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.54											
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.54	3		3		3		3		3		3
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.54	5		5		5		5		5		5
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.54											
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.54											
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.54											
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.54											
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.54	3		3		3		3		3		3

	A	B	R	S	T	U	V	W	X
1	RUC Practice Expense Spreadsheet		NDATION MS Inputs	April 2023 RUC Recommendation (CMS did not accept)		CURRENT		RECOMMENDATION Maintain CMS Inputs	
2			21	96922		96922		96922	
3		RUC Collaboration Website							
4	Clinical Activity Code	Meeting Date: 04/2025 Revision Date (if applicable): Tab: 10 Specialty: AADA	r treatment 250 sq cm to q cm	Excimer laser treatment for psoriasis; over 500 sq cm		Excimer laser treatment for psoriasis; over 500 sq cm		Excimer laser treatment for psoriasis; over 500 sq cm	
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	\$ -	\$ 183.38	\$ -	\$ 110.50	\$ -	\$ 110.50	\$ -
8		TOTAL CLINICAL STAFF TIME	0.0	46.0	0.0	46.0	0.0	46.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	0.0	46.0	0.0	46.0	0.0	46.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	\$ -	\$ 24.84	\$ -	\$ 24.84	\$ -	\$ 24.84	\$ -
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		3		3		3	
34	CA010	Obtain vital signs		5		5		5	
35	CA011	Provide education/obtain consent		2		2		2	
36	CA012	Review requisition, assess for special needs							
37	CA013	Prepare room, equipment and supplies		5		5		5	
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		2		2		2	
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		18		18		18	
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		3		3		3	
62	CA024	Clean room/equipment by clinical staff		5		5		5	
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		3		3		3	

	A	B	R	S	T	U	V	W	X
1	RUC Practice Expense Spreadsheet		NDATION MS Inputs	April 2023 RUC Recommendation (CMS did not accept)		CURRENT		RECOMMENDATION Maintain CMS Inputs	
2			21	96922		96922		96922	
3		<u>RUC Collaboration Website</u>							
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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	\$ -	\$ 183.38	\$ -	\$ 110.50	\$ -	\$ 110.50	\$ -
8		TOTAL CLINICAL STAFF TIME	0.0	46.0	0.0	46.0	0.0	46.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	0.0	46.0	0.0	46.0	0.0	46.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0
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		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							
85	CA038	Coordinate post-procedure services							
86		Office visits: List Number and Level of Office Visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
87		99211 16 minutes							
88		99212 27 minutes							
89		99213 36 minutes							
90		99214 53 minutes							
91		99215 63 minutes							
92	CA039	Post-operative visits (total time)	0.0	0.0	0.0	0.0	0.0	0.0	0.0
93									
94									
95									
96		Other activity: please include short clinical description here and type							
97		Other activity: please include short clinical description here and type							
98		Other activity: please include short clinical description here and type							
99		End: with last office visit before end of global period							

AMA/Specialty Society RVS Update Committee Summary of Recommendations
****High Volume Growth****

April 2023

Laser Treatment-Skin – Tab 08

In October 2015, CPT codes 96920, 96921 and 96922 were identified via the high-volume growth screen with Medicare utilization of 10,000 or more that increased by at least 100% from 2008 through 2013. At that time, the RUC recommended that the specialty societies develop a CPT Assistant article to ensure the codes were being used correctly which was published in September 2016. This was the third article created for this code set, with articles also published in June 2012 and May 2013.

In January 2022, the Relativity Assessment Workgroup reviewed these services again noting that their utilization continues to steadily increase, specifically CPT code 96920. Use of 96920 peaked at 117,256 in 2016, dropped to 79,671 in 2020, and increased to 88,673 in 2021. The specialty societies indicated that they believed the growth is appropriate due to changes in treatment and medication for psoriasis. However, due to the continued growth, the Workgroup recommended, and the RUC agreed, that CPT codes 96920, 96921 and 96922 be surveyed for work and practice expense at the April 2022 RUC meeting.

In April 2022, the specialty societies indicated, and the RUC agreed, that CPT codes 96920-96922 be referred to the CPT Editorial Panel for editorial review at the September 2022 CPT meeting. Since the CPT descriptor was established in 2002, psoriasis is the only approved indication and use for this treatment modality. Although, the specialty societies have noted that the indications have expanded beyond what is currently noted in the code descriptors to include laser treatment for other inflammatory skin disorders such as vitiligo, atopic dermatitis, alopecia areata, etc. This issue was deferred to the February 2023 CPT meeting to complete the full CCA and submit literature supporting excimer laser treatment for other inflammatory skin disorders as the changes were deemed more than editorial given that expanded indications would change the physician work. This issue was subsequently withdrawn from the February 2023 CPT Editorial Panel meeting agenda as it was determined that existing literature was insufficient and did not support expanded indications at this time. Thus, this issue was surveyed for the April 2023 RUC meeting, without any revisions to code descriptors, since the available 2021 Medicare data indicates that the typical patient is being treated for psoriasis (96920, psoriasis = 79.3%).

The RUC expressed concern with the survey that the times have decreased and there was not a proportionate decrease in work. However, there have been multiple reviews of this code set, and the valuation of the codes is currently based on the original valuation over two decades ago in 2002, where the time was *lower* than what is in the database now. Subsequent review in 2012 adopted new survey times while maintaining the work value from 2002 for CPT codes 96920 and 96922. For both the parent code 96920 and the code 96922 with the largest treatment area, the total RVUs have not changed since first implemented more than 20 years ago. *Thus, the current value is based on a lower time than the time in the database currently* (please see the table below).

	2002 Intra Time	2002 Total Time	2002 RUC Rec.	2002 CMS RVU	2012 Intra Time	2012 Total Time	2012 RUC Rec.	2012 CMS RVU	Current Intra Time	Current Total Time	Current CMS RVU
96920	17	27	1.15	1.15	23	37	1.15	1.15	23	35	1.15
96921	20	30	1.17	1.17	30	42	1.30	1.30	30	42	1.30
96922	30	40	2.10	2.10	45	57	2.10	2.10	45	57	2.10

96920 Excimer laser treatment for psoriasis; total area less than 250 sq cm

The RUC reviewed the survey results from 41 dermatologists with the proper equipment (excimer laser) to perform the procedure and concurred that the survey respondents overvalued the service. The RUC determined that changes in intra-service and total time for the procedure warranted a direct work RVU crosswalk to CPT code 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* (work RVU = 1.00, 10 minutes intra-service time, and 27 minutes total time) which falls below the survey 25th percentile and has identical intra-service time that appropriately accounts for the physician work involved in this service. The RUC noted that code 20606, when compared to fifteen recently RUC-reviewed 000-day global codes with the same intra-service time and similar total time, the crosswalk value of 1.00 falls in the middle of the range in terms of work RVUs. The RUC recommends 10 minutes of pre-service time, 10 minutes of intra-service time, 3 minutes of post-service time, and 23 minutes total time as supported by the survey.

To justify the crosswalk value, the RUC compared the surveyed code to MPC codes 12011 *Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less* (work RVU = 1.07, 12 minutes intra-service time, and 24 minutes total time) and 30901 *Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method* (work RVU = 1.10, 10 minutes intra-service time, and 24 minutes total time) and noted that both comparator codes involve similar intra-service time and slightly more physician work.

For additional support, the RUC compared the surveyed code to MPC codes 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* (work RVU = 0.84, 10 minutes intra-service time, and 22 minutes total time) and 20611 *Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting* (work RVU = 1.10, 10 minutes intra-service time, and 27 minutes total time) and noted that the multi-specialty points of comparison values have the same intra-service time and appropriately bracket the recommendation. The RUC concluded that CPT code 96920 should be valued based on a direct work RVU crosswalk to CPT code 20606 which falls below the 25th percentile as supported by the survey. **The RUC recommends a work RVU of 1.00 for CPT code 96920.**

96921 Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm

The RUC reviewed the survey results from 41 dermatologists with the proper equipment (excimer laser) to perform the procedure and concurred that the survey respondents overvalued the service. The RUC determined that changes in intra-service and total time for the procedure warranted a direct work RVU crosswalk to CPT code 12011 *Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less* (work RVU = 1.07, 12 minutes intra-service time and 24 minutes total time) which falls below the survey 25th percentile and has identical intra-service time that appropriately accounts for the physician work involved in this service. The RUC noted that, crosswalk code 12011,

when compared to four recently RUC-reviewed 000-day global codes with the same intra-service time and similar total time, the crosswalk value of 1.07 falls in the middle of the range in terms of work RVUs. The recommendation also provides for a stepwise progression of the procedure based on the size of the wound or lesion. The RUC recommends 10 minutes of pre-service time, 12 minutes of intra-service time, 3 minutes of post-service time, and a total time of 25 minutes as supported by the survey.

To justify the crosswalk value, the RUC compared the surveyed code to MPC codes 11980 *Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)* (work RVU = 1.10, 12 minutes intra-service time and 27 minutes total time) and 30901 *Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method* (work RVU = 1.10, 10 minutes intra-service time and 24 minutes total time) and noted that both MPC codes involve similar intra-service time and slightly more physician work.

For additional support, the RUC compared the surveyed code to MPC codes 36620 *Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous* (work RVU = 1.00, 7 minutes intra-service time and 17 minutes total time) and 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* (work RVU = 1.14, 15 minutes intra-service time and 27 minutes total time) and noted that the multi-specialty points of comparison values appropriately bracket the recommendation. The RUC concluded that CPT code 96921 should be valued based on a direct work RVU crosswalk to CPT code 12011 which falls below the 25th percentile as supported by the survey. **The RUC recommends a work RVU of 1.07 for CPT code 96921.**

96922 Excimer laser treatment for psoriasis; over 500 sq cm

The RUC reviewed the survey results from 41 dermatologists with the proper equipment (excimer laser) to perform the procedure and determined that the survey 25th percentile work RVU of 1.32 appropriately accounts for the physician work involved in this service. The RUC agreed that the current value would be inappropriate given the decrease in survey time. However, the work associated with this service has not changed since it was last surveyed. The RUC recommends 10 minutes of pre-service time, 18 minutes of intra-service time, 3 minutes of post-service time, and 31 minutes total time as supported by the survey. It was noted that much of the resetting and re-prepping is intra-service time as indicated in the description of the work. Typically, seven sites are treated, requiring repeated prep, and draping after the procedure is underway.

To justify a work RVU of 1.32, the RUC compared CPT code 96922 to the top key reference service code 12007 *Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm* (work RVU = 2.90, 35 minutes intra-service time and 54 minutes total time) and noted that the intra-service time is nearly twice that of the surveyed code and intensity is more justifying a higher value. The RUC also compared CPT code 96922 to MPC code 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* (work RVU = 1.44, 17 minutes intra-service time and 29 minutes total time) and noted that the surveyed code involves similar intra-service time and slightly less physician work. For additional support, the RUC compared CPT code 96922 to MPC code 12013 *Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm* (work RVU = 1.22, 15 minutes intra-service time and 27 minutes total time) and noted that the surveyed code has more intra-service and total time and is therefore valued higher than the comparator code. The RUC concluded that CPT code

96922 should be valued at the 25th percentile work RVU as supported by the survey. This recommendation also provides a stepwise progression of the procedure based on the size of the wound or lesion. **The RUC recommends a work RVU of 1.32 for CPT code 96922.**

Practice Expense

The Practice Expense (PE) Subcommittee discussed the compelling evidence argument that there has been a notable change in the dominant practice model (eg, pay-per-use subscription-based model) since the code set was last surveyed in 2012 and, in addition, that the patient population has changed. The Subcommittee accepted compelling evidence based on “Evidence that there has been a change in equipment or practice expense cost.”

Based on acceptance of compelling evidence, the PE Subcommittee carefully considered the direct practice expense inputs including three new supply inputs for *laser, excimer, pay per use* based on size of treatment area. This piece of equipment is typically used via a subscription or a rental model. The dermatologist does not own the laser, rather the laser is placed in the dermatologist's office, and the practice buys a series of treatments. These treatments are purchased in packs of 10 and are based upon the size of the area being treated which corresponds to the three supply codes. A fourth new supply input was included for *Mupirocin 2% Topical Ointment 22 grams*. Following the laser treatment, the physician applies mupirocin to areas of blistering, erosion, and/or impending skin breakdown. The Subcommittee modified this item to reflect a per gram basis.

The PE Subcommittee made several modifications to the spreadsheet including revisions to the clinical staff minutes for CA011 *Provide education/obtain consent*, CA014 *Confirm order, protocol exam* and CA035 *Review home care instructions, coordinate visits/prescriptions*. Also, an additional pair of SB023 *gloves, non-sterile, nitrile* was added to CPT code 96922 which is typical for the larger area. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

RUC Database Flag

The RUC recommends a flag for CPT codes 96920, 96921 and 96922 as “Do Not Use to Validate for Physician Work” since the times are not representative.

CPT Referral

At the April 2023 meeting, the RUC voted to recommend an editorial change to CPT to add “(ie, excimer)” after “Laser treatment” for clarity in code 96920. The CPT Executive Committee voted to further editorially revise code 96920 to align with the intended use of these services exclusively for psoriasis. These editorial revisions are for the CPT 2024 code set. The changes are editorial and do not involve a change in work.

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.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
96920	~~Excimer laser treatment for inflammatory skin disease (psoriasis);~~ total area less than 250 sq cm	000	1.00
96921	250 sq cm to 500 sq cm	000	1.07
96922	over 500 sq cm (For laser destruction of premalignant lesions, see 17000-17004) (For laser destruction of cutaneous vascular proliferative lesions, see 17106-17108) (For laser destruction of benign lesions, see 17110-17111) (For laser destruction of malignant lesions, see 17260-17286)	000	1.32

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

CPT Code: 96920	Tracking Number	Original Specialty Recommended RVU: 1.07
		Presented Recommended RVU: 1.00
Global Period: 000	Current Work RVU: 1.15	RUC Recommended RVU: 1.00

CPT Descriptor: Excimer laser treatment for psoriasis; total area less than 250 sq cm

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male presents with a history of moderate plaque psoriasis. In spite of multidrug topical therapy, the patient has still less than 250 sq cm of chronic plaques on the elbows, knees, sacrum, and hips that are resistant to topical therapy. The severity of the disease is documented and the decision is made to utilize laser treatment for recurrent and recalcitrant psoriatic plaques.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they typically 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: Review patient chart with particular attention paid to any photosensitive medications that may impact treatment, confirm area of treatment with patient, and obtain informed consent, including response and reactions to therapy. New patients are advised of the risk of pain, blistering, hyper and hypopigmentation. Established patients require review of photos from prior session to evaluate response to treatment, spread, active inflammation and to determine if the treatment needs to be adjusted. Previously burned or blistered areas are assessed for healing, dyspigmentation and scarring. Additional skin care is discussed as appropriate. The physician identifies areas that are prone to pain or burning and advises the clinical staff to apply EMLA cream. The patient is appropriately positioned for access to the first treatment site. The treating physician confirms that laser safety goggles are being worn by everyone in the room. Check laser equipment.

Description of Intra-Service Work: Identify and confirm all lesion sites. EMLA is removed and a mineral oil is applied to treatment sites. Areas that previously developed complications are indicated as treatment settings may need to be adjusted due to increased sensitivity. Each lesion is draped and isolated as much as possible. Treatment fluence (or energy level) is selected for each part of each individual plaque based on the thickness of that part of the plaque and its response to previous treatment(s). The laser is then applied to the first plaque and treatment initiated with pulse duration varying based on the energy delivered. Up to 2 sq cm can be treated at a time with spot size adjusted based on clinical presentation and plaque thickness. Often, individual plaque(s) are treated with different fluences and spot sizes. Gloves are changed as needed to protect equipment. Treatment is performed sequentially to all lesions, taking care to avoid overlapping and modifying fluences as needed. Blocking templates are used to avoid treating uninvolved areas and to deal with geometric lesion configurations that would preclude overlap avoidance. Monitor for pain as well as for skin surface reaction throughout the process. Repeat process and modify for each subsequent lesion to be treated. At the end of treatment for each lesion, reassess site for adequacy of treatment and for any signs of overlap that might need post-treatment therapy.

Description of Post-Service Work: Review pain management and skin care. Ice packs are placed on all erythematous, blistered and crusted areas. Once ice packs are removed, triamcinolone is applied to intact skin with heavy inflammation, and mupirocin is applied to areas of blistering, erosion, and/or impending skin breakdown. Eucerin is applied to all other treatment areas to minimize pain. The physician directs clinical staff which exposed lesions sunscreen should be applied prior to leaving to prevent further (unwanted UV exposure) and potential redness after treatment.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023				
Presenter(s):	Alice Gottlieb, MD, FAAD, Alexandra Flamm, MD, FAAD, Howard Rogers, MD, FAAD, Alina Bridges, MD, FAAD				
Specialty Society(ies):	American Academy of Dermatology Association (AADA)				
CPT Code:	96920				
Sample Size:	250	Resp N:	41		
Description of Sample:	The AADA used a targeted vendor survey approach, which was approved by the Research Subcommittee. We inquired and received vendor lists from the 2 manufacturers of the excimer laser. A total of 250 surveys went out to all names provided - 225 from one manufacturer and 25 from the other.				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	50.00	125.00	900.00
Survey RVW:	0.50	1.11	1.45	2.00	85.00
Pre-Service Evaluation Time:			12.00		
Pre-Service Positioning Time:			3.00		
Pre-Service Scrub, Dress, Wait Time:			2.00		
Intra-Service Time:	1.00	5.00	10.00	10.00	25.00
Immediate Post Service-Time:	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 0.00 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)

5-NF Proc w minimal anes care (if no deduct 1 min)

CPT Code:	96920	Recommended Physician Work RVU: 1.00		
	Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time	
Pre-Service Evaluation Time:	7.00	7.00	0.00	
Pre-Service Positioning Time:	2.00	0.00	2.00	
Pre-Service Scrub, Dress, Wait Time:	1.00	1.00	0.00	
Intra-Service Time:	10.00			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
N/A Survey Code is Non-Facility				
	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time	
Immediate Post Service-Time:	3.00		0.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00 99292x 0.00
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0 99239x 0.0 99217x 0.00
Office time/visit(s):	<u>0.00</u>	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00 55x 0.00 56x 0.00 57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
96574	000	1.01	RUC Time

CPT Descriptor

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 healthcare professional, per day

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
12005	000	1.97	RUC Time

CPT Descriptor

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

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
12001	000	0.84	RUC Time	158,450

CPT Descriptor 1 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
20611	000	1.10	RUC Time	1,095,993

CPT Descriptor 2 Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO 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: 7 % of respondents: 17.0 %

Number of respondents who choose 2nd Key Reference Code: 5 % of respondents: 12.1 %

TIME ESTIMATES (Median)

	CPT Code: 96920	Top Key Reference CPT Code: 96574	2nd Key Reference CPT Code: 12005
Median Pre-Service Time	10.00	10.00	11.00
Median Intra-Service Time	10.00	16.00	25.00
Median Immediate Post-service Time	3.00	10.00	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
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	23.00	36.00	41.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	43%	57%	

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
14%	57%	29%

<u>Technical Skill/Physical Effort</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	29%	29%	42%
Physical effort required	29%	29%	42%

<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
- 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	29%	14%	57%

Survey Code Compared to 2nd Key Reference Code	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity			60%	40%	

<u>Mental Effort and Judgment</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
- 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	20%	20%	60%

<u>Technical Skill/Physical Effort</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	60%	20%	20%
Physical effort required	20%	40%	40%

<u>Psychological Stress</u>	<u>Less</u>	<u>Identical</u>	<u>More</u>
- 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	60%	20%	20%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In 2008, CPT codes 96920, 98921, and 96922, excimer laser treatment for psoriasis, were identified by the high-volume growth and CMS fastest growing screens. At that time, the RUC recommended that these services be assessed again in two years. In October 2011, the Relativity Assessment Workgroup (RAW) reviewed these codes and recommended that the specialty society resurvey for work and practice expense. The codes were presented at the January 2012 RUC meeting. Additionally, the RUC requested the development of a CPT Assistant article for the laser codes 96920-96922 to address incorrect reporting when using handheld devices. The CPT Assistant article was published in June 2012.

In May 2013, another CPT Assistant article was released to address treating a scar using the laser codes 96920-96922, stating that their use would not be appropriate and that 96999, Unlisted special dermatological service or procedure, should be used instead.

In April 2015, the code family was identified again via the high-volume growth screen with Medicare utilization of 10,000 or more. It was recommended that a CPT Assistant article be developed. Additionally, the RUC requested that the specialty societies develop an Action Plan to address the continued increase in utilization and assess the effectiveness of the CPT Assistant article. In October 2015, the RUC recommended that the specialty societies develop an additional, comprehensive CPT Assistant article, with examples, on the use of the three laser codes to ensure the code set was being billed correctly. The CPT Assistant article was published in September 2016.

In October 2017, the RUC recommended that the RAW review these services in 2 years (October 2019). In October 2019, we received the same recommendation (review services in two years ((January 2022))), since therapy for psoriasis had changed, and the utilization of these services may decrease.

In January 2022, the RAW reviewed the laser codes 96920-96922, noting that utilization continued to increase, specifically CPT code 96920. Use of 96920 peaked at 117,256 in 2016, dropped to 79,671 in 2020, and increased to 88,673 in 2021. The specialty societies indicated that this volume is appropriate due to changes in treatment and medication options for psoriasis. However, the RAW recommended that CPT codes 96920, 96921, and 96922 be surveyed for work and practice expense at the April 2022 RUC meeting. In response, the society requested that these codes be referred to CPT to revise the code descriptors to treat expanded indications. The RAW agreed, and the codes were placed on the October 2022 CPT Panel agenda as an editorial revision.

During the October 2022 CPT meeting, the codes were withdrawn as CPT indicated that our changes would not be considered an editorial revision and that we needed to complete a long code change application for the codes. The long code change application was completed and submitted for the February 2023 CPT meeting.

During the pre-facilitation conference call for the February 2023 CPT meeting, the panel reviewers expressed concern about a lack of supporting literature to move forward with the code change applications. Specifically, they indicated that the list of other inflammatory diseases, including vitiligo, eczema, alopecia, and dermatitis, did not have sufficient supporting literature indicating clinical efficacy for treatment with excimer laser. The AADA CPT advisors then recommended expansion of the codes to add just vitiligo, but the reviewers maintained the argument of insufficient supporting literature as well as lack of literature to support the treatment of specific surface area size in this disease process. The CPT panel reviewers did not support the application. AADA was advised to withdraw the tab before the meeting, which was done.

Therefore, the codes were surveyed for the April 2023 RUC meeting without any revisions to code descriptors.

Survey Process

The AADA requested and was approved for a vendor-only survey list as this service is not typically taught in training and is only performed by a small subset of dermatologists with the proper equipment (excimer laser) to perform the procedure. The AADA reached out to the only two manufacturers, Strata and LASEROPTEK Americas. Strata, which bought out the now defunct manufacturer Ro (Pharos excimer laser) holds the vast majority of the marketplace. We received 225 names from Strata and 25 names from LASEROPTEK Americas and all were surveyed.

Work RVU Recommendation

The expert panel reviewed the survey data. We acknowledge the decrease in intraservice time from the survey. However, our expert panel, which includes psoriasis experts who have frequently performed this procedure for many years, felt that the time and work associated with this code has not changed since it was last surveyed. Additionally, the survey

respondents clearly indicated relative stability in the work from current values for this code. That being said, it was felt that both the current values and the 25th percentile would be inappropriate given the decrease in survey time.

Therefore, the expert panel recommends a crosswalk from CPT code 20606, which has a wRVU of 1.00. This is under the 25th percentile survey value of 1.11 and the current wRVU of 1.15.

CPT code 20606 describes 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. This code has the exact same intraservice time as our median data at 10 minutes and a similar total time at 27 minutes. This code was last valued in 2014 by the RUC based on survey data and is also a 0 day global.

It was felt that this crosswalk would maintain relativity well when compared to other codes with similar times. On a RUC database review of 0 day global codes valued since 2010 with the same intraservice time and similar total times (between 22 and 24 minutes), the proposed value of 1.00 would fall within range of the resulting RVWs values, and would not be the most highly valued code within this grouping.

Key Reference Service

The most chosen reference codes by survey participants are common dermatologic procedures.

- **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 healthcare professional, per day
- **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

Neither KRS code was chosen by a majority of the survey takers, at 17% and 12% respectively, and therefore the society was not confident these were representative for comparison.

MPC Codes

Our recommendation additionally supports relativity when compared to the MPC codes noted below:

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post
96920*	Excimer laser treatment for psoriasis; total area less than 250 sq cm	1.15	35	7	23	5
96920**	Excimer laser treatment for psoriasis; total area less than 250 sq cm	1.00	23	10	10	3
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	0.84	22	7	10	5
20611	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting	1.10	27	12	10	5

*Current

**Recommendation

Summary

In summary, our expert panel recommends using the survey median intraservice work of 10 minutes, and crosswalking the wRVU values from CPT code 20606, as the surveyed wRVU for 96920 was similar at the 25th percentile (1.11) and higher at the median (1.45) to current values, but the times indicated were less.

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) 96920

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 Dermatology 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? 176000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We doubled the Medicare utilization rate.

Specialty Dermatology Frequency 176000 Percentage 0.76 %

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? 88,673 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This rationale is based on the 2021 Medicare utilization rates for the year 2021.

Specialty Dermatology Frequency 88673 Percentage 76.50 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? No

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:

Skin

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 96920

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. N/A

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

CPT Code: 96921	Tracking Number	Original Specialty Recommended RVU: 1.22
		Presented Recommended RVU: 1.07
Global Period: 000	Current Work RVU: 1.30	RUC Recommended RVU: 1.07

CPT Descriptor: Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male presents with a history of moderate plaque psoriasis. In spite of multidrug topical therapy, the patient has between 250 sq cm and 500 sq cm of chronic plaques on the elbows, knees, sacrum, and hips that are resistant to topical therapy. The severity of the disease is documented and the decision is made to utilize laser treatment for recurrent and recalcitrant psoriatic plaques.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they typically 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: Review patient chart with particular attention paid to any photosensitive medications that may impact treatment, confirm area of treatment with patient, and obtain informed consent, including response and reactions to therapy. New patients are advised of the risk of pain, blistering, hyper and hypopigmentation. Established patients require review of photos from prior session to evaluate response to treatment, spread, active inflammation and to determine if the treatment needs to be adjusted. Previously burned or blistered areas are assessed for healing, dyspigmentation and scarring. Additional skin care is discussed as appropriate. The physician identifies areas that are prone to pain or burning and advises the clinical staff to apply EMLA cream. The patient is appropriately positioned for access to the first treatment site. The treating physician confirms that laser safety goggles are being worn by everyone in the room. Check laser equipment.

Description of Intra-Service Work: Identify and confirm all lesion sites. EMLA is removed and a mineral oil is applied to treatment sites. Areas that previously developed complications are indicated as treatment settings may need to be adjusted due to increased sensitivity. Each lesion is draped and isolated as much as possible. Treatment fluence (or energy level) is selected for each part of each individual plaque based on the thickness of that part of the plaque and its response to previous treatment(s). The laser is then applied to the first plaque and treatment initiated with pulse duration varying based on the energy delivered. Up to 2 sq cm can be treated at a time with spot size adjusted based on clinical presentation and plaque thickness. Often, individual plaque(s) are treated with different fluences and spot sizes. Gloves are changed as needed to protect equipment. Treatment is performed sequentially to all lesions, taking care to avoid overlapping and modifying fluences as needed. Blocking templates are used to avoid treating uninvolved areas and to deal with geometric lesion configurations that would preclude overlap avoidance. Monitor for pain as well as for skin surface reaction throughout the process. Repeat process and modify for each subsequent lesion to be treated. At the end of treatment for each lesion, reassess site for adequacy of treatment and for any signs of overlap that might need post-treatment therapy.

Description of Post-Service Work: Review pain management and skin care. Ice packs are placed on all erythematous, blistered and crusted areas. Once ice packs are removed, triamcinolone is applied to intact skin with heavy inflammation, and mupirocin is applied to areas of blistering, erosion, and/or impending skin breakdown. Eucerin is applied to all other treatment areas to minimize pain. The physician directs clinical staff which exposed lesions sunscreen should be applied prior to leaving to prevent further (unwanted UV exposure) and potential redness after treatment.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023				
Presenter(s):	Alice Gottlieb, MD, Alexandra Flamm, MD, Howard Rogers, MD, Alina Bridges, MD				
Specialty Society(ies):	American Academy of Dermatology Association (AADA)				
CPT Code:	96921				
Sample Size:	250	Resp N:	41		
Description of Sample:	The AADA used a targeted vendor survey approach, which was approved by the Research Subcommittee. We inquired and received vendor lists from the 2 manufacturers of the excimer laser. A total of 250 surveys went out to all names provided - 225 from one manufacturer and 25 from the other.				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	21.00	75.00	342.00
Survey RVW:	0.60	1.25	1.57	2.35	4.50
Pre-Service Evaluation Time:			15.00		
Pre-Service Positioning Time:			3.00		
Pre-Service Scrub, Dress, Wait Time:			2.00		
Intra-Service Time:	1.00	7.00	12.00	20.00	35.00
Immediate Post Service-Time:	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 0.00 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)

5-NF Proc w minimal anes care (if no deduct 1 min)

CPT Code:	96921	Recommended Physician Work RVU: 1.07		
	Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time	
Pre-Service Evaluation Time:	7.00	7.00	0.00	
Pre-Service Positioning Time:	2.00	0.00	2.00	
Pre-Service Scrub, Dress, Wait Time:	1.00	1.00	0.00	
Intra-Service Time:	12.00			
Please, pick the <u>post</u> -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)				
N/A Survey Code is Non-Facility				
	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time	
Immediate Post Service-Time:	3.00	0.00	3.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00	99292x 0.00		
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00	
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00	
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00	14x 0.00 15x 0.00
Prolonged Services:	<u>0.00</u>	99354x 0.00	55x 0.00	56x 0.00	57x 0.00
Sub Obs Care:	<u>0.00</u>	99224x 0.00	99225x 0.00	99226x 0.00	

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
12006	000	2.39	RUC Time

CPT Descriptor

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

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
11308	000	1.46	RUC Time

CPT Descriptor

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

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
36620	000	1.00	RUC Time	549,202

CPT Descriptor 1 Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
12002	000	1.14	RUC Time	129,274

CPT Descriptor 2 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

Other Reference CPT Code	Global	Work RVU	Time Source
12011	000	1.07	RUC Time

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

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: 6 % of respondents: 14.6 %

Number of respondents who choose 2nd Key Reference Code: 5 % of respondents: 12.1 %

TIME ESTIMATES (Median)

	CPT Code: <u>96921</u>	Top Key Reference CPT Code: <u>12006</u>	2nd Key Reference CPT Code: <u>11308</u>
Median Pre-Service Time	10.00	11.00	6.00
Median Intra-Service Time	12.00	30.00	26.00
Median Immediate Post-service Time	3.00	6.00	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
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	25.00	47.00	37.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity		17%	33%	50%	

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
	33%	67%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	33%	33%	33%

Physical effort required		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

33%

17%

50%

**Survey Code Compared to
2nd Key Reference Code****Much
Less****Somewhat
Less****Identical****Somewhat
More****Much
More**

Overall intensity/complexity				100%	

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

60%

40%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required		40%	60%

Physical effort required			100%

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

40%

60%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In 2008, CPT codes 96920, 98921, and 96922, Excimer laser treatment for psoriasis, were identified by the high-volume growth and CMS fastest growing screens. At that time, the RUC recommended that these services be assessed again in two years. In October 2011, the Relativity Assessment Workgroup (RAW) reviewed these codes and recommended that the specialty society resurvey for work and practice expense. The codes were presented at the January 2012 RUC

meeting. Additionally, the RUC requested the development of a CPT Assistant article for the laser codes 96920-96922 to address incorrect reporting when using handheld devices. The CPT Assistant article was published in June 2012.

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In January 2022, the RAW reviewed the laser codes 96920-96922, noting that utilization continued to increase, specifically CPT code 96920. Use of 96920 peaked at 117,256 in 2016, dropped to 79,671 in 2020, and increased to 88,673 in 2021. The specialty societies indicated that this volume is appropriate due to changes in treatment and medication options for psoriasis. However, the RAW recommended that CPT codes 96920, 96921, and 96922 be surveyed for work and practice expense at the April 2022 RUC meeting. In response, the society requested that these codes be referred to CPT to revise the code descriptors to treat expanded indications. The RAW agreed, and the codes were placed on the October 2022 CPT Panel agenda as an editorial revision.

During the October 2022 CPT meeting, the codes were withdrawn as CPT indicated that our changes would not be considered an editorial revision and that we needed to complete a long code change application for the codes. The long code change application was completed and submitted for the February 2023 CPT meeting.

During the pre-facilitation conference call for the February 2023 CPT meeting, the panel reviewers expressed concern about a lack of supporting literature to move forward with the code change applications. Specifically, they indicated that the list of other inflammatory diseases, including vitiligo, eczema, alopecia, and dermatitis, did not have sufficient supporting literature indicating clinical efficacy for treatment with excimer laser. The AADA CPT advisors then recommended expansion of the codes to add just vitiligo, but the reviewers maintained the argument of insufficient supporting literature as well as lack of literature to support the treatment of specific surface area size in this disease process. The CPT panel reviewers did not support the application. AADA was advised to withdraw the tab before the meeting, which was done.

Therefore, the codes were surveyed for the April 2023 RUC meeting without any revisions to code descriptors.

Survey Process

The AADA requested and was approved for a vendor-only survey list as this service is not typically taught in training and is only performed by a small subset of dermatologists with the proper equipment (excimer laser) to perform the procedure. The AADA reached out to the only two manufacturers, Strata and LASEROPTEK Americas. Strata, which bought out the now defunct manufacturer Ro (Pharos excimer laser) holds the vast majority of the marketplace. We received 225 names from Strata and 25 names from LASEROPTEK Americas and all were surveyed.

Work RVU Recommendation

The expert panel reviewed the survey data. It was felt that both the current values and the 25th percentile would be inappropriate given the decrease in survey time. However, our expert panel, which included work experts who frequently perform this procedure, felt that the work associated with this code has not changed it was last surveyed. It was also noted that the request for survey arose from a utilization screen as opposed to other mechanisms. Additionally, the survey respondents indicated relative stability in the RVUs, as per the survey data.

Therefore, the expert panel recommends a crosswalk from CPT code 12011, which has a wRVU of 1.07. This is under the 25th percentile survey value of 1.25 and the current wRVU of 1.30.

CPT code 12011 describes a simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less. 12011 has the same intraservice time, at 12 minutes, a similar total time, at 24 minutes, to the surveyed time for 96921. This code was last valued in April 2010 by the RUC based on survey data. This code is additionally an MPC code.

It was felt that this crosswalk would maintain relativity well when compared to other codes with similar times. On a RUC database review of 0-day global codes valued since 2010 with the same intraservice time and similar total times (between 23 and 27 minutes), the proposed value of 1.07 would fall within range of the resulting RVW's values, and would not be the most highly valued code within this grouping.

Key Reference Service

The most chosen reference codes by survey participants are common dermatologic procedures.

- **12006** Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1cm to 30.0cm
- **11308** Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm

Neither KRS code was chosen by a majority of the survey takers, at 14% and 12% respectively, and therefore the society was not confident these were representative for comparison.

MPC Codes

Our recommendation additionally supports relativity when compared to the MPC codes noted below:

CPT Code	Descriptor	wRVU	Total Time	Pre	Intra	Post
96921*	Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm	1.30	42	7	30	5
96921**	Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm	1.07	25	10	12	3
36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous	1.00	17	7	7	3
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	1.07	24	12	7	5
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	1.14	27	7	15	5

*Current

**Recommendations

Summary

In summary, our expert panel recommends using the survey median intraservice work of 12 minutes, and crosswalking the wRVU values from CPT code 12011, as the surveyed wRVU for 96921 was similar at the 25th percentile (1.25) and higher at the median (1.57) to current values, but the times indicated were less.

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) 96921

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 Dermatology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 50,848

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We doubled the Medicare utilization rate.

Specialty Dermatology Frequency 50848 Percentage 78.30 %

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? 25,424 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is based on the 2021 Medicare utilization rate.

Specialty Dermatology Frequency 25424 Percentage 78.30 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? No

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:
Skin

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 96921

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. N/A

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

CPT Code: 96922	Tracking Number	Original Specialty Recommended RVU: 1.57
		Presented Recommended RVU: 1.32
Global Period: 000	Current Work RVU: 2.10	RUC Recommended RVU: 1.32

CPT Descriptor: Excimer laser treatment for psoriasis; over 500 sq cm

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male presents with a history of moderate plaque psoriasis. In spite of multidrug topical therapy, the patient has more than 500 sq cm of chronic plaques on the elbows, knees, sacrum, and hips that are resistant to topical therapy. The severity of the disease is documented and the decision is made to utilize laser treatment for recurrent and recalcitrant psoriatic plaques.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they typically 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: Review patient chart with particular attention paid to any photosensitive medications that may impact treatment, confirm area of treatment with patient, and obtain informed consent, including response and reactions to therapy. New patients are advised of the risk of pain, blistering, hyper and hypopigmentation. Established patients require review of photos from prior session to evaluate response to treatment, spread, active inflammation and to determine if the treatment needs to be adjusted. Previously burned or blistered areas are assessed for healing, dyspigmentation and scarring. Additional skin care is discussed as appropriate. The physician identifies areas that are prone to pain or burning and advises the clinical staff to apply EMLA cream. The patient is appropriately positioned for access to the first treatment site. The treating physician confirms that laser safety goggles are being worn by everyone in the room. Check laser equipment.

Description of Intra-Service Work: Identify and confirm all lesion sites. EMLA is removed and a mineral oil is applied to treatment sites. Areas that previously developed complications are indicated as treatment settings may need to be adjusted due to increased sensitivity. Each lesion is draped and isolated as much as possible. Treatment fluence (or energy level) is selected for each part of each individual plaque based on the thickness of that part of the plaque and its response to previous treatment(s). The laser is then applied to the first plaque and treatment initiated with pulse duration varying based on the energy delivered. Up to 2 sq cm can be treated at a time with spot size adjusted based on clinical presentation and plaque thickness. Often, individual plaque(s) are treated with different fluences and spot sizes. Gloves are changed as needed to protect equipment. Treatment is performed sequentially to all lesions, taking care to avoid overlapping and modifying fluences as needed. Blocking templates are used to avoid treating uninvolved areas and to deal with geometric lesion configurations that would preclude overlap avoidance. Monitor for pain as well as for skin surface reaction throughout the process. Repeat process and modify for each subsequent lesion to be treated. At the end of treatment for each lesion, reassess site for adequacy of treatment and for any signs of overlap that might need post-treatment therapy.

Description of Post-Service Work: Review pain management and skin care. Ice packs are placed on all erythematous, blistered and crusted areas. Once ice packs are removed, triamcinolone is applied to intact skin with heavy inflammation, and mupirocin is applied to areas of blistering, erosion, and/or impending skin breakdown. Eucerin is applied to all other treatment areas to minimize pain. The physician directs clinical staff which exposed lesions sunscreen should be applied prior to leaving to prevent further unwanted UV exposure and potential redness after treatment.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2023				
Presenter(s):	Alice Gottlieb, MD, FAAD, Alexandra Flamm, MD, FAAD, Howard Rogers, MD, FAAD, Alina Bridges, MD, FAAD				
Specialty Society(ies):	American Academy of Dermatology Association (AADA)				
CPT Code:	96922				
Sample Size:	250	Resp N:	41		
Description of Sample:	The AADA used a targeted vendor survey approach, which was approved by the Research Subcommittee. We inquired and received vendor lists from the 2 manufacturers of the excimer laser. A total of 250 surveys went out to all names provided - 225 from one manufacturer and 25 from the other.				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	7.00	11.00	50.00	270.00
Survey RVW:	0.60	1.32	2.21	2.90	6.00
Pre-Service Evaluation Time:			14.00		
Pre-Service Positioning Time:			3.00		
Pre-Service Scrub, Dress, Wait Time:			3.00		
Intra-Service Time:	1.00	12.00	18.00	25.00	50.00
Immediate Post Service-Time:	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 0.00 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)

5-NF Proc w minimal anes care (if no deduct 1 min)

CPT Code:	96922	Recommended Physician Work RVU: 1.32		
	Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time	
Pre-Service Evaluation Time:	7.00	7.00	0.00	
Pre-Service Positioning Time:	2.00	0.00	2.00	
Pre-Service Scrub, Dress, Wait Time:	1.00	1.00	0.00	
Intra-Service Time:	18.00			
Please, pick the <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
N/A Survey Code is Non-Facility				
	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time	
Immediate Post Service-Time:	3.00	0.00	3.00	

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	<u>0.00</u>	99291x 0.00 99292x 0.00
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00 99232x 0.00 99233x 0.00
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0 99239x 0.0 99217x 0.00
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Sub Obs Care:	<u>0.00</u>	99224x 0.00 99225x 0.00 99226x 0.00

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
12007	000	2.90	RUC Time

CPT Descriptor

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

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
12018	000	3.61	RUC Time

CPT Descriptor

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

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
12004	000	1.44	RUC Time	20,365

CPT Descriptor 1 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

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
12013	000	1.22	RUC Time	48,082

CPT Descriptor 2 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO 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: 7 % of respondents: 17.5 %

Number of respondents who choose 2nd Key Reference Code: 7 % of respondents: 17.5 %

TIME ESTIMATES (Median)

	CPT Code: 96922	Top Key Reference CPT Code: 12007	2nd Key Reference CPT Code: 12018
Median Pre-Service Time	10.00	11.00	11.00
Median Intra-Service Time	18.00	35.00	45.00
Median Immediate Post-service Time	3.00	8.00	8.00
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	31.00	54.00	64.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	14%	14%	57%	14%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
0%	29%	71%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	28%	14%	28%

Physical effort required	14%	29%	57%

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%

29%

57%

**Survey Code Compared to
2nd Key Reference Code****Much
Less****Somewhat
Less****Identical****Somewhat
More****Much
More**

Overall intensity/complexity	0%	14%	43%	14%	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

14%

40%

40%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required	29%	14%	14%

Physical effort required	0%	29%	71%

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

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14%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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In January 2022, the RAW reviewed the laser codes 96920-96922, noting that utilization continued to increase, specifically CPT code 96920. Use of 96920 peaked at 117,256 in 2016, dropped to 79,671 in 2020, and increased to 88,673 in 2021. The specialty societies indicated that this volume is appropriate due to changes in treatment and medication options for psoriasis. However, the RAW recommended that CPT codes 96920, 96921, and 96922 be surveyed for work and practice expense at the April 2022 RUC meeting. In response, the society requested that these codes be referred to CPT to revise the code descriptors to treat expanded indications. The RAW agreed, and the codes were placed on the October 2022 CPT Panel agenda as an editorial revision.

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During the pre-facilitation conference call for the February 2023 CPT meeting, the panel reviewers expressed concern about a lack of supporting literature to move forward with the code change applications. Specifically, they indicated that the list of other inflammatory diseases, including vitiligo, eczema, alopecia, and dermatitis, did not have sufficient supporting literature indicating clinical efficacy for treatment with excimer laser. The AADA CPT advisors then recommended expansion of the codes to add just vitiligo, but the reviewers maintained the argument of insufficient supporting literature as well as lack of literature to support the treatment of specific surface area size in this disease process. The CPT panel reviewers did not support the application. AADA was advised to withdraw the tab before the meeting, which was done.

Therefore, the codes were surveyed for the April 2023 RUC meeting without any revisions to code descriptors.

Survey Process

The AADA requested and was approved for a vendor-only survey list as this service is not typically taught in training and is only performed by a small subset of dermatologists with the proper equipment (excimer laser) to perform the procedure. The AADA reached out to the only two manufacturers, Strata and LASEROPTEK Americas. Strata, which bought out the now defunct manufacturer Ro (Pharos excimer laser) holds the vast majority of the marketplace. We received 225 names from Strata and 25 names from LASEROPTEK Americas and all were surveyed.

Work RVU Recommendation

The expert panel reviewed the survey data. It was felt that the current value would be inappropriate given the decrease in survey time. Our expert panel, which included work experts who frequently perform this procedure, felt that the work associated with this code has not changed it was last surveyed. It was also noted that the request for survey arose from a utilization screen as opposed to other mechanisms. However, in contrast to the other codes in this family, the RVW data for 96922 decreased similarly to the time.

Therefore, the expert panel recommends the 25th percentile, with a wRVU of 1.32. This would represent a decrease from current value of 2.10.

Key Reference Service

The most chosen reference codes by survey participants are common dermatologic procedures.

- **12007** Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm
- **12018** Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm

Neither KRS code was chosen by a majority of the survey takers, at 17.5% and 17.5% respectively, and therefore society was not confident these were representative for comparison.

MPC Codes

Our recommendation additionally supports relativity when compared to the MPC codes noted below:

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96922**	Excimer laser treatment for psoriasis; over 500 sq cm	1.32	31	10	18	3
12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	1.22	27	7	15	5
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	1.44	29	7	17	5

*Current

**Recommendation

Summary

In summary, our expert panel recommends using the survey median intraservice work of 18 minutes, and recommending the 25th percentile of wRVU data at 1.37, which would align with the noted decreases in time within the survey data and still maintain relativity within the code family.

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) 96922

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 Dermatology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 28048

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We doubled the Medicare utilization rate.

Specialty Dermatology Frequency 28048 Percentage 82 %

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? 14,024 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This rationale is based on the 2021 Medicare utilization rates for the year 2021

Specialty Dermatology Frequency 14024 Percentage 82.00 %

Specialty Frequency Percentage %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? No

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:
NA

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 96922

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. N/A

ISSUE: Laser Therapy Codes 96920-96922
TAB: 8

[illegible][illegible][illegible]

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

Meeting Date: April 2023

CPT Code	Long Descriptor	Global Period
96920	Excimer laser treatment for psoriasis; total area less than 250 sq cm	000
96921	Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm	000
96922	Excimer laser treatment for psoriasis; over 500 sq cm	000

Vignette(s) (*vignette required even if PE only code(s)*):

CPT Code	Vignette
96920	a 65-year-old male presents with a history of moderate plaque psoriasis. in spite of multidrug topical therapy, the patient has still less than 250 sq cm of chronic plaques on the elbows, knees, sacrum, and hips that are resistant to topical therapy. the severity of the disease is documented and the decision is made to utilize laser treatment for recurrent and recalcitrant psoriatic plaques.
96921	a 65-year-old male presents with a history of moderate plaque psoriasis. in spite of multidrug topical therapy, the patient has between 250 sq cm and 500 sq cm of chronic plaques on the elbows, knees, sacrum, and hips that are resistant to topical therapy. the severity of the disease is documented and the decision is made to utilize laser treatment for recurrent and recalcitrant psoriatic plaques.
96922	a 65-year-old male presents with a history of moderate plaque psoriasis. in spite of multidrug topical therapy, the patient has more than 500 sq cm of chronic plaques on the elbows, knees, sacrum, and hips that are resistant to topical therapy. the severity of the disease is documented and the decision is made to utilize laser treatment for recurrent and recalcitrant psoriatic plaques.

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:

Subject Matter Experts who perform this procedure as routine reviewed current PE inputs and modified them to reflect current practice.

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:

N/A

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 nonfacility?

This code is not typically reported with an E/M service in any setting.

See the *Billed Together* tab in the RUC Database.

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

4. What specialty is the dominant provider *in the nonfacility*? What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility 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.

Dermatology dominates the reporting in all settings with 76.7% of all billing for this service in the non-facility setting and 76.5% in all sites.

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 society is requesting an increase in practice expense. Since surveying the code last in 2012, the business model for the excimer laser has changed. The primary company for the excimer laser, STRATA, which controls the majority of the market of the lasers in the United States, has provided evidence that the purchase model is no longer dominant. They have presented an attestation stating that the majority of their business model is through the partnership program (eg, subscription-based model) that is a pay-per-use. The current equipment cost represents outdated data and a flawed methodology.

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.

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

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:

We are recommending an addition of 2 mins for positioning given the need for multiple repositionings to access areas to be treated that need to have EMLA applied before the procedure begins.

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:

Previously 5 minutes, maintain current.

10. Please provide a brief description of the clinical staff work for the following:

a. Pre-Service period:

Room preparation is completed including turning on the FDA approved excimer laser (308 nm) as it takes time to warm up. The patient is greeted by clinical staff, brought to treatment room and provided with a gown. Clinical staff ensures appropriate medical records are available. The clinical staff obtains vital signs including temperature, respiratory rate, BP and pulse. Clinical staff reviews the treatment procedure with the patient, obtains patient consent and confirms the order. Once the patient is gowned, photos are obtained of the treatment areas. EMLA cream is applied to pre-determined areas prone to pain or burning. The patient is positioned by the clinical staff to allow for ease of initial treatment.

b. Service period (includes pre, intra and post):

The clinical staff is present with the physician and actively assists the physician throughout the procedure. The clinical staff ensures the patient is wearing the required UV goggles throughout the treatment. The physician and clinical staff also wear UV goggles. Face shields are worn by physician and clinical staff to prevent any splashing due to mineral oil or other ointments. Clinical staff assists the physician with patient re-positioning the patient throughout the entire treatment, holding any body parts to ease access (including holding skin folds back), shifting or replacing and taping the fenestrated

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

drapes, as well as applying necessary topical agents throughout the procedure. Clinical staff applies ice packs to previously treated areas where there is discomfort. During the procedure the clinical staff and physician will change gloves as needed due to the use of mineral oil and other ointments.

c. Post-service period:

The clinical staff provides disposable towels for the patient to clean off excess mineral oil and ointments. The patient is monitored by clinical staff in the room and the treated areas are checked for any redness, burns or other reactions. Clinical staff applies mupirocin 2% topical ointment and sunscreen to areas as directed by the physician. Instructions are given to the patient regarding home care, including any special attention a treated area may need. The clinical staff clean the treatment room and carefully clean the laser. The clinical staff will remind the patient when to return for the next treatment and answer any questions the patient presents.

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 as noted above in 10b

12. If you have used a percentage of the physician intra-service work time other than 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:

On line 129, 130, and 131, we added the laser, excimer, pay per use based on size of treatment area. This piece of equipment is typically used via a subscription or a rental model. The dermatologist does not own the laser, rather the laser is placed in the dermatologist's office, and the practice buys a series

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

of treatments. These treatments are purchased generally in packs of 10 and are based upon the size of the area being treated which corresponds to the 3 codes. We have included a paid invoice as well as a usage agreement from the manufacturer.

On line 132 we added Mupirocin 2% Topical Ointment 22 grams. Following the laser treatment, the physician applies mupirocin to areas of blistering, erosion, and/or impending skin breakdown. An invoice is attached.

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 -SA048

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).

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, minimum multi-specialty visit	SA048	pack		5.02
paper, exam table		foot	7	
gloves, non-sterile		pair	2	
gown, patient		item	1	
pillow case		item	1	
cover, thermometer probe		item	1	

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

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038?
- If yes, please explain how the computer is used for this service(s).
 - 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?
 - 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:

CMS Code	Useful Life	Price	Utilization Rate	Min/Year	Cost/Year
EQ168 light, exam	10	1232.887	0.5	150000	0.003271745
EF031 table, power	10	5906.76	0.5	150000	0.015674926
ED005 camera, digital system, 12 megapixel (medical grade)	5	5607.182	0.5	150000	0.022216755

The EQ168 light is used during pre-, intra and post-service time and thus tied to the entire clinical staff time (line 10). The light allows the clinical staff and physician to easily identify the plaques as well as take well-lit photos. The light is also used during the procedure to illuminate the treatment areas to allow the physician to achieve optimal results and minimize potential risks that may occur. During post-service the light is on to allow the physician and clinical staff to identify any areas of concern and allow for ease to apply any ointments.

The EF031 table, power is used for the entirety of the procedure and tied to the entire clinical staff time (line 10).

The ED005 camera is used to capture images of the patient's lesions in pre-service time as part of the initial 2 minutes for set-up of the procedure (CA016). The photos are used by the physician to track the course of treatment and clearance of lesions over time.

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:

N/A

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NONFACILITY DIRECT PE INPUTS

CPT CODE(S):96920, 96921, 96922

SPECIALTY SOCIETY: _American Academy of Dermatology Association

PRESENTER(S): Lawrence Green, MD, FAAD, Brent Moody, MD, FAAD, Howard Rogers, MD, FAAD

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

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. *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. In addition, please provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

A		B				D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T
1	RUC Practice	Expense Spreadsheet							CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED	
2									96920		96920		96921		96921		96922		96922	
3		RUC Collaboration Website																		
4	Clinical Activity Code	Meeting Date: 4/2023 Revision Date (if applicable): Tab: 08 Specialty: Dermatology				Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm		Excimer laser treatment for psoriasis; total area less than 250 sq cm		laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm		Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm		laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm		Excimer laser treatment for psoriasis; over 500 sq cm	
5		LOCATION							Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD 000																		
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME							\$ 82.43	\$ -	\$ 145.20	\$ -	\$ 88.75	\$ -	\$ 152.67	\$ -	\$ 104.43	\$ -	\$ 179.47	\$ -
8		TOTAL CLINICAL STAFF TIME				L037D	RN/LPN/MTA	0.455	44.0	0.0	38.0	0.0	47.0	0.0	40.0	0.0	57.0	0.0	46.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME				L037D	RN/LPN/MTA	0.455	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME				L037D	RN/LPN/MTA	0.455	44.0	0.0	38.0	0.0	47.0	0.0	40.0	0.0	57.0	0.0	46.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME				L037D	RN/LPN/MTA	0.455	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE							\$ 20.02	\$ -	\$ 17.29	\$ -	\$ 21.39	\$ -	\$ 18.20	\$ -	\$ 25.94	\$ -	\$ 20.93	\$ -
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	0.455												
16	CA002	Coordinate pre-surgery services (including test results)				L037D	RN/LPN/MTA	0.455												
17	CA003	Schedule space and equipment in facility				L037D	RN/LPN/MTA	0.455												
18	CA004	Provide pre-service education/obtain consent				L037D	RN/LPN/MTA	0.455												
19	CA005	Complete pre-procedure phone calls and prescription				L037D	RN/LPN/MTA	0.455												
20	CA006	Confirm availability of prior images/studies				L037D	RN/LPN/MTA	0.455												
21	CA007	Review patient clinical extant information and questionnaire				L037D	RN/LPN/MTA	0.455												
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)				L037D	RN/LPN/MTA	0.455												
23						L037D	RN/LPN/MTA	0.455												
26		Other activity: please include short clinical description here and type				L037D	RN/LPN/MTA	0.455												
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	0.455	3		3		3		3		3		3	
34	CA010	Obtain vital signs				L037D	RN/LPN/MTA	0.455	5		5		5		5		5		5	
35	CA011	Provide education/obtain consent				L037D	RN/LPN/MTA	0.455	3		2		3		2		3		2	
36	CA012	Review requisition, assess for special needs				L037D	RN/LPN/MTA	0.455												
37	CA013	Prepare room, equipment and supplies				L037D	RN/LPN/MTA	0.455	5		5		5		5		5		5	
38	CA014	Confirm order, protocol exam				L037D	RN/LPN/MTA	0.455	2		0		2		0		2		0	
39	CA015	Setup scope (nonfacility setting only)				L037D	RN/LPN/MTA	0.455												
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient				L037D	RN/LPN/MTA	0.455			2				2				2	
41	CA017	Sedate/apply anesthesia				L037D	RN/LPN/MTA	0.455												
42						L037D	RN/LPN/MTA	0.455												
45		Other activity: please include short clinical description here and type				L037D	RN/LPN/MTA	0.455												
48		Intra-service (of service period)																		
49	CA018	Assist physician or other qualified healthcare professional---directly				L037D	RN/LPN/MTA	0.455			10				12				18	
50	CA019	Assist physician or other qualified healthcare professional---directly				L037D	RN/LPN/MTA	0.455												
51	CA020	Assist physician or other qualified healthcare professional---directly				L037D	RN/LPN/MTA	0.455												
52	CA021	Perform procedure/service---NOT directly related to physician work time				L037D	RN/LPN/MTA	0.455	17				20				30			
55						L037D	RN/LPN/MTA	0.455												
56		Other activity: please include short clinical description here and type				L037D	RN/LPN/MTA	0.455												
59		Post-Service (of service period)																		
60	CA022	Monitor patient following procedure/service, multitasking 1:4				L037D	RN/LPN/MTA	0.455												
61	CA023	Monitor patient following procedure/service, no multitasking				L037D	RN/LPN/MTA	0.455	3		3		3		3		3		3	
62	CA024	Clean room/equipment by clinical staff				L037D	RN/LPN/MTA	0.455	3		5		3		5		3		5	
63	CA025	Clean scope				L037D	RN/LPN/MTA	0.455												
64	CA026	Clean surgical instrument package				L037D	RN/LPN/MTA	0.455												
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions				L037D	RN/LPN/MTA	0.455												
66	CA028	Review/read post-procedure x-ray, lab and pathology reports				L037D	RN/LPN/MTA	0.455												
67	CA029	Check dressings, catheters, wounds				L037D	RN/LPN/MTA	0.455	3		3		3		3		3		3	
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,				L037D	RN/LPN/MTA	0.455												
69	CA031	Review examination with interpreting MD/DO				L037D	RN/LPN/MTA	0.455												
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to				L037D	RN/LPN/MTA	0.455												
71	CA033	Perform regulatory mandated quality assurance activity (service period)				L037D	RN/LPN/MTA	0.455												
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry				L037D	RN/LPN/MTA	0.455												
73	CA035	Review home care instructions, coordinate visits/prescriptions				L037D	RN/LPN/MTA	0.455			0				0				0	
74	CA036	Discharge day management				L037D	RN/LPN/MTA	0.455	n/a		n/a		n/a		n/a		n/a		n/a	
75						L037D	RN/LPN/MTA	0.455												
78		Other activity: please include short clinical description here and type				L037D	RN/LPN/MTA	0.455												
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	0.455												
85	CA038	Coordinate post-procedure services				L037D	RN/LPN/MTA	0.455												
86		Office visits: List Number and Level of Office Visits				MINUTES			# visits	# visits	# visits	# visits	# visits	# visits	# 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	0.455	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
93						L037D	RN/LPN/MTA	0.455												
96		Other activity: please include short clinical description here and type				L037D	RN/LPN/MTA	0.455												
99	End: with last office visit before end of global period																			

**AMA/Specialty Society RVS Update Committee (RUC)
Vendor/Company Attestation Statement**

This form needs to be completed by an authorized representative of any **Vendor or Company** that makes, markets or distributes a product or device utilized in performing the service being surveyed by the AMA/Specialty Society RVS Update Committee (RUC), as part of its CPT® code survey and valuation process, and which has supplied a list of users of such products or devices in connection with the survey and valuation process.

By submitting to the RUC a list of users of the undersigned's product or device as part of the RUC's CPT® code survey and valuation process, I attest that no employee, affiliate, or agent of the undersigned has contacted, and further covenant that they will not contact, any such user in connection with the survey. I hereby represent and warrant that I have the authority to sign this statement on behalf of the undersigned company and that the information herein is true and accurate. I understand that any false or inaccurate information will render the survey invalid, harming both the undersigned and the physicians who use the product or device.

96920, 96921, 96922

CPT® Codes

STRATA Skin Sciences, Inc.

Vendor/Company Name

By: Keith B Simeone

Keith B Simeone

Printed Signature

VP Sales

Title

02/13/2023

Date

**AMA/Specialty Society RVS Update Committee (RUC)
Vendor/Company Attestation Statement**

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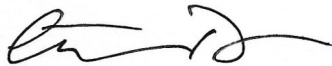
96920, 96921, 96922

CPT® Codes

LASEROPTER CO. LTD

Vendor/Company Name

By:



CHRISTOPHER DALTON

Printed Signature

VICE PRESIDENT

Title

3/7/2023

Date

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Screen: High Volume Growth

April 2025

Stereotactic Computer-Assisted Volumetric Navigational Procedures – Tab 11

In April 2024, CPT code 61783 was identified by the Relativity Assessment Workgroup (RAW) via the high-volume growth screen, with Medicare utilization of 10,000 or more that has increased by at least 100% from 2017 through 2022. In January 2025, the RAW reviewed the action plan for CPT code 61783 and determined that this service was last valued in 2010, and utilization is steadily increasing, thus should be surveyed with the appropriate family of codes for April 2025.

In October 2008, CPT code 61795 *Stereotactic computer-assisted volumetric (navigational) procedure, intracranial, extracranial, or spinal* (2008 work RVU = 4.03) was identified for potential misvaluation through the CMS Fastest Growing Screen. The RUC and the specialty societies determined that the work and technology related to intracranial, extracranial and spinal procedures may be different. Thus, the specialty societies submitted a code change application to the CPT Editorial Panel. At the October 2009 CPT Editorial Panel meeting, CPT code 61795 was deleted, and three new codes (61781, 61782 and 61783) were created to separately report cranial intradural, cranial extradural and spinal stereotactic computer-assisted volumetric procedures respectively. CPT codes 61781, 61782 and 61783 were reviewed at the February 2010 RUC meeting for publication in CPT 2011. CPT codes 61781 and 61783 were valued the same at 3.75 work RVUs and 61782 was valued at 3.18 work RVUs.

Based on 2023 Medicare utilization, CPT code 61781 is performed by neurosurgery (97%), CPT code 61783 is performed by neurosurgery (67%) and orthopaedic surgery (32%) and 61782 is performed by otolaryngology (98%). No specialty society interest was submitted to survey code 61781, and there is no recommendation. Otolaryngology surveyed code 61782 and neurosurgery, orthopaedic surgery and spine surgery surveyed code 61783.

Family of Services

The specialty societies indicated that CPT codes 61781, 61782 and 61783 are not a family of services as they are reported with distinctly different procedures and should not have been placed for convenience together in the Nervous System/ Skull, Meninges, and Brain/Stereotaxis subsection of CPT. The specialty societies believe that it was not correct to maintain all three codes together in the Nervous System section as established. Specifically, there is a Spine and Spinal Column/Stereotaxis subsection under the Nervous System subsection where code 61783 could have been located, or it could also have been placed in the Musculoskeletal System/Spine subsection. The specialty societies also question whether 61782 is correctly placed in the Nervous System section instead of in the Musculoskeletal System/Head subsection, closer to the procedures that 61782 is typically reported.

The RUC noted that these three services were valued together initially and the valuation for codes 61781 and 61783 is the same and is based on the same methodology. The RUC is concerned that a possible rank order anomaly may occur if valued separately. **The RUC disagrees with the specialty societies and recommends that 61781 be surveyed with 61782 and 61783 for September 2025.**

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I=New code S=Revised code A=Add-on code H=Modifier 51 exempt *Telemedicine X=Audio-only ~FDA approval pending #=Resequenced code f=Family Code e=Editorial D=Deleted

ZZZ Survey Template

CPT codes 61781, 61782 and 61783 were all surveyed for pre- and post-service time in 2010, and each included 15 minutes of pre-service time. CPT codes 61782 and 61783 were surveyed this time with the standard ZZZ survey template, which specifies the ZZZ global period as a *code related to another service and is always included in the global period of the other service (Note: Physician work is associated with intra-service time and in some instances the pre-and post-service time)* and only asks for the day of procedure intra-service time. In rare circumstances, specialties may provide justification and request that a ZZZ survey with pre- and post-service time be conducted. The specialty societies are requesting to resurvey these services with the pre/post ZZZ survey template.

The specialties indicated that they believe the pre-service time that was captured in the 2010 valuation remains an integral part of this work for these services. Pre-service time is essential and inseparable from these services. For CPT code 61782, this work includes critical, physician-performed tasks directly related to the implementation and use of stereotactic computer navigation. These include an in-depth discussion with the patient about the rationale for the navigation system, its role in enhancing surgical precision, and its implications for surgical complexity and duration. This is particularly relevant in cases involving altered anatomy or proximity to critical structures. In addition, the surgeon must initiate, configure, and verify the navigation system, including hardware setup, image review in multiple planes, software validation, and procedural planning based on the individual patient's anatomy and pathology. These are non-delegable, case-specific activities that are essential to the safe and effective use of this advanced technology and therefore justify discrete pre-service time beyond what is included in the base code.

For 61783, this work includes critical, physician-only tasks that cannot be delegated, such as consulting with the patient about the placement of an additional tracker for spinal navigation, segmenting spinal levels, planning pedicle trajectories, and positioning the navigation system, all of which are fundamental to the success of the procedure and must be completed before sterile draping.

The RUC determined that the specialty societies may survey 61781, 61782 and 61783 with the amended ZZZ survey template that specifically asks the respondent whether pre- and post-service time is associated with these add-on services.

61781 Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)

No specialty society interest was submitted to survey code 61781, and there is no recommendation. **No RUC recommendation is submitted for CPT code 61781. The RUC recommends 61781 be surveyed with 61782 and 61783 for September 2025.**

61782 Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)

The RUC reviewed the survey results from 141 otolaryngologists and determined that the survey 25th percentile work RVU of 2.50 appropriately accounts for the work required to perform this service based on the current survey. The RUC recommends interim times of 0 minutes pre-service time and 20 minutes intra-service time, totaling 20 minutes. The specialty societies did not survey for pre-service time and have requested to resurvey with an amended survey instrument, specifically asking if separate pre-service time from the base code occurs for this service. The RUC recommends an interim work RVU of 2.50 and resurvey for September 2025.

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The RUC compared the surveyed code to the top key reference code 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)* (work RVU = 3.00, 40 minutes intra-service time and total time) and determined the surveyed code requires much less physician work and time and thus is appropriately valued lower. The RUC noted that if the surveyed code had pre-time, code 19294 is a comparable service.

For additional support, the RUC referenced code 20702 *Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)* (work RVU = 2.50, 25 minutes intra-service time and 32 minutes total time), which requires more time, but the surveyed code is somewhat more intense and complex to perform. **The RUC recommends an interim work RVU of 2.50 for CPT code 61782 and resurvey with the pre/post time ZZZ survey template for review at the September 2025 RUC meeting.**

61783 Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)

The RUC reviewed the survey results from 146 neurosurgeons, orthopaedic surgeons and spine surgeons, and determined the survey 25th percentile work RVU of 3.50 and 30 minutes of intra-service and total time are appropriate based on the current survey. The specialty societies requested to resurvey CPT code 61783, using the specific ZZZ survey template with pre/post-service time.

The RUC compared the surveyed code to the second top key reference service 61797 *Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)* (work RVU = 3.48, 30 minutes intra-service and total time) and determined that these services both require the same physician work and time, thus are valued similarly.

For additional support the RUC referenced 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, 30 minutes intra-service time and total time), which requires similar physician work and time. **The RUC recommends an interim value of 3.50 for CPT code 61783 and resurvey with the pre/post time ZZZ survey template for review at the September 2025 RUC meeting.**

Practice Expense

The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs for CPT code 61782 and made a single modification. Invoices were submitted for three new supplies: *single use instrumentation wire, patient tracker* and *adhesive pad*. The Subcommittee amended the patient tracker inputs to correct the price of the new supply item since it is available in a 5-pack, and the adhesive in a 10-pack, but only one of each is used. The specialty societies also recommended four new equipment items: *navigation system, pointer shell universal mounts, medical cart without monitor* and *registration pointer*. The RUC noted the equipment *service contract standard* was not included because maintenance such as a service contract is already included in the calculation of the cost per minute. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

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CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
(f) 61781	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure) (Do not report 61781 in conjunction with 61720-61791, 61796-61799, 61863-61868, 62201, 77371-77373, 77432)	ZZZ	No Recommendation Survey for September 2025 (2025 Work RVU = 3.75)
(f) 61782	cranial, extradural (List separately in addition to code for primary procedure) (Do not report 61781, 61782 by the same individual during the same surgical session)	ZZZ	2.50 (Interim) Resurvey for September 2025 (2025 Work RVU = 3.18)
61783	spinal (List separately in addition to code for primary procedure) (Do not report 61783 in conjunction with 63620, 63621)	ZZZ	3.50 (Interim) Resurvey for September 2025 (2025 Work RVU = 3.75)

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March 30, 2025

Ezequiel Silva III, MD
Chair, RVS Update Committee
American Medical Association
330 N. Wabash Avenue
Chicago, IL 60611

RE: Tab 11, Stereotactic Computer-Assisted Volumetric Navigational Procedures

Dear Dr. Silva,

The AANS, CNS, NASS, AAOS, and ISASS are requesting to maintain the current work RVU and times for code 61783, and to resurvey for the September 2025 RUC meeting with a ZZZ global survey tool that allows reporting of intraservice time and pre/postservice time if applicable, consistent with the definition of a ZZZ code. Below we provide a detailed rationale for this request.

We also provide below a rationale as to why codes 61781, 61782, and 61783 are not family codes and further why there are not any family codes related to code 61783.

- **Rationale for Resurvey of 61783**

The standard ZZZ-global survey was used in 2009 to survey code 61783. The 2009 survey tool correctly defined a ZZZ-global code as: *"Code related to another service and is always included in the global period of the other service (Note: Physician work is associated with intra-service time and in some instances the pre- and post-service time)."* The survey included the ability for the survey respondent to indicate "preservice time (if applicable); intra-service time (skin-to-skin); and immediate post-service time (if applicable)." The 2009 survey of 61783 resulted in a median survey preservice time of 30 minutes. The specialty expert panel indicated the survey respondents overestimated the preservice time, however, the expert panel provided a rationale that there is (conservatively) an additional 15 minutes of preservice work as described in the SOR.

The RUC agreed with an additional 15 minutes of preservice work separate from the work that occurs during the skin-to-skin portion of the index procedure.

The current standard ZZZ-global code survey still defines the global as *"Code related to another service and is always included in the global period of the other service (Note: Physician work is associated with intra-service time and in some instances the pre- and post-service time)."* However, even though the definition indicates there could be pre- and post-service time related to the add-on service, and the survey respondent is instructed to review the global period definition, there is only a single place to enter time shown as "intra-service time" which can be confusing with respect to time estimation.

The current 2025 survey resulted in an intraservice (skin-to-skin) time of 30 minutes which is consistent with the intraservice time from the prior survey. However, preservice time was not

collected for the significant additional preservice work prior to the skin-to-skin component of the index procedure.

We have provided the survey results from the current survey and are **recommending the current work RVU and times be maintained until we can resurvey code 61783** using a survey instrument that includes the ability to report additional pre- and post-service time, if applicable, as described in the definition of a ZZZ-global code. The results of this resurvey will be presented at the September 2025 RUC meeting, which is within the same RUC cycle related to the 2027 Physician Fee Schedule.

In addition, below we provide a rationale for surveying only 61783 and why codes 61781, 61782, and 61783 are not "family" codes.

- **Rationale: Codes 61781, 61782, and 61783 are Not Family Codes**

Background - CPT Coding Changes (1990 and 2000)

Code 61795 was established for CPT 1990. At this time, the Harvard study was coming to a close and CMS needed to predict the time and value for the new code for the 1992 PFS. The code was not reviewed. For CPT 2000, the code was revised to add "extracranial, or spinal" to the code descriptor. The rationale for the change indicated that *add-on code 61795 was revised to update current terminology associated with stereotactic computer assisted volumetric (navigational) technology. Anatomic references were added to clarify the use of this code in addition to other intracranial, extracranial or spinal stereotactic procedures to reflect current clinical practice. Code 61795 describes computer assisted planning for stereotactic surgery. This planning includes determination of the coordinates for the target, measurement of the AC-PC line, and angle calculation. Using a computer, various trajectories are determined to assist the physician in choosing the specific trajectory and calculating the entry point through the skull.*

The revision for CPT 2000 was determined editorial and a RUC survey was not conducted. The value and time for code 61795 remained as predicted values by CMS to gap fill the fee schedule. In addition the code remained in the "Skull, Meninges, and Brain" subsection under the "Nervous System" section of CPT.

CPT 1990

Surgery

Nervous System

Skull, Meninges, and Brain

Stereotaxis

- 61795 Stereotactic computer assisted volumetric intracranial procedure (list separately in addition to code for primary procedure)

Short Descriptor: Brain surgery using computer

CPT 2000

Surgery

Nervous System

Skull, Meninges, and Brain

Stereotaxis

+▲61795 Stereotactic computer assisted volumetric (navigational) procedure, intracranial, extracranial, or spinal (List separately in addition to code for primary procedure)

Short Descriptor: Brain surgery using computer

Background - CPT Coding Changes (2010)

In the CY 2009 NPRM, CMS provided a list of the 114 fastest growing procedures. Code 61795 was identified on this list. The action plan provided by the AANS, CNS, NASS, and AAOHNS indicated that code 61795 growth was driven by an increase in sinus surgery utilization that involved stereotactic computer assisted navigation. The RUC determined that 61795 should be surveyed since it had never been surveyed by the RUC (or Harvard). During the effort to develop a single typical patient vignette for survey, the specialties decided instead to delete 61795 and establish separate codes to report stereotactic computer-assisted (navigational) services for cranial intradural, cranial extradural, and spinal procedures.

At the October 2009 CPT meeting, AANS and CNS submitted a code change application to establish an add-on code for cranial procedures and AAOHNS submitted a code change application to establish an add-on code for extracranial procedures:

- +●61XXX Stereotactic computer assisted (navigational) procedure; cranial (List separately in addition to code for primary procedure)
- +●6179X1 Stereotactic computer-assisted volumetric (navigational) procedure, extracranial (List separately in addition to code for primary procedure)

Research indicates that a conference call was conducted after submission of the applications because both applications were subsequently revised and resubmitted. The AANS and CNS revised application added a code for spinal procedures and the AAOHNS revised application included a note about the conference call and placement of codes in CPT:

- +●61XXX Stereotactic computer assisted (navigational) procedure; cranial (List separately in addition to code for primary procedure)
- +●61XX1 spinal
- +●6179X1 Stereotactic computer-assisted volumetric (navigational) procedure, extracranial (List separately in addition to code for primary procedure)

Note: the conference call participants felt the new code (6179X1) would best be kept located close to the code it was replacing rather than moving it to the Head section.

The CPT Panel further modified the codes prior to release of the Panel Action memo:

The Panel accepted with modification of this request to delete stereotactic radiosurgery 61795 and established three separate codes to distinguish the various anatomic regions. The Panel further modified the proposal to include 1) the word “intradural” in 6179X1; 2) the word “extradural” in 6179X2; and 3) an exclusionary parenthetical note following 6179X1 to indicate that it should not be reported in conjunction with 61270-61791, 61796-61799, 61863-61868, 62201, 77371-77373, 77432; 4) an instructional note following 6179X2 to indicate that 6179X1 and 6179X2 cannot be reported by the same provider during the same surgical session; and 5) an

instructional note following 6179X3 to preclude reporting 6179X3 in addition to 63620, 63621. A cross-reference was added directing users to report 6179X1, 6179X2, 6179X3 for deleted code 61795. Finally, the Panel requested the specialties to submit revised vignettes.

Category I
Surgery
Nervous System
Stereotaxis

- +●6179X1 Stereotactic computer assisted (navigational) procedure; cranial~~7~~₂intradural (List separately in addition to code for primary procedure)
(Do not report 6179X1 in conjunction with 612720-61791, 61796-61799, 61863-61868, 62201, 77371-77373, 77432)
- +●6179X2 cranial~~7~~₂extradural (List separately in addition to code for primary procedure)
(Do not report 6179X1, 6179X2 by the same provider during the same surgical session)
- +●6179X3 spinal (List separately in addition to code for primary procedure)
(Do not report 6179X3 in conjunction with 63620, 63621)

Stereotactic Radiosurgery (Cranial)

- +61795 Stereotactic computer assisted volumetric (navigational) procedure, intracranial, extracranial, or spinal (List separately in addition to code for primary procedure)
(61795 has been deleted. To report, see 6179X1, 6179X2, 6179X3)

We believe that it was not correct to maintain all three codes together in the Nervous System section as established. Specifically, there is a Spine and Spinal Column / Stereotaxis subsection under the Nervous System subsection where code 61783 could have been located, or it could also have been placed in the Musculoskeletal System / Spine subsection.. We also question whether 61782 is correctly placed in the Nervous System section instead of in the Musculoskeletal System / Head subsection, closer to the procedures that 61782 is typically reported with.

The above information supports the fact that codes 61781, 61782, and 61783 are not a "family" as they are reported with distinctly different procedures, by distinctly different physicians, and should not have been placed for convenience together in the Nervous System/ Skull, Meninges, and Brain/ Stereotaxis subsection of CPT. This issue needs to be addressed with a code change application to move the code(s) to appropriate locations in CPT. Moving the codes is ancillary and editorial and should not impact the original or current intent of the services, not should it impact the survey of 61783.

- **Rationale: Code 61783 Does Not Have Index "Family" Codes**

The RUC LOI sent out to societies regarding code 61783 indicated:

- In April 2024, CPT code 61783 was identified via the high volume growth screen, with Medicare utilization of 10,000 or more that has increased by at least 100% from 2017 through 2022. **In January 2025, the Workgroup reviewed the action plan for CPT code 61783 and determined that this service was last valued in 2010 and utilization is steadily increasing, thus should be surveyed with the appropriate family of codes for April 2025.**

- The specialty society should indicate which codes are family codes. Per Medicare Claims Data, the codes commonly reported with add-on code 61783 are: 22614, 22842, 22853, 22612 and 22633.

The first bulleted text accurately reflects the RAW report text that was voted on and approved by the RUC. Regarding this first issue, codes 61781 and 61782 were added to the LOI as family codes instead of allowing the societies to determine what codes were family codes. When societies submitting their LOI indicating a survey of only 61783, information was provided that 61781 and 61782 were family codes and needed to also be surveyed. Code 61781 was not surveyed and the rationale is provided above as to why 61781 is not a family code. Separately, and independently, AAOHNS agreed to survey 61782 even though it is not a family code to 61783, possibly to be able to provide non-facility practice expense recommendations since a significant percentage of claims are now reported in the office setting. Independent of the reason to survey 61782, we still contend it is not a family code with 61783.

The second bulleted text in the LOI did not appear in the RAW report and was not reviewed and voted on by the RUC. This second bullet introduces additional possible "family" codes as some codes that are commonly reported with code 61783 in the Medicare 5% file. There are over 100 global codes that code 61783 may be reported with and an additional group of ZZZ add-on codes that also may be reported with 61783 and an index procedure. Commonly reported in the Medicare-aged population does not equate to a "family" code.

In the AMA collaborative program EncoderPro, there is a Knowledge Base enhanced content entry that provides information about add-on codes that supports the fact that some add-on codes do not have specific primary codes:

The *CPT® 2024 Code Set* includes 628 codes designated as ‘add-on’ codes. These codes represent additional or supplemental procedures associated with a primary procedure, eg, additional digit(s), lesion(s), vertebral segment(s). Within this group, there are **35 add-on codes** that do not include the specific parenthetical statement, “(Use ##### in conjunction with ...)”, which lists the primary code(s) that the add-on code may be used in conjunction with on the same date of service. The list of 35 add-on codes without specific parenthetical instruction as to which specific primary code(s) it may be reported in conjunction with are listed in Table 1 below.

As these add-on codes can have a broader base of primary codes that they can be reported in conjunction with on the same date of service as the add-on code, the parenthetical statement, “(Use ##### in conjunction with ...)” has not been included. Instead, they often include a parenthetical statement that reflects the code’s broader applicability “(List separately in addition to code for primary procedure)” or address the type(s) of procedure(s) the add-on code may be reported with. Code 33268 below is an example of this type of parenthetical instruction.

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)

(Use 33268 in conjunction with primary procedures performed via sternotomy or thoracotomy approach)

(Do not report 33268 in conjunction with 33254, 33255, 33256, 33257, 33258, 33259, 33265, 33266, 33420, 33422, 33425, 33426, 33427, 33430)

Lastly, some of these add-on codes also may include exclusionary “(Do not report ...)” parentheticals as seen in the example above. While it does not directly address which specific codes it can be added to, it does provide specific instructions/directions on codes that should not be reported with the add-on code.

Table 1: [SELECTED] CPT Add-On Codes Without Specific Primary Code Reporting Instruction

2024 CPT® Add-On Code	Effective Date	2024 CPT Code Descriptor
Surgery		
+61781	1/1/2011	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)
+61782	1/1/2011	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)
+61783	1/1/2011	Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)

As indicated in this Knowledge Base information, code 61783 does not have specific primary codes and as such does not have any specific family codes. We therefore did not select any code to be surveyed with code 61783. The service described by 61783 does not replace work in any possible index procedure, but instead enhances precision and safety by providing surgeons with real-time, 3D visualization of the spine and surgical instruments, improving the accuracy of procedure, and potentially reducing surgical complications

Thank you for allowing us to provide this information. We will be available to respond to any RUC member questions.

Sincerely,

RUC Advisors for:

American Association of Neurological Surgeons (AANS)
Congress of Neurological Surgeons (CNS)
North American Spine Society (NASS)
American Academy of Orthopaedic Surgeons (AAOS)
International Society for the Advancement of Spine Surgery (ISASS)

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

CPT Code: 61782	Tracking Number	Original Specialty Recommended RVU: 2.50
		Presented Recommended RVU: 2.50
Global Period: ZZZ	Current Work RVU: 3.18	RUC Recommended RVU: 2.50

CPT Descriptor: Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 51-year-old male presents with nasal polyposis and chronic sinusitis which has failed medical management. A sinus CT shows significant disease involving multiple sinuses with distortion of normal anatomic landmarks. Endoscopic sinus surgery is planned with computer-assisted image guided navigation.

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 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: In addition to the standard preoperative discussion with the patient about the surgical procedure, the surgeon spends additional time discussing the use of stereotactic computer navigation as an adjunct to endoscopic sinus surgery. This involves explaining the rationale for the use of the system, how it helps confirm surgical position and avoid damage to surrounding vital structures, and that the surgery may be somewhat longer and more complicated. The system is typically reserved for difficult cases in patients with extensive disease in close proximity to the skull base, orbit, or neurovascular structures, or those with alteration of anatomic landmarks due to previous surgery, trauma, congenital, or neoplastic processes. Depending on the specific system and application, the explanation includes the use of a head frame or other hardware affixed to the patient's head during the procedure. The computer navigation unit is booted up and the surgeon activates the navigation software, loading and verifying patient information and confirming image quality. Program options are checked and adjusted as necessary. A detailed assessment of the image set in all three dimensions is performed by the surgeon on the computer workstation to analyze the pathology in relationship to surrounding anatomy, formulating plans for both the approach to and resection of the disease process. Once the patient is positioned on the operating table, the computer navigational unit is moved into place to ensure proper alignment of the camera and intra-operative tracking devices in an unobstructed field of view while allowing the surgeon to see the computer monitor.

Description of Intra-Service Work: After induction of anesthesia, the head frame or other hardware is affixed to the patient's head, taking care to precisely position the apparatus. Surface tracings of the head and facial regions are performed to register and calibrate the device. Verification of navigational accuracy is ascertained by correlating specific surface anatomic sites to the computer-generated images. Verification is repeated, after the nose has been topically decongested, by correlating intranasal anatomic sites visualized endoscopically. Throughout the procedure, the operative field is visualized endoscopically, with frequent confirmation of position and relationship to surrounding vital structures provided by placing a tracking device within the operative field, correlating the endoscopic view with the position indicated by the images on the computer monitor. Based on this information, intra-operative decisions are made to appropriately modify the approach and resection to help ensure a safe and effective surgical procedure.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2025				
Presenter(s):	R. Peter Manes, MD and Brian Boyce, MD				
Specialty Society(ies):	AAO-HNS				
CPT Code:	61782				
Sample Size:	4197	Resp N:	141		
Description of Sample:	Targeted random sample of members specializing in general otolaryngology or rhinology				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	15.00	35.00	80.00	800.00
Survey RVW:	0.01	2.50	3.20	3.50	10.00
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	14.00	20.00	30.00	180.00
Immediate Post Service-Time:	0.00				
Post Operative Visits	Total Min**	CPT Code and Number of Visits			
Critical Care time/visit(s):	0.00	99291x 0.00 99292x 0.00			
Other Hospital time/visit(s):	0.00	99231x 0.00 99232x 0.00 99233x 0.00			
Discharge Day Mgmt:	0.00	99238x 0.00 99239x 0.00 99217x 0.00			
Office time/visit(s):	0.00	99211x 0.00 12x 0.00 13x 0.00 14x 0.00 15x 0.00			

**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:	61782	Recommended Physician Work RVU: 2.50		
	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 <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
ZZZ Global Code				
	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):	<u>0.00</u>	99291x 0.00	99292x 0.00	
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00 14x 0.00 15x 0.00

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
19294	ZZZ	3.00	RUC Time

CPT Descriptor 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)

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
15777	ZZZ	3.65	RUC Time

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

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
63048	ZZZ	3.47	RUC Time	99,663

CPT Descriptor 1 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)

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
36476	ZZZ	2.65	RUC Time	4,362

CPT Descriptor 2 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)

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
67335	ZZZ	3.23	RUC Time

CPT Descriptor 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)

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: 12.0 %

Number of respondents who choose 2nd Key Reference Code: 16 % of respondents: 11.3 %

TIME ESTIMATES (Median)

	CPT Code: 61782	Top Key Reference CPT Code: 19294	2nd Key Reference CPT Code: 15777
Median Pre-Service Time	0.00	0.00	5.00
Median Intra-Service Time	20.00	40.00	45.00
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	40.00	50.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	18%	41%	35%	6%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

Less Identical More

29% 18% 53%

Technical Skill/Physical Effort

Less Identical More

Technical skill required	12%	53%	35%
Physical effort required	18%	65%	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

24%

41%

35%

**Survey Code Compared to
2nd Key Reference Code****Much
Less****Somewhat
Less****Identical****Somewhat
More****Much
More****Overall intensity/complexity**

0%

19%

38%

43%

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

6%

38%

56%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required

37%

38%

25%

Physical effort required

44%

38%

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

25%

19%

56%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background: In April 2024, CPT code 61783 was identified via the Relativity Assessment Workgroup's high volume growth screen, with Medicare utilization of 10,000 or more that has increased by at least 100% from 2017 through 2022. In January 2025, the Workgroup reviewed the action plan for CPT code 61783 and determined that this service was last valued in 2010 and utilization is steadily increasing, thus should be surveyed with the appropriate family of codes for April 2025. As the dominant provider of one of the codes in this family, 61782, the Academy is surveying this code for the April RUC meeting.

Survey Sample and Process:

A survey request was sent to a targeted, random selection of 4197 members from the AAO-HNS of those with sub-specialty designations of general otolaryngology and rhinology.

Key Reference Codes

The first KRS selected was CPT 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) valued at 3.00 RVUs with an intra time of 40. 17 respondents selected this as their primary KRS.

The second KRS selected was CPT 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) valued at 3.65 RVUs with a pre time of 5 / intra time of 45, totaling 50 minutes. 16 respondents selected this as their second KRS.

Recommendation (Work and Intra Time):

We are recommending a work RVU **2.50** and **20 minutes of intra service time**. Our expert panel felt this value which was our survey's 25th percentile, maintains relativity related to other ZZZ otolaryngology codes within the fee schedule.

Pre Service Time: During the 2010 RUC review, the RUC approved pre time for this code, despite it being an add-on service. The RUC justified this, as it is typical for many neurosurgical procedures to have pre-service time due to the high intensity and complexity of the procedure. In addition to the standard preoperative discussion with the patient about the surgical procedure, the surgeon spends additional time discussing the use of stereotactic computer navigation as an adjunct to endoscopic sinus surgery. This involves explaining the rationale for the use of the system, how it helps confirm surgical position and avoid damage to surrounding vital structures, and that the surgery may be somewhat longer and more complicated. The system is typically reserved for difficult cases in patients with extensive disease in close proximity to the skull base, orbit, or neurovascular structures, or those with alteration of anatomic landmarks due to previous surgery, trauma, congenital, or neoplastic processes. Depending on the specific system and application, the explanation includes the use of a head frame or other hardware affixed to the patient's head during the procedure. The computer navigation unit is booted up and the surgeon activates the navigation software, loading and verifying patient information and confirming image quality. Program options are checked and adjusted as necessary. A detailed assessment of the image set in all three dimensions is performed by the surgeon on the computer workstation to analyze the pathology in relationship to surrounding anatomy, formulating plans for both the approach to and resection of the disease process. Once the patient is positioned on the operating table, the computer navigational unit is moved into place to ensure proper alignment of the camera and intra-operative tracking devices in an unobstructed field of view while allowing the surgeon to see the computer monitor. Because a customized survey instrument was not used for this survey to inquire about pretime, we are not recommending pre time for this code during the April 2025 review.

Post Service Time: We are not requesting any post time for this code, as it is an add-on service.

Total Time: Based on the above recommendations, we are requesting a total time of 35 minutes for code 61782.

REQUEST FOR AN INTERIM VALUE AND TO RESURVEY FOR SEPTEMBER 2025: We understand from prefacilitation that any add on code with pre or post time should utilize a customized add on code survey instrument which was not used for this survey. This code has historically had 15 minutes of pre time that we believe is essential to the service, and is carefully described in our description of work above. Therefore, we request the opportunity to resurvey this code for the September 2025 RUC meeting. In the interim, we are requesting the times and work RVU outlined above and are adding a crosswalk to support this recommendation of *20702 Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)* which was surveyed in 2018 and has an identical work RVU of 2.50 and pre time of 5 minutes, intra time of 25 minutes, and post time of 2 minutes, totaling 32 minutes. It also has a similar IWPUT of 0.094.

Supporting Reference Codes for the Recommended Value

CPT Code	Long Desc	Global	Work RVU	Pre Eval	Pre Posit	Pre SD W	Intra Time	Immediate Post Time	Total Time	IWPUT	Time Source	Most Recent RUC Review	2023 Medicare Utilization

15151	Tissue cultured skin autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)	ZZZ	2.00				20		20	0.1	RUC	2005-04	13
61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)	ZZZ	2.25	10	1.0		20	10	41	0.089	RUC	2008-04	3685
15152	Tissue cultured skin autograft, 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)	ZZZ	2.50				20		20	0.125	RUC	2005-04	100
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)	ZZZ	2.50	10			20		30	0.1138	RUC	2012-01	71832
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)	ZZZ	2.50				20		20	0.125	RUC	2020-10	8848
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)	ZZZ	2.50				20		20	0.125	RUC	2021-01	4543
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)	ZZZ	2.50				20		20	0.125	RUC	2017-01	16269
15156	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)	ZZZ	2.75				20		20	0.1375	RUC	2005-04	7

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. This add on code may typically be reported with any combination of the following procedure codes: 31253, 31276, 31290, 31291, 31292, 31293, 31294.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 61782

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 Otolaryngology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 57000

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. This is approximately three times the 2023 Medicare volume from the RUC database.

Specialty Otolaryngology Frequency 55500 Percentage 97.36 %

Specialty Neurosurgery Frequency 1500 Percentage 2.63 %

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? 19,013 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This is the 2023 RUC database utilization for the Medicare population

Specialty Otolaryngology Frequency 18500 Percentage 97.30 %

Specialty Neurosurgery Frequency 500 Percentage 2.62 %

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:

Imaging

BETOS Sub-classification:

Imaging/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 61782

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: 61783	Tracking Number	Original Specialty Recommended RVU: 3.75
		Presented Recommended RVU: 3.75
Global Period: ZZZ	Current Work RVU: 3.75	RUC Recommended RVU: 3.50

CPT Descriptor: Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: Computer-assisted surgical navigation is utilized when a 57-year-old male undergoes operative stabilization of the C1-C2 segment for rupture of the transverse atlantal ligament. [Note: This is an add-on service. Only consider the additional work related to the computer-assisted surgical navigation.]

Percentage of Survey Respondents who found Vignette to be Typical: 79%

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: In addition to the standard discussion with the patient about the planned spinal procedure, the surgeon spends additional time discussing the use of stereotactic computer navigation as an adjunct to spinal surgery. This involves explaining the rationale for the use of the system, how it helps to confirm surgical position and avoid damage to surrounding vital structures, how it helps visualize instrument and implant position and that the surgery may be somewhat longer and more complicated. The explanation describes the placement of optical or electromagnetic tracking devices on the spine and key instruments and the identification of reference points. Prior to the surgical procedure and positioning, the computer navigation unit is brought into the room and following booting up of the computer, the surgeon activates the navigation software and enters patient specific information such as identifiers, surgeon, site and side of surgery. Radiographic images that will be used for the navigation are either newly obtained or loaded from preexisting studies into the navigation computer. Setup options for the program are checked and adjusted as necessary. A detailed assessment of the image set in all three dimensions is performed by the surgeon on the computer workstation to analyze the surgical anatomy/pathology in relationship to surrounding anatomy. The final operative plan for the approach to and resection (if needed) of the disease process is completed. Once the patient has been positioned on the operating table, the navigation unit is moved into place so the intra-operative trackers will be in the field of view of the cameras and the surgeon will be able to see the computer monitor screen.

Description of Intra-Service Work: Once the spine has been exposed (reported separately), the required navigation trackers are secured to the spine and to key instruments. The trackers may be passive devices with reflective balls whose position is determined by infrared light signals sent from the camera system which senses their position. They may also be active devices that emit infrared light or electromagnetic signals that are sensed by a detection system. These trackers are then registered with the stereotactic computer navigation system and specific bony landmarks are identified individually by directed digitization with a pointer device that also has tracker components on it. Multiple reference points are identified and generally include one or more spinous processes, facet joints, and transverse processes. After the anatomy has been registered, an assessment of the accuracy is confirmed with the pointing device. The position and angular alignment are checked at several sites. Changes to the trackers and reference points are made until accuracy within 1-2 millimeters is confirmed. The navigation system is used to identify the starting points for drill holes and the appropriate sagittal and coronal alignment. Drill bit orientation and depth of penetration is checked frequently as the drill is carefully and slowly

advanced. Changes in alignment are made as necessary. Repeat navigation images are then obtained as the hole is tapped and again as the final screw or implant is inserted to ensure correct positioning. This entire sequence is then repeated for each screw or implant placed. At the conclusion of the surgical procedure, the trackers are removed.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2025				
Presenter(s):	William Creevy, MD; Hussein Elkousy MD; Clemens M. Schirmer, MD; Karin Swarz, MD				
Specialty Society(ies):	AANS, CNS, AAOS, NASS, ISASS				
CPT Code:	61783				
Sample Size:	3602	Resp N:	146		
Description of Sample:	Random society membership and members self-designated as spine surgeons				
	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	20.00	54.00	111.00	300.00
Survey RVW:	1.10	3.50	4.50	5.24	9.00
Pre-Service Evaluation Time:			0.00		
Pre-Service Positioning Time:			0.00		
Pre-Service Scrub, Dress, Wait Time:			0.00		
Intra-Service Time:	15.00	22.00	30.00	42.00	150.00
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:	61783	Recommended Physician Work RVU: 3.50		
	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 <u>post-service</u> time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)				
ZZZ Global Code				
	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):	<u>0.00</u>	99291x 0.00	99292x 0.00	
Other Hospital time/visit(s):	<u>0.00</u>	99231x 0.00	99232x 0.00	99233x 0.00
Discharge Day Mgmt:	<u>0.00</u>	99238x 0.0	99239x 0.0	99217x 0.00
Office time/visit(s):	<u>0.00</u>	99211x 0.00	12x 0.00	13x 0.00 14x 0.00 15x 0.00

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
61799	ZZZ	4.81	RUC Time

CPT Descriptor Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

<u>Key CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
61797	ZZZ	3.48	RUC Time

CPT Descriptor Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

<u>MPC CPT Code 1</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
	ZZZ	0.00	RUC Time	

CPT Descriptor 1

<u>MPC CPT Code 2</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>	<u>Most Recent Medicare Utilization</u>
	ZZZ	0.00	RUC Time	

CPT Descriptor 2

<u>Other Reference CPT Code</u>	<u>Global</u>	<u>Work RVU</u>	<u>Time Source</u>
		0.00	

CPT Descriptor**RELATIONSHIP OF CODE BEING REVIEWED TO 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: 28 **% of respondents:** 19.1 %

Number of respondents who choose 2nd Key Reference Code: 24

% of respondents: 16.4 %

TIME ESTIMATES (Median)

	CPT Code: <u>61783</u>	Top Key Reference CPT Code: <u>61799</u>	2nd Key Reference CPT Code: <u>61797</u>
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	30.00	60.00	30.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	30.00	60.00	30.00
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	<u>Much Less</u>	<u>Somewhat Less</u>	<u>Identical</u>	<u>Somewhat More</u>	<u>Much More</u>
Overall intensity/complexity	0%	0%	27%	46%	27%

Mental Effort and Judgment

- The number of possible diagnosis and/or the number of management options that must be considered
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed
- Urgency of medical decision making

<u>Less</u>	<u>Identical</u>	<u>More</u>
12%	42%	46%

Technical Skill/Physical Effort

	<u>Less</u>	<u>Identical</u>	<u>More</u>
Technical skill required	0%	38%	62%

Physical effort required	0%	27%	62%

Psychological Stress

- 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

<u>Less</u>	<u>Identical</u>	<u>More</u>
4%	31%	65%

**Survey Code Compared to
2nd Key Reference Code****Much
Less****Somewhat
Less****Identical****Somewhat
More****Much
More**

Overall intensity/complexity	0%	0%	29%	54%	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%	67%	25%

Technical Skill/Physical Effort**Less****Identical****More**

Technical skill required	8%	33%	58%

Physical effort required	8%	25%	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

13%	29%	58%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWP/UT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Rationale to Maintain Work RVU and Time for Code 61783 as Interim and to Resurvey

The standard ZZZ-global survey was used in 2009 to survey code 61783. The 2009 survey tool correctly defined a ZZZ-global code as: "Code related to another service and is always included in the global period of the other service (Note: Physician work is associated with intra-service time and in some instances the pre- and post-service time)." The survey included the ability for the survey respondent to indicate "preservice time (if applicable); intra-service time (skin-to-skin); and immediate post-service time (if applicable)." The 2009 survey of 61783 resulted in a median survey preservice time of 30 minutes. The specialty expert panel indicated the survey respondents overestimated the preservice time, however, the expert panel provided a rationale that there is (conservatively) an additional 15 minutes of preservice work as described in the description of work section of the SOR.

The RUC agreed with an additional 15 minutes of preservice work separate from the work that occurs during the skin-to-skin portion of the index procedure.

The current standard ZZZ-global code survey still defines the global as "*Code related to another service and is always included in the global period of the other service (Note: Physician work is associated with intra-service time and in some instances the pre- and post-service time).*" However, even though the definition indicates there could be pre- and post-service time related to the add-on service, and the survey respondent is instructed to review the global period definition, there is only a single place to enter time shown as "intra-service time" which can be confusing with respect to time estimation.

The current 2025 survey resulted in an intraservice time of 30 minutes which is consistent with the intraservice time from the prior survey. However, preservice time was not collected for the significant additional preservice work prior to the skin-to-skin component of the index procedure.

We have provided the survey results from the current survey and are **recommending the current work RVU and times be maintained until we can resurvey code 61783** using a survey instrument that includes the ability to report additional pre- and post-service time, if applicable, as described in the definition of a ZZZ-global code. The results of this resurvey will be presented at the September 2025 RUC meeting, which is within the same RUC cycle related to the 2027 Physician Fee Schedule.

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) 61783

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 orthopaedic 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. National utilization is not available

Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%
Specialty	Frequency	Percentage	%

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
 29,281 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.
 Please explain the rationale for this estimate. 2023 information from the RUC database

Specialty Neurosurgery	Frequency 20000	Percentage 68.30 %
Specialty Orthopaedic surgery	Frequency 9281	Percentage 31.69 %
Specialty	Frequency	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:
Orthopedic - 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 61783

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	AJ	AK	AL	AM	AN
1	ISSUE: Stereotactic Computer Assisted Navigation (SCAN) TAB: 11																											
2																												
3																												
4					RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW					Total Time	PRE-TIME			INTRA-TIME					IMMD POST	SURVEY EXPERIENCE				
5									Source	CPT	DESC	Global	MIN		25th	MED	75th	MAX	EVAL	POSIT	SDW	MIN		25th	MED	75th	MAX	MIN
6	1st REF	19294	Preparation of tumor cavity, with placement of a radiation therapy	ZZZ	2016	17	0.075	0.075			3.00			40					40									
7	2nd REF	15777	Implantation of biologic implant (eg, acellular dermal matrix) for	ZZZ	2011	16	0.079	0.073			3.65			50	5				45									
8	CURRENT	61782	Stereotactic computer-assisted (navigational) procedure; cranial,	ZZZ	2010		0.114	0.080			3.18			40	15				25									
9	SVY	61782	Stereotactic computer-assisted (navigational) procedure; cranial,	ZZZ		141	0.160	0.160	0.01	2.50	3.20	3.50	10.00	20			5	14	20	30	180		0	15	35	80	800	
10	SVY W EXP	61782	Stereotactic computer-assisted (navigational) procedure; cranial,	ZZZ		137	0.160	0.160	0.50	2.50	3.20	3.50	10.00	20			5	14	20	25	180		2	20	40	80	800	
11	REF	20702	Manual preparation and insertion of drug-delivery device(s),	ZZZ	2018		0.094	0.078	2.50					32	5			25			2							
12	REC	61782	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)	ZZZ			0.125	0.125	2.50					20				20										
13																												
14																												
15	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	RVW					Total Time	PRE			INTRA					POST P-SD	12 Month Svy Experience				
16									MIN	25th	MED	75th	MAX		EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX		MIN	25th	MED	75th	MAX
17	1st REF	61799	Stereotactic radiosurgery (particle beam, gamma ray, or	ZZZ	2008	28	0.080	0.080			4.81			60	0			60			0							
18	2nd REF	61797	Stereotactic radiosurgery (particle beam, gamma ray, or	ZZZ	2008	24	0.116	0.116			3.48			30	0			30			0							
19	CURRENT	61783	Stereotactic computer-assisted (navigational) procedure;	ZZZ	2010		0.114	0.083			3.75			45	15			30			0							
20	SVY	61783	Stereotactic computer-assisted (navigational) procedure;	ZZZ		146	0.150	0.150	1.10	3.50	4.50	5.24	9.00	30			15	22	30	42	150		0	20	54	111	300	
21	REC	61783	Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)	ZZZ			0.117	0.117	3.50					30				30										

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)****Meeting Date:** APRIL 2025

CPT Code	Long Descriptor	Global Period
61782	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)	ZZZ

Vignette(s) (*vignette required even if PE only code(s)*):

CPT Code	Vignette
61782	A 51-year-old male presents with nasal polyposis and chronic sinusitis which has failed medical management. A sinus CT shows significant disease involving multiple sinuses with distortion of normal anatomic landmarks. Endoscopic sinus surgery is planned with computer-assisted image guided navigation.

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:

Our expert panel was comprised of our RUC Advisors and other rhinology experts who have intimate knowledge of this procedure.

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:

31267 – this is the code reported the most frequently with 61782

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.

Otolaryngology is the dominant specialty in both sites of service.

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:

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

The site of service for this code has changed since it's initial valuation in 2010 and it is not performed regularly in the non-facility setting, therefore, we are requesting the creation of non-facility PE inputs to be added to the fee schedule.

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.

This is an add on (ZZZ) code, so there is no pre or post staff time.

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

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:

This is an add on code, so there is no pre or post staff time.

- b. Service period (includes pre, intra and post):

The nurse is assisting the physician during the entirety of this procedure. Typically, this entails removing the image guidance mount from instruments and placing it on other instruments. During this procedure, multiple different instruments are used for image guidance, and when in use, each instrument must have a mount that connects to a wire that then connects to the system.

- c. Post-service period:

This is an add on code, so there is no pre or post staff time.

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

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*:

Typically, this entails removing the image guidance mount from instruments and placing it on other instruments. During this procedure, multiple different instruments are used for image guidance, and when in use, each instrument must have a mount that connects to a wire that then connects to the system.

12. If you have used a percentage of the physician intra-service work time other than 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:

The reusable items that integrate with the navigation system (lines 105-108) required for this procedure are not included in the existing CMS PE input lists for supplies or equipment, so we are providing invoices and proposing to add three new supply items.

Adhesive pads - Adheres to the patient and the patient tracker, allowing patient tracker to stick on the patient.

Patient tracker utilized as the registration point for the patient. Attaches to the adhesive pad which then adheres to the patient.

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

Single Use Instrumentation Wires - attaches to the mount, which attaches to instruments that are used to identify anatomic landmarks

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).

DESCRIPTION	Code	Unit	Item Qty
pack, cleaning, surgical instruments	SA043	pack	1
gloves, non-sterile		pair	2
gown, staff, impervious		item	1
face shield, splash protection		item	1
autoclave bag		item	1
autoclave tape		yd	0.33
enzymatic detergent		oz	1
cleaning brush, instruments		item	1

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 image guidance system and parts (rows 116-120) are required for this procedure are not included in the existing CMS PE input lists for supplies or equipment, so we are providing invoices and proposing to add them.

The navigation system is the computerized terminal that provides the image guidance. The mounts attach to instruments such as suction, curettes and pointers. The wire attaches to the mount, which then connects to the image guidance system. This then allows the mounted instrument to be used in the nose and show exactly where the instrument is on imaging. The medical cart without monitor is where the image guidance system sits.

Registration pointer - Pointer utilized to register the CT scan to the patient's surface anatomy.

Pointer Shell Universal Mounts 1 and 2 - attach to instruments that are then used to identify anatomic landmarks. Typically utilize two per procedure.

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

Typically 7 years for the image guidance system.

**AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)**

The mounts have a useful life of about 1 year.
 The registration pointer useful lifespan is 5 years.
 The Medical Cart without Monitor useful life is 7 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 Latitude D600), ED038?
- If yes, please explain how the computer is used for this service(s).
 - 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?
 - 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:

Navigation system	
Pointer Shell Universal Mounts 1 and 2	
Registration pointer	
Medical Cart without Monitor	

We used the default formula for all of these items.

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:

N/A

**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.

Adding non-facility PE inputs for a ZZZ add on code. This includes the addition of the intra service staff time to support the physician during the procedure, the supplies needed for the image guidance, and the equipment needed for the image guidance which have the default formula applied to them.

Additionally, during the PE presentation at the April RUC meeting, there was discussion regarding whether it was typical for the adhesives for the patient tracker to be included with the tracker cost, or a separately invoiced item. Upon further review, the AAO-HNS expert panel determined that the submitted invoices are correct and do represent the most typically used equipment/system. In a nutshell, the presenter was confused. When one of the reviewers mentioned TruD as the system, the presenter did not recognize that TruD is the name of the system. He was thinking of the name of the company that is typically used, hence his confusion. The invoices submitted do represent the most commonly used equipment/system.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

March 30, 2025

To: Scott Manaker, MD
Chair, AMA/RUC PE Subcommittee

From the RUC Advisors for:

American Association of Neurological Surgeons (AANS)
Congress of Neurological Surgeons (CNS)
North American Spine Society (NASS)
American Academy of Orthopaedic Surgeons (AAOS)
International Society for the Advancement of Spine Surgery (ISASS)

Subject: CPT Code 61783

CPT code 61783 is a facility-only add-on code and will have no related direct practice expense input.

Thank you for your consideration of this information.

A	B		D	E	F	G	H	I	J	K	L	M	N	O	P
1	RUC Practice	Expense Spreadsheet				CURRENT		REFERENCE CODE		CURRENT		RECOMMENDED		CURRENT	
2						61781		31267		61782		61782		61783	
3		RUC Collaboration Website				Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)		Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus		Stereotactic computer-assisted (navigational) procedure; cranial, extradural (list separately in addition to code for primary procedure)		Stereotactic computer-assisted (navigational) procedure; cranial, extradural (list separately in addition to code for primary procedure)		Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)	
4	Clinical Activity Code	Meeting Date: April 2025 Revision Date (if applicable): Tab: 11 Stereotactic Computer assisted navigational procedure Specialty: AAO-HNS	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute										
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				ZZZ	ZZZ	000	000	ZZZ	ZZZ	ZZZ	ZZZ	ZZZ	ZZZ
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				\$ -	\$ -	\$ -	\$ 11.88	\$ -	\$ -	\$ 266.30	\$ -	\$ -	\$ -
8		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	0.0	0.0	0.0	22.0	0.0	0.0	20.0	0.0	0.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	0.0	0.0	0.0	19.0	0.0	0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	0.0	0.0	0.0	0.0	0.0	0.0	20.0	0.0	0.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	0.0	0.0	0.0	3.0	0.0	0.0	0.0	0.0	0.0	0.0
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE				\$ -	\$ -	\$ -	\$ 11.88	\$ -	\$ -	\$ 10.80	\$ -	\$ -	\$ -
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	0.54				3						
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54				5						
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54				3						
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54				5						
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54				3						
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.54										
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.54										
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.54										
23			L037D	RN/LPN/MTA	0.54										
24			L037D	RN/LPN/MTA	0.54										
25			L037D	RN/LPN/MTA	0.54										
26		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54										
27		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54										
28		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54										
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	0.54										
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.54										
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.54										
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.54										
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.54										
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.54										
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.54										
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.54										
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.54										
42			L037D	RN/LPN/MTA	0.54										
43			L037D	RN/LPN/MTA	0.54										
44			L037D	RN/LPN/MTA	0.54										
45		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54										
46		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54										
47		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54										
48		Intra-service (of service period)													
49	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54							20			
50	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54										
51	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54										
52	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.54										
53			L037D	RN/LPN/MTA	0.54										
54			L037D	RN/LPN/MTA	0.54										
55			L037D	RN/LPN/MTA	0.54										
56		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54										
57		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54										
58		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54										
59		Post-Service (of service period)													
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.54										
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.54										
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.54										
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.54										
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.54										
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.54										

A	B		D	E	F	G	H	I	J	K	L	M	N	O	P
1	RUC Practice	Expense Spreadsheet				CURRENT		REFERENCE CODE		CURRENT		RECOMMENDED		CURRENT	
2						61781		31267		61782		61782		61783	
3		RUC Collaboration Website				Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)		Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus		Stereotactic computer-assisted (navigational) procedure; cranial, extradural (list separately in addition to code for primary procedure)		Stereotactic computer-assisted (navigational) procedure; cranial, extradural (list separately in addition to code for primary procedure)		Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)	
	Clinical Activity Code	Meeting Date: April 2025 Revision Date (if applicable): Tab: 11 Stereotactic Computer assisted navigational procedure Specialty: AAO-HNS	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute										
4															
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				ZZZ	ZZZ	000	000	ZZZ	ZZZ	ZZZ	ZZZ	ZZZ	ZZZ
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				\$ -	\$ -	\$ -	\$ 11.88	\$ -	\$ -	\$ 266.30	\$ -	\$ -	\$ -
8		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	0.0	0.0	0.0	22.0	0.0	0.0	20.0	0.0	0.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	0.0	0.0	0.0	19.0	0.0	0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	0.0	0.0	0.0	0.0	0.0	0.0	20.0	0.0	0.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	0.0	0.0	0.0	3.0	0.0	0.0	0.0	0.0	0.0	0.0
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.54										
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.54										
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.54										
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.54										
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.54										
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.54										
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.54										
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.54										
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	n/a		n/a		n/a		n/a		n/a	
75			L037D	RN/LPN/MTA	0.54										
76			L037D	RN/LPN/MTA	0.54										
77			L037D	RN/LPN/MTA	0.54										
78		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54										
79		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54										
80		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54										
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	0.54				3						
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.54										
86		Office visits: List Number and Level of Office Visits	MINUTES			# visits	# visits	# visits	# visits	# 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	0.54	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
93			L037D	RN/LPN/MTA	0.54										
94			L037D	RN/LPN/MTA	0.54										
95			L037D	RN/LPN/MTA	0.54										
96		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54										
97		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54										
98		Other activity: please include short clinical description here and type	L037D	RN/LPN/MTA	0.54										
99		End: with last office visit before end of global period													

[illegible]

February 7, 2025

Lindsey Baldwin
Director
Division of Practitioner Services - Hospital & Ambulatory Policy Group
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Subject: High-Cost Disposable Supplies

Dear Ms. Baldwin,

On behalf of the Current Procedural Terminology (CPT) Editorial Panel and the American Medical Association (AMA)/Specialty Society RVS Update Committee (RUC), we urge the Centers for Medicare & Medicaid Services (CMS) to address the escalating issue of high-cost disposable supplies within the Medicare physician payment system.

For two decades, **the RUC has strongly recommended that CMS separately identify and pay for high-cost disposable supplies (i.e., priced more than \$500) using appropriate Healthcare Common Procedure Coding System (HCPCS) supply codes.** CMS has been reluctant to implement this recommendation. In the most recent Final Rule (CMS-1807-F), CMS stated that it is “aware of the issues with the current practice expense (PE) methodology caused by very expensive supply and equipment items, and this is a subject that we may consider for future rulemaking alongside other updates to the PE methodology.”

The CY 2025 Medicare Physician Payment Schedule includes 85 medical supply items currently embedded in codes with a purchase price of more than \$500. These high-cost medical supplies represent \$1.32 billion dollars in direct costs for the 2025 Medicare Physician Payment Schedule and 19 percent of all direct practice expense medical supply costs in the non-facility setting. We contend that the outsized impact that high-cost disposable supplies have within the current practice expense relative value unit (PE RVU) methodology must be addressed immediately as the influx of new technology and high-cost supplies continues. **This has become a pressing issue for physician practices and a potential impediment to our patients who could benefit from access to these new technologies.** For example, there are 12 CPT codes where the total non-facility payment does not cover the purchase price of the high-cost supply input. There are another eight codes where the PE payment alone does not cover the high-cost supply. We are extremely concerned about the increasing impact on Medicare beneficiaries including impeding access to new technology and innovative care if payment does not cover invoice cost. *Please see the attached analysis of high-cost supplies over \$500.*

The payment accuracy concerns not only involve a concern that practices be compensated fully for the cost of the supply. In other instances, the supply item may be inaccurately priced as CMS does not update these prices frequently. Additionally, the current PE methodology not only accounts for a large amount of direct practice expense for high-cost supplies but also allocates an anomalously large amount of indirect practice expense into the PE RVU for the procedure codes that include these supplies. This methodology derives code-level indirect practice expense in part from code-level direct practice expense inputs, including high-cost disposable supplies. **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 physician and qualified healthcare professionals.**

Importantly, as required by law, it is CMS' responsibility to ensure the accurate pricing of the high-cost supply items. Accurate pricing of the 85 high-cost supplies is critical and should be based on a transparent process, where items are annually reviewed and updated. Under the current payment methodology, these supplies are priced at one point in time and then bundled within the overall physician payment for this service, without further review. High-cost disposable medical supplies that reflect new technology may experience pricing changes within the first six months to one year after a wider release into the market. **We strongly recommend and encourage CMS to review and re-price medical supplies, priced above \$500, on an annual basis.**

Moreover, CMS has excluded cast and splint supplies from the practice expense database for the CPT codes for fracture management and cast/strapping application procedures since 2000. These supplies can be separately billed using HCPCS codes Q4001 through Q4051. Efficiencies could potentially be realized if the high-cost supplies were pulled out of the physician payment schedule and pricing was negotiated.

We appreciate your attention to resolving the high-cost disposable supply issue and ensuring payment and pricing accuracy in the Medicare physician payment system. If you have any questions regarding this letter, please contact Sherry Smith at Sherry.Smith@ama-assn.org.

Sincerely,



Christopher L. Jagmin, MD
Chair, CPT Editorial Panel



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

Enclosure

cc: Perry Alexion, MD
Arkaprava Deb, MD
Edith Hambrick, MD
Ryan Howe
Michael Soracoe
Gift Tee
Emily Yoder

DESCRIPTION	Supply_Code	CPT_Code	Short Description	Sum of Aggregate NF Global & TC Cost
atherectomy device (Spectronetics laser or Fox Hollow)	SD253			\$ 224,857,014
Reentry device (Frontier, Outback, Pioneer)	SD255			\$ 178,072,434
Varithena (foam)	SD324			\$ 104,810,825
Embolic Protection Device Spider FX (EV3, documentation available)	SD256			\$ 93,492,974
subcutaneous cardiac rhythm monitor system	SA127			\$ 85,809,158
Venaseal (glue)	SD323			\$ 74,018,945
covered stent (VIABAHN, Gore)	SD254			\$ 73,024,602
human amniotic membrane allograft mounted on a non-absorbable se	SD248			\$ 67,870,281
Kyphoplasty kit, first fracture	SA111			\$ 46,152,803
IVUS catheter	SD304			\$ 44,749,893
kit, sinus surgery, balloon (maxillary, frontal, or sphenoid)	SA106			\$ 38,462,438
Esketamine (84 mg vial)	SH110			\$ 24,763,185
Urolift Implant and implantation device	SD291			\$ 24,623,375
LC Beads (2mL vial)	SF058			\$ 24,534,059
Biodegradable Material Kit - PeriProstatic	SA126			\$ 23,598,435
Detachable coil	SF056			\$ 21,220,414
Cryoablation handpiece and 2 canisters (one per side)	SD358			\$ 18,028,337
Trial lead kit	SD280			\$ 16,604,698
venous stent system	SD340			\$ 15,377,250
Trial lead array	SD281			\$ 11,097,100
FISH pre-treatment kit	SL261			\$ 9,557,602
Radiofrequency Stylus / wand	SD357			\$ 9,280,830
TULSA-PRO Disposable Kit	SA136			\$ 9,086,351
stent, self expanding 2-5 mm XPERT (Abbott)	SD266			\$ 8,996,917
kit, for percutaneous thrombolytic device (Trerotola)	SA015			\$ 8,850,863
VivAer Stylus	SD352			\$ 8,047,650
Kyphoplasty kit, additional fracture	SA112			\$ 7,131,742
kit, eustachian tube procedure	SA134			\$ 6,635,010
Hysteroscopic tissue removal device	SF059			\$ 4,890,746
stent, vascular, deployment system, Cordis SMART	SA103			\$ 4,862,463
kit, Rezum delivery device	SA128			\$ 4,407,860
plate, surgical, reconstruction, left, 5 x 16 hole	SD191			\$ 4,183,156
kit, CVA catheter, tunneled, with subcut port	SA011			\$ 3,302,891
Esketamine (56 mg vial)	SH109			\$ 2,353,533
catheter, RF ablation, endoscopic	SC103			\$ 1,777,500
Claravein Kit	SA122			\$ 1,496,361
Voice Augmentation Gel	SJ090			\$ 1,391,459
Ellipsys Vascular Access Catheter	SD351			\$ 1,342,933
tray, RTS applicator (MammoSite)	SA087			\$ 1,232,947
iTIND device	SD366			\$ 1,046,915
stent, balloon, implantable	SD299			\$ 939,982
implantable interstitial glucose sensor	SD334			\$ 876,000
Absorabable nasal implant and delivery device	SA133			\$ 843,885
plasma LDL adsorption column (Liposorber)	SD186			\$ 811,691
kit, transurethral microwave thermotherapy	SA036			\$ 727,670
Wavelinq EndoAVF catheters	SD350			\$ 672,000
IVC filter	SD267			\$ 567,744
probe, cryoablation, renal	SD233			\$ 450,535
probe, radiofrequency, 3 array (StarBurstSDE)	SD109			\$ 402,864
EECP compression equipment package	SD341			\$ 373,765
SmartPill capsule	SD272			\$ 351,091
3C patch system	SD343			\$ 232,020
Kit, probe, cryoablation, prostate (Galil-Endocare)	SA099			\$ 232,000
kit, vertebroplasty (LP2, CDO)	SA039			\$ 219,328
human amniotic membrane allograft	SD247			\$ 214,595
laser tip, diffuser fiber	SF030			\$ 181,456
kit, stent, urethral, prostatic, insertion tool and surveyor	SA101			\$ 154,727
kit, transurethral needle ablation (TUNA)	SA037			\$ 131,400
hysteroscope, ablation device	SD177			\$ 114,763
kit, PICC with subcut port	SA025			\$ 106,291
kit, pleural catheter insertion	SA077			\$ 90,325
EECP electrical equipment package	SD342			\$ 84,993
Dorsal SI Joint Arthrodesis Implant	SD356			\$ 80,500
kit, photopheresis procedure	SA024			\$ 69,948
kit, probe, radiofrequency, Xli-enhanced RF probe	SA100			\$ 57,033
Renessa probe	SD245			\$ 39,723
kit, capsule, ESO, endoscopy w-application supplies (ESO)	SA094			\$ 37,346
kit, locatable guide, ext. working channel, w-b-scope adapter	SA097			\$ 37,114
RF Electrodes 18 Gauge 70 mm Length	SD368			\$ 32,598
strut, replacement, dynamic external fixation	SD240			\$ 27,273
stent, GORE VIATORR TIPS Endoprosthesis	SD238			\$ 27,138
Viabil covered biliary stent	SD313			\$ 24,892
intrastromal corneal ring	SA120			\$ 21,755
probe, cryoablation (Visica ICE 30 or 40)	SD232			\$ 6,861
probe, endometrial cryoablation (Her Option)	SD215			\$ 5,180
catheter, balloon, lacrimal	SD220			\$ 4,339
catheter, balloon, thermal ablation (Thermachoice)	SD018			\$ 3,813
catheter, CVA, system, tunneled w-port, dual (LifeSite)	SD221			\$ 3,500
catheter, intradiscal (spineCATH)	SD222			\$ 2,760
RFA Handpiece, sterile (Sonata)	SD361			\$ 2,500
Optilume DCB, guidewire, and inflation device	SD359			\$ 2,245
ORBERA Intra gastric Balloon System (balloon, placement catheter and	SD348			\$ 1,850
PillCam COLON capsule	SD346			\$ 1,250
kit, hysteroscopic tubal implant for sterilization	SA075			\$ 1,178
tray, scoop, fast track system	SA091			\$ 750
Grand Total				\$ 1,320,314,616

CPT_Code	Short Description	Most Recent RUC Review Date	Supply_Code	DESCRIPTION	Unit_of_Measure	Purchase_Price	Non_Fac_Quantity	Non_Fac_Cost	2023 Medicare Frequency (from CY2025 Final Rule): Non-Facility Global & TC Only	Aggregate NF Global & TC Cost	CY 2025 Non-Fac PE RVU	CY2025 Non-Facility Practice Expense Payment
33285	Insj subq car rhythm mntr	2017-04	SA127	subcutaneous cardiac rhythm monitor system	item	\$ 5,033	1	\$ 5,033	17,051	\$ 85,809,158	115.73	\$ 3,743
55881	Ablt trurl prst8 tis thrm us	2023-09	SA136	TULSA-PRO Disposable Kit	item	\$ 8,967	1	\$ 8,967	841	\$ 7,540,171	252.08	\$ 8,154
55882	Ablt trurl prst8 tis trnsdcr	2023-09	SA136	TULSA-PRO Disposable Kit	item	\$ 8,967	1	\$ 8,967	172	\$ 1,546,180	259.18	\$ 8,384
55874	Tprnl plmt biodegrdabl matrl	2017-01	SA126	Biodegradable Material Kit - PeriProstatic	item	\$ 2,965	1	\$ 2,965	7,959	\$ 23,598,435	78.46	\$ 2,538
37239	Open/perq place stent ea add	2013-04	SD340	venous stent system	item	\$ 1,750	1	\$ 1,750	1,929	\$ 3,375,750	44.98	\$ 1,455
36836	Prq av fstl crty uxtr 1 acs	2022-01	SD351	Ellipsys Vascular Access Catheter	item	\$ 7,379	1	\$ 7,379	182	\$ 1,342,933	220	\$ 7,116
0448T	Remvl insj impltbl gluc sens		SD334	implantable interstitial glucose sensor	item	\$ 3,000	1	\$ 3,000	109	\$ 327,000	84.86	\$ 2,745
37234	Revscl opn/prq tib/pero stent	2010-04	SD266	stent, self expanding 2-5 mm XPERT (Abbott)	item	\$ 3,308	1	\$ 3,308	89	\$ 294,384	94.85	\$ 3,068
53865	Cysto insj dev ischmc rmdlg	2024-01	SD366	iTIND device	item	\$ 2,973	1	\$ 2,973	352	\$ 1,046,915	84.49	\$ 2,733
58563	Hysteroscopy ablation	2016-01	SD177	hysteroscope, ablation device	item	\$ 1,945	1	\$ 1,945	59	\$ 114,763	53.82	\$ 1,741
58580	Transcrv abltj utrnl fibrd rf	2023-01	SD361	RFA Handpiece, sterile (Sonata)	item	\$ 2,500	1	\$ 2,500	1	\$ 2,500	72.14	\$ 2,333
53860	Transurethral rf treatment	2010-04	SD245	Renessa probe	item	\$ 2,207	1	\$ 2,207	18	\$ 39,723	63.46	\$ 2,053
52442	Cystourethro w/addl implant	2019-01	SD291	Urolift Implant and implantation device	item	\$ 875	1	\$ 875	23,017	\$ 20,139,875	23.35	\$ 755
36482	Endoven ther chem adhes 1st	2017-01	SD323	Venaseal (glue)	item	\$ 1,495	1	\$ 1,495	49,511	\$ 74,018,945	43.12	\$ 1,395
0446T	Insj impltbl glucose sensor		SD334	implantable interstitial glucose sensor	item	\$ 3,000	1	\$ 3,000	183	\$ 549,000	90.47	\$ 2,926
31627	Navigational bronchoscopy	2009-02	SA097	kit, locatable guide, ext. working channel, w-b-scope adapter	kit	\$ 977	1	\$ 977	38	\$ 37,114	28.04	\$ 907
37252	Intrvasc us noncoronary 1st	2018-10	SD304	IVUS catheter	item	\$ 858	1	\$ 858	52,136	\$ 44,749,893	24.44	\$ 791
58353	Endometr ablate thermal	2000-04	SD018	catheter, balloon, thermal ablation (Thermachoice)	tray	\$ 763	1	\$ 763	5	\$ 3,813	22.21	\$ 718
G2083	Visit esketamine, > 56m		SH110	Esketamine (84 mg vial)	item	\$ 1,159	1	\$ 1,159	21,373	\$ 24,763,185	35.44	\$ 1,146
22527	Idet 1 or more levels	2006-04	SD222	catheter, intradiscal (spineCATH)	item	\$ 1,380	1	\$ 1,380	1	\$ 1,380	42.45	\$ 1,373
58356	Endometrial cryoablation	2004-09	SD215	probe, endometrial cryoablation (Her Option)	item	\$ 1,295	1	\$ 1,295	4	\$ 5,180	40.21	\$ 1,301
36566	Insert tunneled cv cath	2003-04	SD221	catheter, CVA, system, tunneled w-port, dual (LifeSite)	item	\$ 1,750	2	\$ 3,500	1	\$ 3,500	108.68	\$ 3,515
32550	Insert pleural cath	2004-04	SA077	kit, pleural catheter insertion	kit	\$ 551	1	\$ 551	106	\$ 58,381	17.78	\$ 575
27278	Arthrdr sj jt prq wo tfix dev	2023-01	SD356	Dorsal SI Joint Arthrodesis Implant	item	\$ 11,500	1	\$ 11,500	7	\$ 80,500	356.28	\$ 11,524
G2082	Visit esketamine 56m or less		SH109	Esketamine (72 mg vial)	item	\$ 772	1	\$ 772	3,047	\$ 2,353,533	24.76	\$ 801
53855	Insert prost urethral stent	2009-02	SA101	kit, stent, urethral, prostatic, insertion tool and surveyor	kit	\$ 512	1	\$ 512	302	\$ 154,727	16.76	\$ 542
36465	Njx noncmpnd sclrsnt 1 vein	2017-01	SD324	Varithena (foam)	item	\$ 3,195	0.33	\$ 1,054	82,166	\$ 86,631,722	33.74	\$ 1,091
65778	Cover eye w/membrane	2023-01	SD248	human amniotic membrane allograft mounted on a non-absorbable	item	\$ 1,149	1	\$ 1,149	59,069	\$ 67,870,281	36.76	\$ 1,189
37235	Tib/per revasc stnt & ather	2010-04	SD266	stent, self expanding 2-5 mm XPERT (Abbott)	item	\$ 3,308	1	\$ 3,308	83	\$ 274,538	103.54	\$ 3,349
32556	Insert cath pleura w/o image	2012-10	SA077	kit, pleural catheter insertion	kit	\$ 551	1	\$ 551	52	\$ 28,640	18.49	\$ 598
50592	Perc rf ablate renal tumor	2005-04	SD109	probe, radiofrequency, 3 array (StarBurstSDE)	item	\$ 2,289	1	\$ 2,289	57	\$ 130,473	72.24	\$ 2,337
G0465	Autolog prp diab wound ulcer		SD343	3C patch system	item	\$ 771	1	\$ 771	301	\$ 232,020	25.56	\$ 827
91111	Gi trc ing intral esophagus	2021-01	SA094	kit, capsule, ESO, endoscopy w-application supplies (ESO)	kit	\$ 705	1	\$ 705	53	\$ 37,346	23.9	\$ 773
96440	Chmotx admn pirl cav thrnts	2008-01	SA077	kit, pleural catheter insertion	kit	\$ 551	1	\$ 551	6	\$ 3,305	19.15	\$ 619
36466	Njx noncmpnd sclrsnt mlt vn	2017-01	SD324	Varithena (foam)	item	\$ 3,195	0.33	\$ 1,054	17,242	\$ 18,179,103	34.79	\$ 1,125
36473	Endovenous mchnchem 1st vein	2017-01	SA122	Claravein Kit	kit	\$ 883	1	\$ 883	1,694	\$ 1,496,361	29.69	\$ 960
58565	Hysteroscopy sterilization	2004-04	SA075	kit, hysteroscopic tubal implant for sterilization	kit	\$ 1,178	1	\$ 1,178	1	\$ 1,178	38.91	\$ 1,259
G0166	Extrnl counterpulse, per tx	2019-10	SD341	EECP compression equipment package	item	\$ 827	0.01	\$ 8	45,209	\$ 373,765	2.96	\$ 96
G0166	Extrnl counterpulse, per tx	2019-10	SD342	EECP electrical equipment package	item	\$ 752	0.0025	\$ 2	45,209	\$ 84,993	2.96	\$ 96
37242	Vasc embolize/occlude artery	2013-04	SF056	Detachable coil	item	\$ 1,199	5	\$ 5,997	2,829	\$ 16,964,099	188.61	\$ 6,101
52284	Cysto rx balo cath urtl strx	2023-01	SD359	Optilume DCB, guidewire, and inflation device	item	\$ 2,245	1	\$ 2,245	1	\$ 2,245	72.77	\$ 2,354
36582	Replace tunneled cv cath	2003-04	SA011	kit, CVA catheter, tunneled, with subcut port	kit	\$ 511	1	\$ 511	61	\$ 31,155	19.23	\$ 622
53854	Trurl dstrj prst8 tiss rf ww	2018-01	SA128	kit, Rezum delivery device	item	\$ 1,220	1	\$ 1,220	3,613	\$ 4,407,860	41.31	\$ 1,336
91113	Gi trc ing intral colon i&r	2021-01	SD346	PillCam COLON capsule	kit	\$ 625	1	\$ 625	2	\$ 1,250	23.04	\$ 745
53850	Prostatic microwave thermotx	2018-01	SA036	kit, transurethral microwave thermotherapy	kit	\$ 1,000	1	\$ 1,000	728	\$ 727,670	34.7	\$ 1,122
31730	Intro windpipe wire/tube	1992-06	SA091	tray, scoop, fast track system	tray	\$ 750	1	\$ 750	1	\$ 750	27.15	\$ 878
52441	Cystourethro w/implant	2019-01	SD291	Urolift Implant and implantation device	item	\$ 875	1	\$ 875	5,124	\$ 4,483,500	31.41	\$ 1,016
91112	Gi wireless capsule measure	2012-04	SD272	SmartPill capsule	item	\$ 1,258	1	\$ 1,258	279	\$ 351,091	43.5	\$ 1,407
68816	Probe nl duct w/balloon	2015-01	SD220	catheter, balloon, lacrimal	item	\$ 542	1	\$ 542	8	\$ 4,339	21.88	\$ 708
65779	Cover eye w/membrane suture	2023-01	SD247	human amniotic membrane allograft	item	\$ 835	1	\$ 835	257	\$ 214,595	31.08	\$ 1,005
36561	Insert tunneled cv cath	2003-04	SA011	kit, CVA catheter, tunneled, with subcut port	kit	\$ 511	1	\$ 511	6,399	\$ 3,268,161	21.11	\$ 683
53852	Prostatic rf thermotx	2018-01	SA037	kit, transurethral needle ablation (TUNA)	kit	\$ 900	1	\$ 900	146	\$ 131,400	33.21	\$ 1,074
60660	Abltj 1/+thyr ndul l1obe prq	2024-01	SD368	RF Electrodes 18 Gauge 70 mm Length	item	\$ 1,995	1	\$ 1,995	16	\$ 32,598	67.15	\$ 2,172
37223	Iliac revasc w/stent add-on	2013-04	SA103	stent, vascular, deployment system, Cordis SMART	kit	\$ 804	1	\$ 804	527	\$ 423,487	30.5	\$ 987
31574	Largsc w/njx augmentation	2015-10	SD090	Voice Augmentation Gel	ml	\$ 592	1	\$ 592	2,350	\$ 1,391,459	24.08	\$ 779
37237	Open/perq place stent ea add	2013-04	SD299	stent, balloon, implantable	item	\$ 812	1	\$ 812	99	\$ 80,431	31.39	\$ 1,015
30469	Rpr nsl vlv collapse w/rmdlg	2022-01	SD352	VivAer Stylus	item	\$ 1,950	1	\$ 1,950	4,127	\$ 8,047,650	66.58	\$ 2,154
37186	Sec art thrombectomy add-on	2005-04	SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit	\$ 696	1	\$ 696	1,022	\$ 711,690	27.9	\$ 902
50593	Perc cryo ablate renal tum	2007-04	SD233	probe, cryoablation, renal	item	\$ 1,170	2.5	\$ 2,926	52	\$ 152,129	96.84	\$ 3,132
30468	Rpr nsl vlv collapse w/implt	2020-01	SA133	Absorbable nasal implant and delivery device	kit	\$ 1,995	1	\$ 1,995	423	\$ 843,885	68.13	\$ 2,204
22526	Idet single level	2006-04	SD222	catheter, intradiscal (spineCATH)	item	\$ 1,380	1	\$ 1,380	1	\$ 1,380	49.39	\$ 1,598
36571	Insert picvad cath	2003-04	SA025	kit, PICC with subcut port	kit	\$ 718	1	\$ 718	145	\$ 104,136	29.47	\$ 953
32998	Ablate pulm tumor perq rf	2017-01	SD109	probe, radiofrequency, 3 array (StarBurstSDE)	item	\$ 2,289	1	\$ 2,289	14	\$ 32,046	78.12	\$ 2,527
88121	Cytp urine 3-5 probes cmprtr	2009-10	SL261	FISH pre-treatment kit	kit	\$ 579	0.2	\$ 116	18,355	\$ 2,126,280	11.12	\$ 360
31297	Nsl/sins ndsc surg sphn sins	2017-01	SA106	kit, sinus surgery, balloon (maxillary, frontal, or sphenoid)	kit	\$ 2,338	0.5	\$ 1,169	885	\$ 1,034,565	43.82	\$ 1,417
31295	Nsl/sins ndsc surg max sins	2017-01	SA106	kit, sinus surgery, balloon (maxillary, frontal, or sphenoid)	kit	\$ 2,338	0.5	\$ 1,169	12,432	\$ 14,533,008	43.96	\$ 1,422
31242	Nsl/sinus ndsc rf abltj pnn	2023-01	SD357	Radiofrequency Stylus / wand	item	\$ 1,950	1	\$ 1,950	4,759	\$ 9,280,830	68.31	\$ 2,210
31243	Nsl/sinus ndsc cryoabltj pnn	2023-01	SD358	Cryoablation handpiece and 2 canisters (one per side)	item	\$ 1,883	1	\$ 1,883	9,575	\$ 18,028,337	66.24	\$ 2,143
31296	Nsl/sins ndsc surg frnt sins	2017-01	SA106	kit, sinus surgery, balloon (maxillary, frontal, or sphenoid)	kit	\$ 2,338	0.5	\$ 1,169	3,225	\$ 3,770,025	44.27	\$ 1,432
36563	Insert tunneled cv cath	2003-04	SA011	kit, CVA catheter, tunneled, with subcut port	kit	\$ 511	1	\$ 511	5	\$ 2,554	23.92	\$ 774
37238	Open/perq place stent same	2013-04	SD340	venous stent system	item	\$ 1,750	1.5	\$ 2,625	4,572	\$ 12,001,500	89.76	\$ 2,903
52647	Laser surgery of prostate	1994-05	SF030	laser tip, diffuser fiber	item	\$ 730	1	\$ 730	9	\$ 6,570	32.55	\$ 1,053
88120	Cytp urne 3-5 probes ea spec	2009-10	SL261	FISH pre-treatment kit	kit	\$ 579	0.3	\$ 174	42,767	\$ 7,431,322	15.52	\$ 502
58558	Hysteroscopy biopsy	2016-01	SF059	Hysteroscopic tissue removal device	item	\$ 721	1	\$ 721	6,783	\$ 4,890,746	32.44	\$ 1,049
36908	Stent plmt ctr dialysis seg	2016-01	SA103	stent, vascular, deployment system, Cordis SMART	kit	\$ 804	1	\$ 804	1,081	\$ 868,670	35.17	\$ 1,138
52648	Laser surgery of prostate	1994-05	SF030	laser tip, diffuser fiber	item	\$ 730	1	\$ 730	240	\$ 174,886	33.09	\$ 1,070
36522	Photopheresis	2017-01	SA024	kit, photopheresis procedure	kit	\$ 864	1	\$ 864	81	\$ 69,948	37.38	\$ 1,209
36583	Replace tunneled cv cath	2003-04	SA011	kit, CVA catheter, tunneled, with subcut port	kit	\$ 511	1	\$ 511	1	\$ 511	26.52	\$ 858
22515	Perq vertebral augmentation	2014-04	SA112	Kyphoplasty kit, additional fracture	kit	\$ 2,149	1	\$ 2,149	3,318	\$ 7,131,742	77.33	\$ 2,501
31298	Nsl/sins ndsc surg frnt&spn	2017-01	SA106	kit, sinus surgery, balloon (maxillary, frontal, or sphenoid)	kit	\$ 2,338	1	\$ 2,338	8,180	\$ 19,124,840	83.19	\$ 2,691
36585	Replace picvad cath	2003-04	SA025	kit, PICC with subcut port	kit	\$ 718	1	\$ 718	2	\$ 1,436	33.15	\$ 1,072
69705	Nps surg dilat eust tube uni	2020-01	SA134	kit, eustachian tube procedure	kit	\$ 2,010	1	\$ 2,010	1,084	\$ 2,178,840	73.17	\$ 2,367
36909	Dialysis circuit embolj	2016-01	SF056	Detachable coil	item	\$ 1,199	1	\$ 1,199	1,770	\$ 2,122,761	48.36	\$ 1,564
19296	Place po breast cath for rad	2004-02	SA087	tray, RTS applicator (MammoSite)	item	\$ 2,828	1	\$ 2,828	436	\$ 1,232,947	98.95	\$ 3,201
43290	Egd fix trnsorl dplmnt balo	2021-04	SD348	ORBERA IntraGastric Balloon System (balloon, placement catheter a	item	\$ 1,850	1	\$ 1,850	1	\$ 1,850	68.82	\$ 2,226
36560	Insert tunneled cv cath	2003-04	SA011	kit, CVA catheter, tunneled, with subcut port	kit	\$ 511	1	\$ 511	1	\$ 511	27.78	\$ 899
37243	Vasc embolize/occlude organ	2013-04	SF058	LC Beads (2mL vial)	item	\$ 2,342	3	\$ 7,026	3,492	\$ 24,534,059	229.43	\$ 7,421
69706	Nps surg dilat eust tube bi	2020-01	SA134	kit, eustachian tube procedure	kit	\$ 2,010	1	\$ 2,010	2,217	\$ 4,456,170	74.42	\$ 2,407
36570	Insert picvad cath	2003-04	SA025	kit, PICC with subcut port	kit	\$ 718	1	\$ 718	1	\$ 718	34.99	\$ 1,132
22510	Perq cervicothoracic inject	2014-04	SA039	kit, vertebroplasty (LP2, CDO)	kit	\$						

36906	Thrmbc/nfs dialysis circuit	2016-01	SD254	covered stent (VIABAHN, Gore)	item	\$	3,129	1	\$	3,129	2,815	\$	8,808,135	139.71	\$	4,519
36837	Prq av fstl crt uxr sep acs	2022-01	SD350	Wavelinq EndoAVF catheters	item	\$	7,000	1	\$	7,000	96	\$	672,000	260.34	\$	8,421
37221	Iliac revasc w/stent	2010-04	SA103	stent, vascular, deployment system, Cordis SMART	kit	\$	804	1	\$	804	4,443	\$	3,570,306	74.63	\$	2,414
37228	Tib/per revasc w/tla	2010-04	SD256	Embolic Protection Device Spider FX (EV3, documentation available)	item	\$	1,143	1	\$	1,143	5,806	\$	6,635,619	102.86	\$	3,327
64553	Implant neuroelectrodes	2017-01	SD280	Trial lead kit	item	\$	959	1	\$	959	2	\$	1,918	103.09	\$	3,335
21127	Augmentation mndblr b1 grf	2003-08 PE Review	SD191	plate, surgical, reconstruction, left, 5 x 16 hole	item	\$	846	1	\$	846	706	\$	597,594	103.65	\$	3,353
21215	Lower jaw bone graft	2003-08 PE Review	SD191	plate, surgical, reconstruction, left, 5 x 16 hole	item	\$	846	1	\$	846	4,235	\$	3,584,716	106.38	\$	3,441
37241	Vasc embolize/occlude venous	2013-04	SF056	Detachable coil	item	\$	1,199	1	\$	1,199	235	\$	281,836	119.77	\$	3,874
64553	Implant neuroelectrodes	2017-01	SD281	Trial lead array	item	\$	641	1	\$	641	2	\$	1,282	103.09	\$	3,335
37226	Fem/popl revasc w/stent	2010-04	SD254	covered stent (VIABAHN, Gore)	item	\$	3,129	1	\$	3,129	1,911	\$	5,979,519	213.49	\$	6,906
36906	Thrmbc/nfs dialysis circuit	2016-01	SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit	\$	696	1	\$	696	2,815	\$	1,960,282	139.71	\$	4,519
37230	Tib/per revasc w/stent	2010-04	SD266	stent, self expanding 2-5 mm XPERT (Abbott)	item	\$	3,308	1	\$	3,308	323	\$	1,068,384	233.13	\$	7,541
37225	Fem/popl revas w/ather	2010-04	SD253	atherectomy device (Spectronetics laser or Fox Hollow)	kit	\$	3,048	1	\$	3,048	27,176	\$	82,841,416	230.03	\$	7,441
37229	Tib/per revasc w/ather	2010-04	SD253	atherectomy device (Spectronetics laser or Fox Hollow)	kit	\$	3,048	1	\$	3,048	30,722	\$	93,650,794	232.95	\$	7,535
37226	Fem/popl revasc w/stent	2010-04	SD255	Reentry device (Frontier, Outback, Pioneer)	item	\$	2,343	1	\$	2,343	1,911	\$	4,477,702	213.49	\$	6,906
37225	Fem/popl revas w/ather	2010-04	SD255	Reentry device (Frontier, Outback, Pioneer)	item	\$	2,343	1	\$	2,343	27,176	\$	63,676,629	230.03	\$	7,441
37229	Tib/per revasc w/ather	2010-04	SD255	Reentry device (Frontier, Outback, Pioneer)	item	\$	2,343	1	\$	2,343	30,722	\$	71,985,333	232.95	\$	7,535
37230	Tib/per revasc w/stent	2010-04	SD255	Reentry device (Frontier, Outback, Pioneer)	item	\$	2,343	1	\$	2,343	323	\$	756,828	233.13	\$	7,541
37226	Fem/popl revasc w/stent	2010-04	SD256	Embolic Protection Device Spider FX (EV3, documentation available)	item	\$	1,143	1	\$	1,143	1,911	\$	2,184,063	213.49	\$	6,906
37225	Fem/popl revas w/ather	2010-04	SD256	Embolic Protection Device Spider FX (EV3, documentation available)	item	\$	1,143	1	\$	1,143	27,176	\$	31,059,179	230.03	\$	7,441
37229	Tib/per revasc w/ather	2010-04	SD256	Embolic Protection Device Spider FX (EV3, documentation available)	item	\$	1,143	1	\$	1,143	30,722	\$	35,111,867	232.95	\$	7,535
37230	Tib/per revasc w/stent	2010-04	SD256	Embolic Protection Device Spider FX (EV3, documentation available)	item	\$	1,143	1	\$	1,143	323	\$	369,153	233.13	\$	7,541
37227	Fem/popl revasc stnt & ather	2010-04	SD254	covered stent (VIABAHN, Gore)	item	\$	3,129	1	\$	3,129	13,641	\$	42,682,689	294.67	\$	9,532
37227	Fem/popl revasc stnt & ather	2010-04	SD253	atherectomy device (Spectronetics laser or Fox Hollow)	kit	\$	3,048	1	\$	3,048	13,641	\$	41,582,270	294.67	\$	9,532
37231	Tib/per revasc stent & ather	2010-04	SD266	stent, self expanding 2-5 mm XPERT (Abbott)	item	\$	3,308	1	\$	3,308	2,225	\$	7,359,610	310.05	\$	10,029
37231	Tib/per revasc stent & ather	2010-04	SD253	atherectomy device (Spectronetics laser or Fox Hollow)	kit	\$	3,048	1	\$	3,048	2,225	\$	6,782,534	310.05	\$	10,029
37227	Fem/popl revasc stnt & ather	2010-04	SD255	Reentry device (Frontier, Outback, Pioneer)	item	\$	2,343	1	\$	2,343	13,641	\$	31,962,500	294.67	\$	9,532
36837	Prq av fstl crt uxr sep acs	2022-01	SF056	Detachable coil	item	\$	1,199	1	\$	1,199	96	\$	115,133	260.34	\$	8,421
37231	Tib/per revasc stent & ather	2010-04	SD255	Reentry device (Frontier, Outback, Pioneer)	item	\$	2,343	1	\$	2,343	2,225	\$	5,213,442	310.05	\$	10,029
37227	Fem/popl revasc stnt & ather	2010-04	SD256	Embolic Protection Device Spider FX (EV3, documentation available)	item	\$	1,143	1	\$	1,143	13,641	\$	15,590,162	294.67	\$	9,532
37231	Tib/per revasc stent & ather	2010-04	SD256	Embolic Protection Device Spider FX (EV3, documentation available)	item	\$	1,143	1	\$	1,143	2,225	\$	2,542,930	310.05	\$	10,029